

# Irish Educational Psychologists' Responses to Supporting Schools Following Critical Incidents: A Psychosocial Analysis

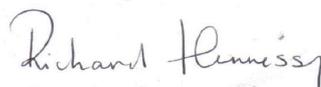
Submitted by Richard Joseph Hennessy to the University of Exeter as a thesis for the degree of Doctor of Education in Educational Psychology

July 2016

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Signature:

A handwritten signature in cursive script that reads "Richard Hennessy".

Richard J. Hennessy

*“Es ist nicht bequem, Gefühle wissenschaftlich zu bearbeiten.”*

(It is not easy to deal scientifically with feelings.)

Sigmund Freud, *Das Unbehagen in der Kultur*

## **Thesis Abstract**

This thesis reports the findings of a research study conducted with educational psychologists (EPs) working in Ireland, exploring the effects on participants of supporting schools following Critical Incidents (CIs). The Study, which adopted a qualitative, psychosocial method (free association narrative interviewing: FANI) was comprised of 13 interviews with practising EPs. The chosen method draws on social psychology and psychoanalysis.

The aims of the Study were to examine the effects of CI support work on participants with reference to the various factors at all levels of influence in their lives: intrapersonal, interpersonal and organisational. Moreover, the processes at play at each level and their interaction that led to the discerned effects on each participant were explored and reported as case studies. The case studies provide rich accounts of participants' experiences of CI support work.

A cross case, comparative analysis resulted in the emergence of four super ordinate themes: the emotional and physical effects of CI support work on EPs; CI practice issues that require clarification; training, supervision and supports; beliefs about schools' responses to CIs. In terms of emotional and physical effects, some participants demonstrated effects of CI work associated with vicarious trauma (VT). Moreover, CIs have proved to be an unwelcome intrusion into their personal lives. Role ambiguity on the part of participants and lack of clarity around interagency collaboration were among the issues that caused stress and require clarification. Some EPs raised the potential for training, supervision, professional and organisational supports to mitigate the negative effects of CI support work. Observations and beliefs based on experience about how schools respond to CIs were also gleaned from the interviews.

Conclusions regarding the effects of CI support work on EPs were reported followed by implications for EP practice and recommendations to safeguard the wellbeing of EPs in doing this work. The roles of EPs themselves, their colleagues and employers in using best practice strategies to prevent negative effects of CI support work were outlined and discussed.

## **Acknowledgments**

Firstly, and most importantly, I wish to thank my EP colleagues who kindly gave their time and trust to me and agreed to be interviewed for the Study. I learnt a lot from their experiences and was reminded of the committed and caring nature of those in my profession.

My thanks to my employer, the Department of Education & Skills, for financial assistance with academic fees for the EdD.

I wish to thank Dr. Gerry Moore of Dublin City University who provided psychoanalytic supervision to me throughout the analysis stage of the Study. His insights and kind encouragement were very helpful to me.

I was very fortunate to have Professor Brahm Norwich as my research supervisor. His enthusiasm for novel methods and openness to the ways of an idiosyncratic Irish EP were always tempered with a commitment to rigour and scholarship. I am very grateful to him for his guidance.

My sister and brothers have always looked on with benign amusement as I embarked on various degree courses over the years. Their encouragement was always evident. My mother's exaggerated belief in my abilities has stood me in good stead and my late father's nickname for me- 'the professor'- must have influenced the long educational journey I followed.

My friends and NEPS colleagues have been very supportive and encouraging; space forbids comprehensive name checks but I will mention my dear friend Dr. Seán Delaney and my compatriot on the Exeter EdD journey, Annie Ó Breacháin who bore witness to my highs and lows and kept me focused.

I have to mention my little canine friend, Mr. Boo, who deserves the doctoral appellation (Dr. Boo) for his loyal, calming presence at my feet as I typed this tome. Finally, special thanks to my partner, Professor Paul Gallagher, for his support; he was writing up a PhD when we met in 1993 and we weathered that storm; 23 years later, we have weathered another, bigger, more dramatic storm intact!

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## **Abbreviations**

BPS:	British Psychological Society
CAMHS:	Child and Adolescent Mental Health Service
CI:	Critical Incident
CIMP:	Critical Incident Management Plan
CISD:	Critical Incident Stress Debriefing
CMiS:	Crisis Management in Schools
CPD:	Continuous Professional Development
DES:	Department of Educational and Skills
EAP:	Employee Assistance Programme
EAS:	Employees Assistance Service
ELB:	Education and Library Board
EP:	Educational Psychologist
EPS:	Educational Psychology Service
ESDS:	Economic and Social Data Service
FANI:	Free Association Narrative Interview
HSE:	Health Service Executive
INTO:	Irish National Teachers Association
ISPA:	International School Psychology Association
ISPCC:	Irish Society for the Prevention of Cruelty to Children
NASP:	National Association of School Psychologists
NEPS:	The National Educational Psychological Service
NICE:	National Institute for Health and Care Excellence
PSI:	Psychological Society of Ireland

RMG: Regional Management Group  
ROI: Republic of Ireland  
SNA: Special Needs Assistant  
STS: Secondary Traumatic Stress  
TEP: Trainee Educational Psychologist  
UK: United Kingdom  
UTU: Ulster Teachers Union  
VT: Vicarious Trauma  
WAV: Waveform Audio File

# Chapter 1

## Introduction

### 1.1 Introduction and Rationale for the study

Supporting schools following critical incidents (CIs) has become a key area of service for educational psychology (EP) practice (Farrell *et al.*, 2006; Hayes & Frederickson, 2008; Rees & Seaton, 2011; Department of Education & Skills, 2015). Indeed, according to the United Kingdom's (UK's) National Institute for Clinical Excellence (NICE) (2006), the provision of social and psychological care to schoolchildren during a crisis is likely to be coordinated by the Educational Psychology Service (EPS) in conjunction with partner agencies such as Child and Adolescent Mental Health Services (CAMHS). The National Educational Psychological Service (NEPS) (a section of the Republic of Ireland's Department of Education and Skills (DES)) defines a CI as '*..any incident or sequence of events which overwhelms the normal coping mechanisms of the school*' (Department of Education and Skills, 2015, p. 10). This definition is one that is widely accepted and broad enough to encompass the variety of events to which EPs respond. The reference to coping mechanisms being overwhelmed reflects the impact of such incidents on those directly affected. In practice, a school's sense of being overwhelmed is relative. For example, a school that has a lot of experience of early and untimely deaths may cope with the sudden death of a parent without support and, therefore, not consider such an event a CI. Another school with less experience of such events may consider it a CI because staff are overwhelmed. EPs respond to each request for support with this understanding in mind: A sense of feeling overwhelmed is relative. It is noteworthy, however, that little attention has been given in the professional literature to the effects on EPs of CI support work.

The limited research that has been conducted in relation to the effects of CI support work on EPs, Bolnick & Brock (2005), has revealed physical, emotional, behavioural, cognitive and work performance reactions to CI work. However, this research was conducted in a discrete region of single state in

the United States (California) where there has been much gun violence and conflict in schools, so its relevance to EP practice in the British Isles is questionable. Closer to home, Hayes & Frederickson (2008) examined the impact on UK EPs of CI support work by extrapolating from the literature on secondary traumatic stress from other areas of psychology, mental health, social work and medicine. These commentators focused on emotion, appraisal and coping and their relationship with stress. They considered the supervision and professional practice need of EPs but the responsibility of employers of EPs to provide support was not considered. Moreover, the unique role and distinctive *modus operandi* of EPs in CI response work rendered the findings of research from other disciplines incomplete. Ní Aogáin (2012) researched the level of perceived stress and burnout experienced by educational psychologists working in NEPS and found that CI support work was the most stressful aspect of their role. However, the reason why EPs found this work stressful was not fully explored.

As a practising NEPS EP who has supported schools following CIs for almost sixteen years, I have observed that EPs react in different ways to CI work. In particular, I have noticed that some EPs appear to experience adverse effects, such as apparent exhaustion, prolonged sadness or apparent helplessness. The variety of responses has been described in the existing literature (Bolnick & Brock, 2005) but the possible causes or processes by which EPs form their responses have not been explored in any depth. I decided that this lacuna in the professional literature should be addressed and this is the rationale for the present research.

## **1.2 Aims**

The broad aim of the present research is to examine the effects of CI response on EPs. Drawing on Huebner's (1993a) interactional model of stress sources in EP practice, I aim to examine the effects of various factors at different levels of influence in the life of an EP that affect his/her reaction to CI work. Intrapersonal factors such as training, age, defence mechanisms and personality will be considered. Interpersonal factors such as peer support, support from family and communication with schools will also be taken into

account. In addition, organisational factors such as role constraints, resources and policies will be within the frame of reference.

Based on my findings, I aim, further, to delineate key recommendations for the training, supervision, professional practice, self-care and peer support needs for EPs engaged in CI support work. Moreover, I aim to highlight the implications of the present findings for the role of EPSs and managers in meeting their duty of care to their employees.

### **1.3 Context**

#### **1.3.1 Publications**

The Irish National Teachers' Organisation (INTO) and the Ulster Teachers' Union (UTU) examined CI response work in schools, north and south of the border, affected by the troubles in Northern Ireland at the end of the last century. UTU and INTO convened an expert committee to examine practice in this area and *When Tragedy Strikes: Guidelines for effective critical incident management in schools* (INTO and UTU, 2000) was the result. These guidelines were provided to all schools on the island of Ireland. The focus of the guidelines was on preparing teachers and school communities to respond appropriately to CIs. While reference was made to the school psychological service as a potential source of support, the EP is not singled out as the school's main source of support. This was because while schools in Northern Ireland had access to CI support from EPSs through their local Education and Library Boards (ELBs), many schools in the Republic did not until NEPS was established in 1999.

From 1965 to 1999, the DES had a psychological service whose remit was largely confined to post primary schools. NEPS was established in 1999 and has expanded to provide a service to all mainstream schools- primary and post primary- in the State and many special schools (some special schools had and continue to have their own on-site state-funded psychologists). NEPS is comprised of eight regions of the Republic of Ireland (ROI), each of which is led by a Regional Director (RD) assisted by a Regional Management Group (RMG) of Senior EPs. Some RDs provide an EP service to a very small

number of schools and others do not: whether or not to do so is their own decision. Each Senior EP leads a team of EPs. NEPS assigns a number of schools to each EP and Senior EP. These schools are usually located in a discrete geographical area. NEPS produced CI guidelines and a resource pack for schools in 2003, a second edition in 2007 and revised versions in 2015 (Department of Education and Skills, 2015). The guidelines identify the NEPS EP as the school's main source of support and guidance in the event of a CI.

### **1.3.2 Role of the EP in supporting schools**

*Responding to Critical Incidents: Guidelines for Schools* (Department of Education and Skills, 2015) details the NEPS EP's role as follows: planning; information and advice; support and screening (Department of Education and Skills, 2015). The support with planning entails assisting the school in assessing the significance and effect of an event, the implementation of its critical incident management plan (CIMP) and mobilising resources and external supports, if appropriate. The information and advice role normally involves helping staff and management come to terms with what has occurred so that they can focus on what needs to be done. The support role entails helping school staff to help the students; it usually involves a meeting with the whole staff before they go into their classrooms to support their students and again at the end of the day to assess how well everyone is coping and to provide social support. Finally, the screening involves advising staff on monitoring those students who may be vulnerable and in need of therapeutic follow-up; it may involve arranging for onward referral to appropriate agencies.

It is expected that all EPs working in NEPS will provide support to the schools to which they are assigned in the event of a CI in one of their schools. It is not usually possible to opt out of this aspect of the role. However, in the event of an EP having recently experienced bereavement or another emotionally affecting life event close in time to the CI, NEPS managers would organise for his/her colleagues to take on this role.

NEPS EPs are strongly advised not to undertake CI support work without the support of a colleague, which is in line with international practice: When reviewing international EP practice in terms of crisis response in schools, Rees & Seaton (2011) found that a majority of EPs (over 80% of EP respondents from around the world) worked with others when responding to CIs. Most respondents worked with EP colleagues but some collaborated with counsellors, social workers, medical staff and others. McCaffrey (2004) described how Kent EPS in the UK provides a consultancy model for supporting schools in crisis and she advocated for two EPs co-working in supporting schools with one EP leading the response. Her rationale for co-working is that it maximises flexibility of response, allowing the non-leading EP to adopt an observing brief and see how events unfold, thereby identifying necessary interventions while the lead EP initiates the response. Moreover, McCaffrey (2004) described the support derived from having a co-worker during a stressful event such as a CI: In addition to professional support such as help with planning interventions, a co-worker can provide emotional and professional support. The personal, emotional effects of the CI can be ventilated with this colleague before moving on to the next appointment or going home for the evening.

*Responding to Critical Incidents: Guidelines for Schools* (Department of Education and Skills, 2015) identify NEPS EPs as best placed to coordinate external agencies that offer assistance to schools following a CI. The guidelines also clarify that EPs do not provide counselling but, in line with best practice, support those who the students “*know and trust*” (p. 11): the teachers and school staff.

#### **1.4 Structure of the thesis**

Chapter 2 consists of a review of literature pertaining to sources of stress and burnout in professionals. Factors influencing reactions to workplace stressful situations from the intrapersonal, interpersonal and organisational perspectives are examined in detail with reference to their relevance to the unique role played by EPs in CI response. Finally, the gap in existing EP literature related to the effects of CI response is outlined.

Chapter 3 describes and justifies the psychosocial research paradigm that underpins the present research. Ontological and epistemological considerations leading to the choice of free association narrative interviewing (FANI) as the main method are then outlined. Ethical considerations are described in detail. The chapter ends with a description of the research design and implementation, case study analyses and subsequent cross case analysis.

Chapter 4 consists of the 13 case studies, which introduce the participants and summarise the main content and analysis of each. An independent expert analysis of an interview conducted with me as participant using the same methodology and analytic procedures employed with other participants concludes this chapter.

Chapter 5 is comprised of a discussion of the main findings of the study based on a cross case analysis. The main super ordinate themes that emerged from that analysis are detailed and discussed with reference to the literature.

Finally, Chapter 6 is the conclusions chapter, which addresses the research questions, summarises the research findings and examines the strengths and limitations of the study. Lastly, the implications of the findings for EP policy and practice related to CI response are proposed before exploring future research in this area.

## Chapter 2

### Literature Review

#### 2.1 Introduction

Because there is very little commentary or research about the effects of CI support work on EPs, the following review firstly consists of a critical review of various sources of stress in frontline caring professions who support people in distress. Following this review, the limited existing literature pertaining specifically to EPs is summarised and evaluated critically.

##### 2.1.1 Key sources

I carried out literature searches in research databases (PsychINFO; ERIC (Education Resource Information Center; Google Scholar); Education Research Complete (via EBSCO)) starting with narrow topic searches that became gradually broader:

- 'Educational/ School Psychologist AND Critical Incidents/Crisis
- School/educational psychologists and vicarious trauma
- 'Crisis response' AND 'PTSD'/ vicarious trauma/burnout/compassion fatigue
- 'School/educational psychologist' AND 'stress'
- 'Psychologist' AND PTSD/vicarious trauma/burnout/compassion fatigue
- 'Psychologist' AND 'Stress'
- 'Occupational stress' AND 'professions'

##### 2.1.2 Navigating the literature

I found that the literature searches tended to produce results about stress in larger helping professions than EPs (especially health professions, such as nursing). A number of explanations are given for stress in frontline, helping professions such as EPs. These included role demands and characteristics (Borrill *et al.*, 1998), workload (Wheeler, 1998), work environment (Briner, 2002), aspects of the organisation in which one works or individual personality characteristics (Zellars *et al.*, 2000). Some commentators held that several of these factors combined to make frontline helping work stressful (Leary *et al.*, 1995).

I considered that there may also be specific aspects of working as an EP, such as the caring nature of the work, which could be involved in increasing stress. In supporting schools following CIs, EPs are faced with clients who are often in a distressed state and seeking assistance. Figley (1995) reported that this aspect of caring impacts on professionals:

*“There is a cost to caring. Professionals who listen to clients’ stories of fear, pain and suffering may feel similar fear, pain and suffering because they care.”* (p. 1)

A recent article that referred to the effects of CIs on EPs (Comerchero, 2015) referred to vicarious trauma as a phenomenon experienced by EPs engaged in direct work with traumatised clients. Vicarious Trauma (VT) is defined as an ongoing process of change unfolding over time through repeated exposure to the trauma of others (Comerchero, 2015). It is thought that traumatic stress is transmitted through hearing or seeing accounts of traumatic events (Comerchero, 2015). Because the professional cares about other people who have been hurt, and feels committed or responsible to provide assistance, over time, repeated exposure to accounts of trauma can lead to changes in his/her psychological, physical, and spiritual well-being (McCann, & Pearlman, 1990; McKay, 2007). I considered this line of inquiry useful and continued searching using ‘vicarious trauma’ as my topic search.

When one researches VT it is often associated with terms such as ‘compassion fatigue’, ‘burnout’, and ‘secondary traumatic stress’ (STS) and some studies use these terms interchangeably. This is due to a lack of consistency and differentiation amongst the various terms (Craig & Sprang, 2010). Sabin-Farrell & Turpin (2003) provided a useful summary of the confusion inherent in the interchangeable use of these terms:

*Whilst there is overlap between these concepts, there are also identifiable differences. Compassion fatigue and STS are terms that Figley (1995) suggests can be substituted for each other. These focus on the symptoms and emotional responses resulting from work with trauma survivors but do not take into account the specific cognitive changes that VT definitions emphasize. However, this concept has become less well defined, as a number of authors have used the term secondary traumatic stress but also discussed cognitive aspects of the effects of working with trauma, and others have discussed VT while focusing totally on symptomatology. Hence, it is now difficult to*

*distinguish these terms from one another in the research literature. (p. 453)*

It is noteworthy that Sabin-Farrell & Turpin (2003) report that researchers have differed in the emphasis they accord to cognitive responses, emotional response and symptomatology. In addition to the lack of consistency regarding terminology, researchers have tended to view professionals' responses to stress through lenses informed by discrete epistemological stances, leading to confusion regarding how such stress is conceptualised and measured. For example, cognitive conceptions of stress focused on appraisal of situations while psychodynamic conceptions considered threats to ego and defensive reactions. Each perspective provided insight into how one would approach the research question but none provided a conceptual model that was capable of encompassing all relevant factors. I discuss this further in 2.1.3 below.

Due to the lack of clarity regarding terminology, the dearth of EP-specific literature on the topic and the variety of research paradigms that have produced concepts and research findings pertaining to my research question, I drew on all research I considered relevant to the role of EPs in supporting schools following CIs. Hayes & Frederickson (2008) argued that secondary trauma research from other professions is relevant when considering the effects of CI work on EPs. However, it could be argued that the role EPs play in CIs is not directly analogous to the professions studied in such research: EPs rarely engage therapeutically with traumatised clients but support teachers and principals in supporting children (Beeke, 2011). In a sense, therefore, EPs operate at one remove from the CI. The literature about STS, VT and compassion fatigue relates to therapists and health care professions that interface directly with individuals and groups who have endured traumatic experiences. As a result, in addition to drawing selectively on research from other professions, I gave greater weight to the existing literature pertaining to stress and burnout relevant to EPs because there are aspects EP practice that are unique within helping professions, such as the peripatetic nature of the job and the fact that EPs work alone in schools for the most part.

Regardless of what terminology one uses: STS, VT, compassion fatigue or

burnout, there is evidence that CIs are a significant source of stress to EPs. Ní Aogáin (2012) found that EPs in NEPS found CI support work to be the most stressful aspect of their practice:

*“..... 56.6% (n= 64) of participants rat(ed) the aspect (CI Support) as either stressful or very stressful. Critical incidents in schools include accidental death, for example, road traffic accidents and drowning, and death due to violence of a student or a member of a school staff. Other examples include suicide, suspected suicide and death through illness (Department of Education and Science, 2008).” (p. 314)*

Since a majority of psychologists find CI work to be their greatest work-related source of stress, it is necessary to consider why this is the case. It is also necessary to consider ways in which the stressful effects of CI work can be mitigated.

### **2.1.3 Conceptual Framework**

Many conceptual frameworks were considered in approaching my research question but few encompassed all the elements I considered relevant. For example, Kalisch *et al.* (2014) proposed a useful conceptual framework for the neurobiological study of resilience that drew on transdiagnostic psychiatry, emotion research, and behavioural and cognitive neuroscience. Their framework had insights to offer about the causal role of one's appraisal style in the generation of emotional responses, including responses to stressors. This framework was relevant in considering my research question but, unfortunately, socio-environmental factors affecting resilience, such as social support were considered relatively unimportant by these theorists and they stated that they are “*distant influences*” (p. 21). Since I was researching stress related to a particular work role (CI support) in a discrete profession (EPs), I considered it vital to include the possible influences of work conditions such as organisational and interpersonal factors. Omitting such factors would render the research incomplete. Therefore, I sought a model that could include all influences, from the intrapersonal to the organisational whilst applying these influences to the unique role of the EP.

Huebner (1993) reviewed research about stress and burnout among the helping professions and considered the implications of such research for EPs. This review drew on interactional models of stress and burnout in

professionals (Perlman & Hartman, 1982; Maslach and Jackson, 1984; Ivancevich *et al.*, 1990) and, most importantly, included the multiple factors exerting influence at all domains of analysis from the individual to the organisation:

*In these models, individual differences in burnout reactions emerge as a function of the complex interplay of environmental stressors (e.g., occupational conditions and events) and individual difference variables (e.g., personality characteristics). (Huebner, 1993, p. 41)*

Using Huebner's (1993) structure, I will now consider factors affecting EPs' responses to supporting schools following CIs at intrapersonal, interpersonal and organisational levels.

## **2.2 Intrapersonal Factors**

When considering intrapersonal factors affecting coping with stressful situations such as CIs, the literature referred to personality type, coping style, appraisal/attributional style, defence mechanisms, resilience and others. In terms of demographics, age, gender, training, income and level of experience as a professional were also referenced. In reviewing the literature, it was necessary to be cautious in interpreting findings and drawing conclusions, as terminology and meanings were used differently by researchers in different disciplines. Moreover, certain factors affecting stress responses affected and are affected by others in a complex interplay. For example, some researchers conceived of psychological resilience as an enduring personality trait impacting upon self-regulatory processes (Block and Block, 1980). Others, however, viewed resilience as a dynamic phenomenon, influenced by intrapsychic and extrinsic factors (Waugh and Koster, 2014). Therefore, the following exposition isolates factors in a way that lacks ecological validity but it is necessary in providing a detailed examination of the research question that can inform the subsequent research and analysis.

### **2.2.1 Demographics: Age, Gender, Training, Years of Experience, Family Status**

Investigations of the impact of demographic factors on rates of vicarious trauma are scarce. However, many burnout researchers have studied demographic factors.

Single people are more likely to have bigger burnout estimates compared to married people (Maslach, 2003). Further, a consistent finding is that younger and/or less experienced workers report an increased level of burnout and stress compared with older and/or more experienced workers (Mearns and Cain, 2003; Maslach, 2003). Indeed, Huebner (1993) reported that among EPs, age has been most consistently inversely correlated with burnout (Huberty & Huebner, 1988; Huebner, 1992), indicating that the likelihood of burnout decreases with age.

The relation between burnout and gender is ambiguous and research findings are contradictory (Huebner 1993).

Past trauma history is suggested as a vulnerability factor in developing VT (Sabin-Farrell & Turpin, 2003). Exposure to traumatised people can cause EPs to reengage with previous difficult events in his/her life. This is particularly true if the CI is similar to the traumatic event from the EP's history (Newell and MacNeil, 2010).

Inadequate preparation for the job is reported to be an important intrapersonal variable in the burnout process (Harrison, 1983). Like other professionals, school psychologists who have not received adequate training to fulfill their various roles and functions are more prone to burnout (Huebner, 1993). There is also evidence that trauma-specific education and training diminishes the risk of vicarious trauma (Bell, Kulkarni & Dalton, 2003). Information and training can help individuals to name their experience and provide a framework for understanding and responding to it (Bell, Kulkarni & Dalton, 2003).

### **2.2.2 Personality**

Personality-based research has a long history in psychology. Central to this perspective is a shared belief in the stability of traits over time, a significant genetic and biological influence on personality, and traits exerting influence in many areas of everyday functioning (Boyle, 2008). While each of the foregoing assumptions have been contested, there is strong evidence for their

veracity (Boyle & Saklofske, 2004; Matthews *et al.*, 2003). In terms of coping with difficult situations, certain personality types are considered more vulnerable to stress and burnout than others. The Five Factor model of personality is regarded as the most comprehensive and widely accepted taxonomy of personality in the work context (McCrae *et al.*, 2005; Goldberg, 1990). The five broad dimensions identified by Goldberg (1990; 1992) are: introversion versus extraversion; antagonism versus agreeableness; lack of direction versus conscientiousness; emotional stability versus neuroticism and closedness versus openness to new experiences. These traits are considered to be stable, consistent, and mostly genetically determined (Costa & McCrae, 1978; Wiggins, 1996).

Judge *et al.* (1999), summarised in Sur and Ng (2014), defined the Five Factors as follows:

*Neuroticism is related to anxiety, instability and stress proneness, as well as personal insecurity and depression. Individuals who score high on neuroticism are more likely to experience negative moods and physical symptoms, and are more likely to be affected by negative life events.*

*Extraversion is related to sociability, dominance, ambitiousness, and assertiveness. Extroverts are more likely to be associated with positive moods, have a greater number of friends, and take on leadership positions.*

*Conscientiousness is associated with achievement orientation, dependability, and orderliness, and is linked with job performance.*

*Openness to experience is characterized by intellectual, imaginative, and nonconforming.*

*Agreeableness is associated with trusting, cooperative, and likeable.*  
(Sur & Ng, 2014, p.83)

The literature reports that neuroticism and conscientiousness are highly correlated with perceived job stress (Sur and Ng, 2014). Extraversion (Bowling *et al.*, 2005), agreeableness (Dijkstra *et al.*, 2005), and openness to experience (van den Berg & Pitariu, 2005; Wiggins, 2004) correlate negatively with job stress. However, these latter relationships are reported to be complex, with modest effects, and/or are poorly understood (Sur and Ng, 2014).

In terms of my research question, it is intuitively plausible that EPs with personalities high on neuroticism would find CI work particularly stressful.

When faced with a situation where there is less structure and predictability, people prone to anxiety are bound to find it more difficult to cope than those more emotionally stable. Moreover, highly conscientious professionals who value orderliness are also likely to find such situations stressful.

EPs who are extraverts, open to experience and agreeable are less likely to find CI support work as stressful as those in their opposite dimensions. CI support work involves engaging directly with people when they are in a highly emotional state and building trust and confidence. It involves making decisions quickly and problem solving.

While personality traits alone cannot address the question of why some EPs are more stressed than others when engaged in CI support work, their role in the variety of EP responses must be considered and included in any account of responses to such work.

### **2.2.3 Resilience**

Although there are many different definitions of resilience, all include an understanding that it involves enduring competent functioning in the face of difficult circumstances. McCann, *et al.* (2013) provided a definition of resilience in health professionals that is most useful in terms of my research question:

*We define 'resilience' as the ability to maintain personal and professional wellbeing in the face of on-going work stress and adversity. (pp. 60,61)*

This definition is useful because CIs by their nature are more stressful than typical EP work. They involve supporting people in distress and, given their unpredictability, one cannot plan for dealing with them. Therefore, they draw on the EP's resilience.

The concept of resilience is premised on the recognition that there is much variation in people's responses to stressful situations (Rutter, 2012). While there is general agreement that resilience is partly a stable and enduring trait, it has been acknowledged that levels of resilience can change (Hegeny *et al.*, 2015). Individual resilience both affects and is affected by experience. Therefore, repeated exposure to stressful situations can have different effects

on different people. Graber *et al.* (2015) pointed out that dispositional factors can help a person withstand seemingly insurmountable challenges but repeated stressors gradually exert a negative effect on wellbeing. Rutter (2012), on the other hand, highlights an important characteristic of resilience whereby repeated exposure to stressors has a “steeling effect” (p. 337) on some people decreasing vulnerabilities rather than the opposite. It is unclear why this is the case but it is likely that other factors exert influence in such cases. For example, an EP who responds to a succession of challenging CIs, and his/her performance and sense of wellbeing increases in the process, may demonstrate high emotional stability (see 2.2.2) or may have access to strong peer supports (interpersonal factor, 2.3.3 below). Another EP exposed to similar experiences may demonstrate lower resilience than average and may have less experience of CIs, leading to deleterious effects on wellbeing and functioning. Therefore, although there is evidence of resilience’s stability and its relevance in addressing the research question, its effect must be viewed as interacting with interpersonal and organisational factors.

Notwithstanding the enmeshed, interactional nature of resilience in the workplace, it is possible to consider how individual processes and characteristics enhance resilience. McCann *et al.* (2013) reviewed the literature on resilience in five health professions (nursing, social work, psychology, counselling and medicine) to identify resilience-enhancing qualities of each profession. Although the vast majority of the studies reviewed concerned clinical and counselling psychologists, the findings are relevant to the present study because many of the professional activities identified as most stressful among participants in the various studies related to dealing with traumatised clients, suicide and managing intense emotions. These are among the issues EPs encounter in supporting schools following CIs. The factors within individual psychologists that relate to resilience identified by McCann *et al.* (2013) were categorised as Demographic, Behavioural (personal), Behavioural (professional), Cognitive (personal) and Cognitive (professional). In terms of demographics, age and experience were related to resilience. Older, more experienced practitioners were generally more resilient. Interestingly, there was strong support for a relationship

between gender and resilience. Females reported more satisfaction in their jobs than men, derived from intellectual stimulation, self-growth and flexible hours and the reviewers argued that this satisfaction helps to maintain resilience.

In terms of Behavioural (personal) factors, McCann *et al.* (2013) found strong support that a good work-life balance related positively to resilience. In addition, exercise, holidays/breaks and a tendency to seek help from colleagues were also factors supported by the evidence. There were contradictory findings about the role of laughter/humour. Behavioural (professional) factors positively related with resilience were continuing education and keeping up with the literature.

Cognitive (personal) factors for which there was support of a positive association with resilience were self-awareness, active self-reflection/insight and positive self-talk/attitude. There were contradictory findings about the relationship between spirituality/ religious beliefs and resilience with some studies supporting a positive association and others not. Finally, a strong sense of professional identity, work challenges and control over one's professional life were cognitive (professional) factors related positively to resilience.

EPs supporting schools following CIs need to be resilient. Resilience, while varying in terms of quantity among people, being partly stable and enduring is open to enhancement/improvement to some degree based on behavioural and cognitive factors that relate positively with it. In other words, it is likely that professionals can become more resilient by engaging in certain activities and changing behaviours. Whether dispositional factors leading to a tendency to exhaustion through repeated CIs can be mitigated by such change and activities is difficult to assess. Perhaps the steeling effect reported by Rutter (2012) applies only to certain personality types and other types will have negative responses to repeated exposure to stress notwithstanding intrapersonal considerations and other supports, both interpersonal and organisational.

#### **2.2.4 Appraisal and coping**

Most theorists examining responses to stressful situations refer to appraisal theory. Within this theory, Lazarus and Folkman (1984) stated that a specific event or stressor influences individual cognitions of an event, termed appraisal. Appraisal theory examines the process by which emotions are elicited as a result of an individual's subjective interpretation of events. Therefore, it is the interpretation of events that determines if there is risk to one's safety and one person may appraise a situation as potentially risky while another person may perceive no risk in the same situation (Lazarus, 1999). Appraisal theory posits two types of appraisal, primary appraisal and secondary appraisal (Lazarus & Folkman, 1984). Primary appraisal is the individual's evaluation of an event or situation as a potential hazard to his or her wellbeing. Primary appraisal also involves assessing the magnitude of an event or situation possibly for harm (Lewis & Roberts, 2001). Secondary appraisal is the individual's evaluation of his or her ability to cope with the event or situation. This estimation of the range of coping skills in the individuals' repertoire occurs in relation to, not necessarily after, a primary appraisal of a situation (Lazarus, 1999). Thus, the evaluation is dependent on the subjective interpretation of whether or not the event poses a threat to the individual (primary appraisal) and whether or not the individuals perceive they have the resources (inner and outer) to cope with it (secondary appraisal) (Regehr & Bober, 2005). Secondary appraisal is influenced by contextual factors such as demands, constraints and opportunities (Lazarus, 1999), which results in an emotional response related to the event and the individual. The person can now respond actively (Lazarus, 1999). The active response is termed coping. Coping involves the decision about what to do to deal with the event. Coping is an interaction between the person's internal resources and external environmental demands (Lazarus & Folkman, 1984). Coping can be problem-focused, which is actively or behaviourally altering the external person–environment relationship, or emotion-focused which is altering the personal or internal meaning or relationships (Lazarus, 1999). Problem-focused coping is also defined as channelling efforts to actively deal with potentially stressful situations such as gathering information, making decisions and getting the resources needed (knowledge, skills, and abilities)

(Folkman & Moskowitz, 2000). This type of coping allows the individual to focus attention on what needs to be done and allows for a sense of mastery and control in working toward getting the job done. Alternatively, emotion-focused coping involves positive reappraisal. Cognitively reframing typically difficult thoughts in a positive manner provides assistance in coping (Lazarus, 1999).

In terms of considering how EPs respond to CIs, appraisal theory provides a very useful model of understanding how the situations are assessed and processes used to handle potentially stressful situations that draw on personal resources. The fact that the theory considers contextual factors, such as resources (inner and outer), demands, constraints and opportunities means it can fit within a transactional model that takes account of interpersonal and organisational influences on individual stress and coping. However, appraisal theory assumes that the thought processes and actions can be accessed and that they follow a logical, transparent pattern. No account is taken of unconscious communication or defence mechanisms at play when dealing with highly charged situations. Indeed, a major proponent of appraisal and coping models, Lazarus (2000), recognised this shortcoming:

*I have long been convinced that research on stress, coping, and the emotions must address unconscious processes and ego defenses. There is a growing conviction that a large proportion of human appraisals occur without self-awareness of the factors that influence the emotion process. (p. 671)*

Ego defences are considered, in detail, in the next section.

### **2.2.5 Ego defence mechanisms**

Ego defence mechanisms (or factors) were defined for the first time by Sigmund Freud as unconscious resources used by the *ego* to reduce the conflict between the *id* and the *superego* (Freud, 1937). They provide a reflection of how an individual unconsciously copes with stress and all involve some degree of cognitive distortion. Sigmund Freud and his daughter, Anna Freud, outlined most of these defences and identified five of their important properties: defences are a major means of managing conflict and uncomfortable feelings; they are unconscious; they are discrete from one

another; they are reversible; defences can be adaptive as well as maladaptive (Vaillant, 1994). Our perception of self, objects, ideas, and feelings related to both external and internal reality is altered by defence mechanisms (Vaillant, 1994). Defences are commonly divided into mature, intermediate/neurotic, and immature (Trijsburg *et al.*, 2000; Vaillant, 1977, 1994; Wastell, 1999). This classification is based partly on the general adaptive value of the defence and partly on the stage of life when the defence is most likely to be expressed (Vaillant, 1977).

Mature defences involve relatively minor cognitive distortions, largely consisting of a decrease of unwelcome feelings (Steiner *et al.*, 2001). Humour alters the content of a potentially disturbing scenario so that it becomes lighter and more tolerable. Sublimation transforms disturbing impulses and feelings by channelling them into acceptable pursuits, and in the process modifies awareness of negative states. Anticipation shifts attention away from current experience to prepare for some perceived outcome. Altruism involves giving to others what you would actually like to receive, allowing personal needs to be satisfied vicariously, and can entail the assumption that if you help someone or something then you will receive assistance yourself. Suppression reduces the focus on disturbing intrapsychic states, shifting attention away from them while maintaining some awareness.

Intermediate/neurotic defences, such as intellectualisation, rationalisation, repression, isolation, reaction formation, and displacement are considered to be universally present, particularly during difficult periods of life (Freud, 1915/1949; Vaillant 1977, 1994). These intermediate/neurotic defences involve a greater degree of cognitive distortion than the mature ones and frequently represent an attempt to cope with significant stress. Intellectualisation largely transforms events into a non-emotional experience through conscious thought processes. Rationalisation makes unacceptable attitudes, beliefs, and behaviours more palatable by providing a socially acceptable meaning. Repression involves expelling or blocking a troubling idea from consciousness, maintaining the feeling, thereby stopping conscious realisation of what object or situation is related to the feeling. Isolation keeps

the idea in consciousness but changes awareness of feeling. Reaction formation transforms an unacceptable impulse into its opposite. An example would be an actively homophobic person with hidden gay tendencies. Displacement shifts affect and the focus of attention from an object that is unacceptable to a safer one. Dissociation involves a temporary modification of one's personal identity or character to avoid emotional distress; separation or postponement of a feeling that normally would accompany a situation or thought. (Trijsburg *et al.*, 2000; Vaillant, 1977).

Immature defences involve the most extreme cognitive distortions and can result in a person being removed from a sense of reality. Immature defences are most commonly encountered when there is extreme stress. Immature psychological defence mechanisms include: splitting, idealization and devaluation, projection, hypochondriasis and somatization, undoing, acting-out, schizoid fantasy, and denial (Kaplan *et al.*, 1994; Vaillant, 1994; Weinberger, 1990). Splitting consists of the division of external objects, namely people, into all good and all bad, with shifts of an object from one extreme to the other. Idealization and devaluation endow all good and all bad objects with great power, resulting in the former being seen as ideal and the latter devalued. Projection alters experience such that it is believed that unacceptable impulses and attitudes arise not from the self but from an outside object. An example would be aggression being attributed to another when it is the projector who is, in fact, being aggressive. Hypochondriasis transforms reproach toward others into self-reproach and complaints of illness. Likewise, with somatisation, psychic derivatives are converted into bodily symptoms. Undoing entails a symbolic negating of an unacceptable behaviour by acting in reverse. Acting-out translates disturbing impulses into action so fast that the person escapes feeling or thinking. Schizoid fantasy involves a person retreating into a fantasy world and avoiding intimacy. More moderate degrees of fantasy transform a disturbing reality into something more pleasant. Denial often entirely negates awareness of some disturbing aspect of experience. However, when denial only involves feeling rather than experience of reality, it is significantly more adaptive (Steiner *et al.*, 2001).

EPs supporting schools following CIs encounter people in states of stress and such stressful situations may trigger ego defence responses. Adaptive defences such as humour (at the appropriate time and in the appropriate setting) and suppression of thoughts or feelings when they become anxiety inducing can be considered helpful because they allow the EP to concentrate on his/her important role. However, neurotic defences would be problematic. Repression, for example, could lead to disengagement from the facts and details of a CI with complete focus on the feelings. Dissociation would be very confusing for the staff in the school in that the EP's character would be changed. Immature defences would be extremely unhelpful. Splitting, for example, by labelling people or actions as all good or all bad would exacerbate feeling or tensions in a school following a CI. Somatisation would render the EP unfit to do the work at all.

There is very little in the literature regarding EPs' ego defence response to CIs but de Boer *et al.* (2013) reviewed the nursing research and described two main ways of coping around CIs in the hospital setting: problem-focused coping and defensive coping. Active, problem-focused coping, they argue, may help nurses to effectively deal with the critical incident, their own stress responses and thus avoid long-term emotional and physical symptoms. These nurses face the experience by thinking about it, talking with colleagues or friends, and testing reality. They learn to live with what has happened thereby regaining control and a sense of security. For this group stress symptoms diminish over time unless there is repeated exposure without sufficient opportunity to process the events. By contrast, other nurses were found to use defensive coping strategies when encountering CIs. Defences such as withdrawal, denial, minimization, delusion (assuming things are best the way they are, despite facts that support alternatives), repression or dissociation were reported by Acker (1993). These defences are coping mechanisms that may be triggered to avoid engagement with feelings associated with the experience and are, therefore, understandable reactions whilst in the throes of a CI where a professional must attend to those in needs of their help. The prolonged use of ego defences is, however, ineffective because the frightening character of the incident is maintained if the emotions remain

unprocessed (Birmes *et al.*, 1999).

Awareness of the nature of ego defences triggered in a CI, therefore, is central to understanding the unconscious processes influencing practice, ensuring EPs manage their stress effectively and do no harm in this type of work.

### **2.3 Interpersonal factors**

Interpersonal factors affecting EPs' work in general include the quality of supports from supervisors (in both the professional, therapeutic supervision and management supervision senses of the word) and peers (Huebner, 1992; Reiner & Hartshorne, 1982). For the purposes of the present research, 'supervision' refers to professional/clinical supervision in the therapeutic tradition and 'line management' refers to the role of one's immediate job supervisor. In CI work, which by its nature is likely to be more stressful than many other types of EP work, peer, line manager and supervisor support is bound to be an influential factors affecting EPs' responses to the work. However, the interpersonal contact and relationships with clients (schools) and other agencies that may be assisting schools following CIs should also be considered in assessing the effects of CI work. Jeyaraj & Ramamoorthy (2013) divided interpersonal factors influencing occupational stress into three types of relationships, namely superior- subordinate relations, peer group relations, and customer relations. This formulation is useful in considering how supervisors (superior-subordinate relations), friends, family and work colleagues at the same grade level and professional colleagues from external agencies working alongside EPs (peer groups) and clients in schools (customer relations), could all influence EPs' responses to CI work.

The influence of interpersonal relationships is usually described in terms of social support as a coping resource helping people to cope with stress. Social support has been defined as support which is "*accessible to an individual through social ties to other individuals, groups, and the larger community*" (Lin *et al.*, 1979, p. 109). Some researchers reported that social supports mitigate the effects of stressful situations (Cohen & Wills, 1985). This buffering model views social support as protecting the individual from adverse effects of stress by helping the person redefine problems and access solution to them (Terry *et*

*al.*, 1993). It is reported that those with low levels of social support are impacted most by stressful situations (Finney *et al.*, 1984). The following sections explore, in detail, the possible role of interpersonal relationships with superiors, clinical supervisors, peers, family, friends and customers (clients) in influencing the effects of CI support work on EPs with reference to social support. The nature and effects of interpersonal engagement with whom those EPs help following a CI are also explored with particular reference to countertransference, empathy and emotional contagion.

### **2.3.1 Superior-subordinate relationship**

There is extensive evidence that support from one's manager can have a central role in mitigating workplace stress (House & Wells, 1978). Irrespective of the level of stress, the perception of the availability of supervisor support appears to have a beneficial effect on wellbeing (Terry *et al.*, 1993). Some researchers found that support from line managers has a stronger buffering effect on workplace stress than that of peers and explained this in terms of the ability of managers to address the source of the stress by influencing working arrangements (House & Wells, 1978). This is a credible account and makes sense in terms of the present research. CIs are unexpected, often time consuming and personally demanding, so in addition to physical fatigue, there is often a need to cancel prearranged appointments, thereby leading to knock-on, far reaching changes to an EP's diary (Bolnick & Brock, 2005). The ability of managers to access additional resources, such as buying in locum or private assessments could mitigate the effects of CIs on the EP's planned work. Moreover, a line manager could decide to assign another EP to cover a CI if a team member has responded to a succession of CIs in a short period and it was judged necessary to allow that person time away from that type of work because of fatigue or personal circumstances.

In order to benefit from the stress-mitigating effect of the superior-subordinate relationship, the EP's line manager must have the necessary skills to provide the necessary support. Yarker *et al.* (2007) conducted a qualitative, multi method large-scale study for the UK Health & Safety Executive to ascertain

the management competencies required to prevent and reduce stress at work and identified nineteen such competencies, which are detailed in Table 2.1

**Table 2.1. Emergent Management Competencies for preventing and reducing Stress at Work with Descriptions of Competencies**

Management Competency	Description of Competency
Managing workload and resources	Arranging for extra staff when needed, monitoring and awareness of team's workload, having realistic expectations on delivery
Dealing with work problems	Effective problem solving, e.g. developing action plans, being decisive
Process Planning and Organisation	Planning and reviewing both present and future workloads
Empowerment	Trusting employees to do their job
Participative approach	Listens to and consults with team, manages on a team basis
Development	Helps employee develop within the role
Accessible/Visible	Keeps an open door policy, in regular contact with team
Health and Safety	Takes Health and Safety of team seriously
Feedback	Showing gratitude, providing praise and rewarding good work
Individual Consideration	Provides regular one to ones with employees, flexible with regard to work life balance issues
Managing Conflict	Deals with workplace bullying, seeks to resolve conflicts fairly
Expressing and Managing Emotions	Remains calm under pressure in front of team, rarely loses temper
Acting with Integrity Friendly Style	Keeping promises, e.g. keeping personal issues with employees confidential
Communication	Keeps staff informed of what is happening in the organisation, communicates clear goals and objectives
Knowledge of Job	Shows understanding of the tasks that the team performs
Taking Responsibility	Leading from the front, taking a hands on approach
Empathy	Sees each employee as a person, e.g. awareness of employees personal lives, stress levels and of differing needs within the team
Seeking Advice	Seeks advice when required e.g. occupational health, HR and other managers

Source: Yarker *et al.* (2007)

While one would expect EP managers to possess many of the above competencies by virtue of their training, particularly empathy, participative approach, communication, individual consideration, feedback and knowledge of job, some of the competencies listed are not included in EP training. Yarker *et al.* (2007) found that workload management was the competency most frequently mentioned in this research and that the majority of those who highlighted it referred to a lack of awareness amongst managers of the amount of pressure teams were under. It is unclear, however, how useful an expression of understanding of the pressures people experience is if there are no efforts made to change the circumstances causing stress. It is important to remember that line managers in EPSs may have limited power to access resources needed to relieve heavy workloads. For example, the degree to which a senior EP can access additional private or locum cover to compensate for time spent on CIs may be very limited. Moreover, process planning and organisation requires the ability to match human resources with projected workloads and there is almost always a shortfall in the number of EPs required to provide a comprehensive service. Senior managers and

middle managers are subject to the vagaries of Government budgets and can only plan and organise services within the constraints of such budget allocations. Nonetheless, it is important to remain cognisant of this factor affecting EP reactions to supporting schools following CIs. This highly pressing and demanding work happens in the context of an often busy, already stretched schedule and the superior-subordinate relationship can mitigate stress or contribute to stress. However, organisational factors (considered below) affect this important interpersonal relationship.

### **2.3.2 Professional/Clinical supervision**

Professional/Clinical supervision is considered necessary for effective practice as an EP but some research into the availability and quality of such supervision suggests a persistent lack of opportunity for many EPs to receive sufficient supervision and guidance in their professional development (Harvey & Pearrow, 2010). Most EPs who receive supervision consider the amount they get insufficient (Chafouleas *et al.*, 2002; Fischetti & Crespi, 1999; Harvey & Pearrow, 2010).

The UK Care Quality Commission (2013) sets out the standards of clinical/professional supervision necessary for continued registration as a health and social care professional, including the EP profession, and points out how such supervision helps in managing work demands and professionals' own emotional reactions. It also highlights the developmental nature of clinical/professional supervision:

*Clinical supervision has a number of benefits for staff:*

- *It can help staff to manage the personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work.*
- *It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations.*
- *It can be one part of their professional development, and also help to identify developmental needs. It can contribute towards meeting requirements of professional bodies and regulatory*

*requirements for continuing professional development (where applicable).* (Care Quality Commission, 2013, p. 5)

Clearly supervision is central to assisting EPs involved in CI work because it often involves engagement with clients who have experienced traumatic events and this will be affecting because such situations place demands on personal resources such as empathy and care. Moreover, if an EP is asked to assist with CIs similar to difficult experiences in his/her earlier life, it can lead to a re-engagement with painful feelings that need to be managed and/processed in an appropriate setting and time. Supervision is the correct setting for this to happen.

There are many models of clinical/professional supervision. Given that the role of the EP entails many different professional activities, finding a model of supervision capable of addressing these various activities presents a challenge as stated by Kaufman & Schwartz (2003) where they compared the supervision requirements of counsellors/therapists to those of EPs:

*The role and function of the school psychologist is far more complex, and, as such, demands supervision of a wide spectrum of tasks including, but not limited to assessment, individual and group interventions, consultation, crisis intervention, primary prevention, and a host of administrative functions (APA), thus making the role of the supervisor a multi-faceted and complex one, perhaps not limited to a single model or approach. (p.144)*

Kaufman & Schwartz (2003) reviewed the main models of clinical/professional supervision used in educational psychology, namely psychodynamic, cognitive behavioural, systems and developmental models and concluded that any one model on its own would be inadequate in meeting the supervision needs of EPs. It is likely, therefore, that an integrated model of supervision that draws on multiple theoretical perspectives that are employed in such a way as to match the role/experience being addressed in supervision is most suitable for EPs (Bernard & Goodyear 1992). In terms of professional supervision for EPs engaged in CI support work, it is likely that psychodynamic, cognitive-behavioural and systems approaches would all be appropriate for different reasons. Psychodynamic approaches focus on relational dynamics and emotion, which are central to CI work. Cognitive-

behavioural approaches involve the application of behavioural approaches and examining thought processes in seeking solutions to problems. This approach is likely to be useful in CI work. Finally, the systems perspective is always apposite in school-based work; and reactions of the school system to CIs and the EP's engagement with the system in the aftermath of a CI are amenable to professional supervision in the systems tradition.

Clinical/professional supervision is a *sine qua non* of EP practice and its absence or insufficient availability during/after CI work is an obvious factor affecting EPs' reactions to such work. Moreover, the model of clinical/professional supervision is likely to exert an effect. It is suggested in the literature that models of supervision underpinned by a single theoretical standpoint are likely to be insufficient in meeting the needs of EPs, whose role in schools is multifaceted. The intensity of CI work demands a model of supervision that considers the emotional effects of dealing with highly stressful situations and considers the systemic context of the experience. Coping strategies informed by cognitive-behavioural techniques, such as positive self-talk may also be of value.

### **2.3.3 Peer Support**

In CI work, EPs are strongly advised to provide support to schools with the assistance of a colleague. The rationale for such advice is that a colleague can provide professional and personal support and, hopefully, avoid a sense of becoming overwhelmed because the strain is shared and the other person can provide backup if a question/scenario arises to which one EP does not have an answer/advice to give (NEPS Guidelines).

A low degree of peer support is a factor in poor coping with the challenges of work as an EP (Huebner, 1993). Work colleagues can provide technical help, comfort, insight, comparison, rewards, and escape (Maslach, 1982). Some EPs feel professionally isolated due to the peripatetic nature of the job and the fact that travelling leads to less opportunities for professional interaction with peers than many professions (McLeskey *et al.*, 1984). Huebner (1993) asserted that, as is the case with professional supervisors and line managers,

contact with peers can result in enhanced wellbeing or create additional stress, *depending upon the quality of the interaction*. Huebner does not elaborate on this statement but the veracity of the statement is clear: some colleagues work well together, their skills complement one another and they provide support and comfort to each other in stressful situations. On the other hand, some colleagues do not work well together, due to two main sources of difference: relationship and task issues (Amason & Schweiger, 1997; Jehn, 1997; Kabanoff, 1991). Examples of relationship conflict are conflicts about personal taste, political preferences, values, and interpersonal style. Examples of task conflict are conflicts about the distribution of resources, procedures and policies, and judgments and interpretation of facts (De Dreu & Weingart, 2003). In other words, colleagues who differ in terms of relationship and task issues are unlikely to be a source of support for one another because of a differing sensibility and approach to tasks that could lead to conflict and, consequently, confused messages to service users. It is important, therefore, that EPs who work together on CIs have similar values and approaches to the task, which may not always be possible to organise.

#### **2.3.4 Family and friends' support**

Social support refers to the experience being valued, respected, cared about, and loved by others in one's life (Gurung, 2006). It may come from family or friends or other groups to which one belongs. Several studies have indicated that supportive contacts correlate negatively with symptoms and psychological disorders such as stress, depression and other psychiatric disorder, and positively correlate with physical and mental health. A study by Nahid & Sarkis (1994), for example, found that social support protects people in life crisis such as bereavement, illness, and other major stress, and moderates the effect of stressors on psychological wellbeing.

There is evidence that family support is an important factor in mitigating stress at work. For example, studies have suggested that partner support is an important buffer against job related stress, particularly for men (Adams *et al*, 1996; Barnett *et al.*, 1993; O'Neil & Greenberger, 1994). It is concluded that having the opportunity to talk through difficulties at work, or having a partner

who expresses an understanding of job-related pressures may help people to cope better with pressures associated with their jobs and consequently perform better (Barnett, 1996; Gattiker & Larwood, 1990).

There is no discernible evidence in the literature about whether or not EPs talk through their experiences of support schools following CIs with partners or friends. However, Benler (2010) examined the effects of self-care and other factors on rates of secondary traumatic stress among a sample of clinical psychologists and found that the positive perception of availability and effectiveness in personal relationships (family and friends) had a negative relationship with symptoms of stress, suggesting that it is an important factor to consider. It is likely, therefore, that EPs rely on social support from friends and family during/after CI support work.

### **2.3.5 Unconscious Communication during CI Support Work**

A central role of EPs during and following a CI is to engage directly with school personnel and provide guidance and assistance so that principals and teachers can support the pupils. This direct interface often involves meeting people when they are highly stressed and shocked in the aftermath of often tragic, unforeseen events. Psychoanalytic theory provides account of how people cope or do not cope with difficult life events and how those trying to help those in crisis can absorb the stresses and trauma of their clients (Hayes & Frederickson, 2008). Central to psychoanalytic explanations of these processes are transference and countertransference. Traditionally, a client's transference feelings evoked towards the helper are related to feelings from the client's past experiences and relationships; countertransference refers to those feelings in the clinician which are related to feelings from past experiences and relationships and evoked by the client's transference (Urdang, 2010). The concepts of transference and countertransference have been expanded to include intersubjectivity (Stolorow *et al.*, 1994), which refers to an ongoing transactional exchange of feelings between a clinician and client, not necessarily verbalised or acknowledged by either. It is suggested that helpers who are attuned to intersubjectivity use their own feelings as a guide, learning about clients' needs (Urdang, 2010). Some psychoanalytic

commentators view intersubjectivity as key in understanding ‘the Other’ and broaden the transactional exchange to include social and cultural influences:

*“...the key processes in the configuration of subjectivity are the bond and fields system that articulate the relational sphere where subjectivity unfolds, and which is lived by all participants as embodied emotional experience; it is also where social and cultural experience is registered in the body, as Knoblauch (2014) puts it, the body conceived as a “subjectively experiencing site where internal and interactional registrations of Self and Otherness dance in bond,” a bond that involves both representation and body experience, thus organizing non-conscious experience of the Self and the Other in the sphere of subjectivities...”.* (Avila, 2014, p.4)

Such an understanding of intersubjectivity appeals to my preference for theories that can accommodate influences beyond the intrapersonal and interpersonal to include cultural and societal factors. Moreover, the notion of ‘body experience’ that is not limited to ‘emotional experience’ but encompasses physical sensation such as tension, exhaustion or physical pain could provide insight into the physical effects of CI support work on EPs as described by Bolnick & Brock (2005).

It is important to remember that the reactions of staff to traumatic events in schools are affected by experiences in their life previous to the current event. Greenway (2005) alerts EPs to the challenge CIs present to staff:

*Traumatic events are typically unexpected and uncontrollable, contradicting the efforts by schools to establish a predictable routine and consistent discipline to ensure pupil learning, safety and security. Schools are places where teachers are “in loco parentis” to large numbers of children. Maintaining their twin roles as educators and carers, in looking after the learning and pastoral needs of students, may be very stressful for teachers, bearing in mind that their own individual response to a traumatic event may be emotionally overwhelming, and may impact with any previous traumatic events and bereavements that they may have experienced.* (p.236)

Greenaway (2005) provided a comprehensive EP’s perspective of teachers’ and schools’ responses to tragic events that drew heavily on psychoanalytic concepts. This author described three main concepts relevant to the present research question. Firstly, Greenaway described how she facilitated staff groups to share their distress due to CIs, thereby allowing fears to be articulated and contained. This is similar to “working through” where interpretations of events are repeated, elaborated upon and amplified (Freud,

1914). Indeed, using Winnicott's model of the maternal/infant relationship, such groups can be seen as a holding environment where transferences can be expressed and worked through (Whalley, 1994). Again, drawing on Winnicott's (1965) concepts of good parenting, Greenaway's second role for EPs is, sometimes, to be a container for staff's anxieties and fears where the leader (principal) is not in a position to do so due to feelings of being overwhelmed. Without group or individual containment, unmanageable fears can overwhelm and teachers are not in a position to contain children's fears. Finally, Greenaway (2005), drawing on Kleinian theory (1940), described how "good internal objects" (a satisfying experience with a primary carer) allow "good objects" to develop so that relationships can be drawn upon in difficult times and provide comfort and nurturing. However, "bad objects" are the opposite internalised conceptions of a "bad" parental experience that is neglectful or abandoning, for example. Kleinian theory holds that when unpredictable, trying circumstances coincide with internal anxieties, fears about the bad objects will emerge and in the CI context, staff can see the principal as a bad object who did not protect them against the traumatic event, leading to a breakdown in trust in him/her.

The need for containment of emotion and strong leadership in a CI are clearly explained by Greenaway (2005) and provide a psychodynamic explanation of unconscious processes at work at an interpersonal level, both in terms of EP-individual and EP-group interaction. The nature and intensity of such dynamics necessitate an awareness of their important role in CI support work and their effect on EPs coping mechanisms as well as that of school staff. EPs' own life histories are relevant in this regard. For example, a CI similar to a historical event in an EP's life may awaken unresolved fears that render him/her unavailable to help contain the anxieties of school staff. There is very little in educational psychology literature about the effects of unconscious communication and the value of intersubjective understanding in CI support work. Hayes & Frederickson (2008) opine that some psychoanalytic concepts are "*vague and use weak or seemingly ill-conceived terminology*" (p. 98). They also point out inconsistencies with other psychological perspectives, such as cognitive conceptions of responses to trauma. However, such

eschewal of psychodynamic principles in CI support work prevents access to a rich and highly relevant source of information that can inform decision making and explain painful and often puzzling emotional reactions on the part of clients and EPs themselves.

### **2.3.6 Empathy**

Some commentators consider empathy to be an intrapersonal, genetically inherited trait (Hoffman, 1975; Rodrigues *et al*, 2009). However, it functions as a social emotion, bridging the emotional states of one individual with another (Levenson & Ruef, 1992). Therefore, I include it in the interpersonal domain for consideration. Rogers (1980) described empathy as one of the necessary aspects of a therapeutic relationship and although EPs are not engaged in therapy when supporting schools following a CI, it is a helping role and empathy is a necessary component. Figley (1995) advised that empathy is a major resource for those trying to help distressed people because it allows understanding of their position and perspective. However, over empathising can lead to the helper becoming distressed also (Figley, 1995). Interestingly, emergency workers such as first responders (firefighters, paramedics) score low on measures of empathy (Grevin, 1996) and deliberately avoid empathising with those they are helping so that they can focus on their tasks (Young & Cooper, 1999). It is possible, therefore, that over empathising is a factor leading to stress reactions to CI work in EPs.

Zenasni *et al.* (2012) considered empathy and its relationship with burnout among GPs working in primary care and argued that there is a case for separating “cognitive and affective empathy” (p. 347). Cognitive empathy, they argue, is a recognition of a patient’s mental and physical presentation while affective empathy involves the doctor experiencing the same feelings as the patient. They also refer to sharing and nurturing empathies. The former involves direct intervention and offering opinions on the way forward while the latter involves giving attention and security. These commentators settle on a “clinical empathy” (p. 347) as the optimal empathic interaction in GP practice that helps prevent burnout. This approach refers to “primarily cognitive” (p. 347) empathy that communicates understanding of the inner experience of

patients as a separate people. It does not eschew emotional or affective empathy but distinguishes the GP's feelings from those of his/her patients. EPs engaged in CI work may need to reflect on how they empathise with those they help and the empathic style employed could be related to stress levels experienced after the helping work. Clinical empathy in relating with clients could be a safeguard against such stress.

### **2.3.7 Emotional Contagion**

Empathy is described as understanding the distress of another person but emotional contagion is described as reflecting and experiencing that same distress, but not consciously (Sabin-Farrell & Turpin 2003). By observing the distress of another one feels emotions that are parallel (Figley, 1995). Hatfield *et al.* (1994) provided a detailed discussion of the evidence for and potential mechanisms involved in emotional contagion and argued that in the natural tendency to mimic and synchronize with others, emotional experiences are involved and can lead to the "catching" of emotions from other people. This could be viewed as a social psychological explanation of transference.

## **2.4 Organisational Factors**

Organisational factors related to roles and functions have received considerable attention in the EP literature examining stress and burnout, in general, among EPs (Huberty & Huebner, 1988; Huebner 1992; Pierson-Hubeny & Archambault, 1987). It is important to reiterate that there is considerable overlap and multidirectional influence between organisational factors relevant in considering EPs responses to CI work and intrapersonal and interpersonal factors sections. For example, training in CI support is a personal factor for which an individual EP is responsible but the organisation for which he/ she works shares responsibility for ensuring time and resources are available to ongoing training and development. Similarly, interpersonal factors such as professional supervision and peer support are contingent on organisations employing EPs have adequate provision of appropriate models of supervision and effective joint work in CI support situations. Indeed, Killian (2008) advised that agencies that employ professionals involved in supporting clients in distress should assume responsibility for modifying the variables that

produce work stress rather than placing the onus on the professionals themselves. Motta (2012) advocates strongly for such an approach because it is proactive and preventative in its focus, rather than allowing problems to develop and being in the position of having to devise remedial strategies when professionals are suffering and stressed.

Comerchero (2015) considered organisational factors that could contribute to the development of vicarious trauma in EPs and stated that research has isolated organisational setting, bureaucratic constraints, inadequate supervision, lack of resources and lack of professional support as relevant in this regard.

### **2.4.1 The Role of the EP in an Organisational Context**

Organisational settings, bureaucratic constraints and lack of professional support all influence the role of the EP. Huebner (1993) found that role ambiguity, role conflict, and role overload were the most commonly raised organisational factors in leading to burnout in EPs. This does not relate to CI support work alone, however, but to EP practice in general. It is useful to consider how these role-related factors could be relevant when an EP is faced with CI support work.

#### **2.4.1.1 Role Ambiguity**

Role ambiguity exists when role definitions and/or performance expectations are unclear (Huebner, 1993). It is possible that schools may expect EPs to engage in therapeutic work with children even though EPs may not see this as part of their role (Beeke, 2011). This is an ambiguity that is likely to induce stress in individual EPs as they strive to clarify or change the expectations clients.

#### **2.4.1.2 Role Conflict**

Role conflict has also been linked to stress and burnout (Pierson-Hubeny & Archambault, 1987). Role conflict involves coping with inconsistent role expectations or service demands (Huebner, 1993). An example of such a conflict could be where parents expect an EP to engage therapeutically with their children and the school staff expects that the EP will support them in

supporting the children. The employing organisation should provide clarity on such matters.

#### **2.4.1.3 Role Overload and EP: Student Ratios**

Role overload refers to situations in which helping professionals become overextended in terms of job responsibilities (Huebner, 1993). Heavy caseloads, multiple demands from numerous stakeholders lead to overload and if an already overloaded EP is faced with a demanding CI or a succession of such events, this is bound to lead to stress which, if not addressed, will lead to burnout. Role overload is related to large client-staff ratios and such ratios lead to stress and burnout (Maslach & Pines, 1977; Russell *et al.*, 1987). Many EPs have very high such ratios. Jimerson *et al.* (2009) examined international ratios of EPs to students and found that Ireland ranked 26th out of 33 countries, with an overall ratio of 1 EP: 5,298 students. However, the maximum EP-to-student ratio advocated by the National Association of School Psychologists (NASP, 2006) in the United States, is 1 EP: 1,000 students. Clearly, the possibility of role overload is high when EPs are working with such high ratios. It is reasonable to expect a succession of CIs will add to the feeling of being overloaded.

#### **2.4.2 Resources**

The quality and quantity of organisational resources have been related to burnout in EPs. Huebner (1992) found that the most powerful predictor of stress and burnout was lack of resources, specifically the unavailability of professional materials, poor secretarial and administrative help, lack of appropriate supervision, and a sense of being caught in a bind between the needs of schools and administrative constraints. In terms of such resources and their relationship with CI support, professional supervision has been discussed in 2.3.2 above. The organisation must ensure, however, that appropriate models of supervision are utilised and that EPs have the time and opportunity to avail of it.

Secretarial support is bound to be important when EPs have to rearrange appointments, contact colleagues, liaise with press offices etc. Moreover, the

needs of a school during a CI are likely to compete with other demands, professional and administrative, and this can readily be seen as leading to stress.

#### **2.4.2.1 CI Support Guidelines and Support Materials**

In terms of materials, the quality of CI guidelines for schools and support documents is apposite with regard to the present research. Hindley (2015) reviewed the availability and content of CI guidelines across the United Kingdom for schools and found a high degree of consistency across EP services in terms of their content and approach to CI support. The quality of such materials was judged as high. CI guidelines usually provide a framework and useful practical information for schools to draw upon in a CI. However, Hindley's subsequent interviews with EPs in practice found that school staff often struggled to act on recommended approaches and procedures in CI guidelines in the event of a CI without previous preparation and internalisation of basic principles. Further, Hindley (2015) found that the emotional overload experienced by school staff following a CI causes them to struggle in the implementation of CI plans and recommendations and they need the "*reassuring presence*" (p. 174) of the EP to provide guidance and support in decision making. Therefore, even though printed CI guidelines are useful in assisting schools to respond to CIs, school staff need to prepare properly and familiarise themselves with their contents and practise responses. This may require assistance from the school EP. Moreover, high quality guidelines do not obviate the need for EP presence following a CI and, therefore, organisations should be aware that guidelines alone do not suffice in preparing schools for CIs. Their successful implementation is contingent on the availability of adequate EP support.

#### **2.5 Educational Psychology literature on EPs' reactions to CI support work**

There is very little research and commentary on the effects of CI support work on EPs. Bolnick & Brock (2005) surveyed 400 EPs in northern California to assess their attitudes to crisis intervention in schools. In a postal survey, among other things, EPs' opinions about effects of the CI work on their own

wellbeing and the extent to which they engaged in self-care strategies were surveyed. Half those surveyed responded and 90% reported having had at least one physical, emotional, behavioural, cognitive or work performance reaction following the CI. Physical reactions were the most frequent: fatigue/exhaustion was ranked highest (48.25%) followed by sleep difficulties and headaches. Emotional reactions were the next most frequent: increased sensitivity (34.3%) was the highest; then anxiety and helplessness. Behavioural reactions followed as the next most frequent reaction, irritability (16.86%), moodiness and withdrawal being ranked first, second and third. The most common cognitive reactions (ranked 4<sup>th</sup> overall) were difficulty concentrating (28.48%); preoccupation with trauma and perfectionism followed. Finally, the least common self-reported reactions related to work performance: obsession with details (15.12%) followed by task avoidance and low motivation.

In terms of self-care, all respondents reported engaging in at least one such strategy: follow normal routine (77.1%); help fellow responders by sharing feelings (69.1%); realise those around you are under stress (68%); exercise (62.2%); get plenty of rest (60.6%); spend time with other crisis interveners (56%); do things that feel good to you (47.4%); eat healthily and regularly (44%); avoid drugs and alcohol (28%). Other less frequent strategies were reported such as *inter alia* spending time with family, meditation and yoga. Over half reported engaging in some form of 'debriefing' but the form this took was not specified.

Bolnick & Brock's (2005) study provides information on the myriad ways CI support work affects EPs and gives valuable insight into the self-care these respondents engaged in following the work. There are, however, shortcomings to this research. Firstly, CIs were not defined by the researchers so there is no guarantee that respondents had a shared understanding of what CIs are. Secondly, while the effects of CI work were described, the ways in which these effects occur were not explored.

By contrast, Hayes & Frederickson (2008) examined the impact of CI support by reviewing the literature on stress (including secondary or vicarious stress).

They argued that such stress reaction models, which neglect emotional competencies (such as humour, buddy working, positive self talk) are outdated. They recommended that EP supervision of CI work should focus on emotional competencies, especially distancing from the emotional content of CIs and the level of engagement experienced by the EP.

Hayes & Frederickson's (2008) review provides a framework for EPs to understand their own stress reactions to CIs by drawing on transactional models of stress and it provides useful guidance on mitigating the effects of CI support work. It addresses some intrapersonal factors (e.g. appraisal) and interpersonal factors (e.g. buddy support) in mitigating the effects of this work. However, this review does not examine the role and duty of organisations that employ EPs to provide practical and professional supports in this type of work. Moreover, the effects of an individual EP's personal history on their ability to respond to CIs is not addressed in this review. It is assumed that EPs can, in supervision, gain competence in:

*“Understanding of models of emotional intelligence, emotional processing and managing potentially intense negative emotions. This will include processes such as the tension between intellectualisation and sensitisation resulting from exposure to a victim's reported experiences.”* (Hayes & Frederickson, 2008)

The degree to which an EP can attain competence in managing emotions encountered and experienced in a CI is questionable: Some CIs will have resonance for them, others will involve school staff with whom they have formed friendships and, therefore, distancing from emotional content will be more challenging. There is a sense in reading this review that managing emotion is a cognitive and behavioural task based on logic and conscious effort alone. Indeed, these authors eschew psychodynamic explanations of reactions to trauma because of their view that unconscious processes such as countertransference are vague *“and use weak or seemingly ill-conceived terminology”* (p. 98). The assumption that sufficient supervision based on a model that makes all factors at play in a CI explicit can mitigate stress reactions in CIs is questionable. As stated above, even the eminent cognitive psychologist and pioneer of appraisal theory, Richard Lazarus (2000), to whom these authors referred in describing how people can intellectualise or

distance themselves from emotionally distressing events acknowledged unconscious processes:

*“...a large proportion of human appraisals occur without self-awareness of the factors that influence the emotion process.”* (Lazarus, 2000, p. 671)

A commentator on EP practice recently referred to the vicarious effects of CI support work: Comerchero (2015) provided the following advice to EPs:

*“Vicarious trauma poses significant consequences for both the school based mental health practitioners and the clients they work with. School psychologists and trainees need to be aware of the risk factors and symptoms so they are able to recognize when they most need to develop and apply an individualized coping plan to deal with the negative consequences of VT.”* (Comerchero, 2015, p. 4)

As stated at the beginning of this review, Comerchero (2015) sees VT as being transmitted through hearing or observing the stories of traumatic events. Hearing and observing are central to the role of EPs and, therefore, regardless of the process of transmission – conscious or unconscious – there is a need to examine the processes at work in CI support work and consider all the factors – intrapersonal, interpersonal and organisational – that influence EPs’ responses to this work.

In summary, the small amount of research pertaining to the effects of CI support work on EPs has focused on describing the effects (Bolnick & Brock, 2005) and the self-care strategies employed. Also, a review of the possible processes at work with a view to understanding and managing EPs stress reactions (Hayes & Frederickson, 2008) focused on some intrapersonal and interpersonal factors but did not ascribe importance to others, particularly unconscious processes. Further, neither of the foregoing gave attention to the organisational context in which EPs practice and its effects.

## **2.6 Summary and conclusions of Literature Review**

Drawing on multiple sources and perspectives in psychology, I have outlined possible influences on EPs reactions to supporting schools following CIs. I have used the intrapersonal, interpersonal and organisational domains of analysis as used by Huebner (1993) in examining sources of stress in the helping professions. I have postulated an interactive model through which to consider why some EPs find CI support work more stressful than others. At the intrapersonal level, I have included demographic factors such as age, experience and life history. Additional intrapersonal factors were personality, resilience, appraisal and coping and unconscious ego defences. Interpersonal factors outlined were, firstly, job-based relationships: superior-subordinate relationships and professional/clinical supervision. I then discussed the role of social supports such that provided by peers, partners and family. The role of unconscious communication with clients in the aftermath of CIs was also outlined at the interpersonal level, with particular reference to countertransference, intersubjectivity and the EP as container of distress. Alternative explanations of the processes by which emotions are transmitted were also outlined: empathy and emotional contagion. Finally, the influence of organisational factors on EPs' CI work and reactions to it were explored. I considered the stress exerted by role ambiguity, role conflict and role overload on EPs with reference to the unique demands of CI work and discussed the influence of organisational resources and supports. Lastly, I outlined the role of printed CI support guidelines and documentation provided by organisations and appraised their role in assisting schools to prepare for CIs relative to EP presence on the ground when CIs happen.

I have described and critically evaluated the existing literature pertaining to EPs' experiences of CI support work: The research study I reviewed was descriptive and quantitative in nature and focused on factors affecting responses at the intrapersonal and interpersonal levels of influence without examining the processes at play. The review paper exploring practice in this area that I reviewed also focused on the intrapersonal and interpersonal levels. Moreover, only factors that could be accessed through examining cognitive processes or observed behaviour were included. Unconscious

processes were excluded despite much evidence that distress experienced in CIs is communicated unconsciously to those responding and helping, such as EPs.

Throughout the review, it was clear that separating out the domains of analysis was a necessary but false division of influences. The discussion of the degree to which resilience is a fixed entity or open to enhancement through actions such as self-care and drawing on social supports, for example, epitomises the interactive nature of how one copes with stress. Each level from the intrapersonal to the organisational influences and is influenced by the other. Nonetheless, I envisaged that such a framework would provide a suitably complex basis from which to analyse the experiences of EPs in supporting schools following CIs. Moreover, unconscious processes and their usefulness in explaining reactions to CIs were viewed as essential in conducting a comprehensive study.

In this study, I aim to gain an understanding of the effects of CI support work on EPs with reference to the influences exerted at the intrapersonal, interpersonal and organisation levels. In addition to identifying the effects, I also aim to shed light on the processes at work that lead to the effects so that policy around best practice and supports in preventing negative consequences for EPs can be informed. A further envisaged outcome of this study is to access the expertise and beliefs of participants regarding best practice in supporting schools following CIs.

My research questions are: (1) Why are some EPs negatively affected by CI support work? (2) What can EPSs do to mitigate the negative effects of CI support work on EPs?

In the next chapter, I describe the decision making process of deciding on a suitable methodology that suited the aims I just outlined. I also describe how I ran the study.

## Chapter 3

### Methodology

#### 3.1 Introduction

*“...critical reflection entails a challenge to the hidden assumptions of both the reflector and those of the surrounding social context. Critical reflection goes beyond mere reflection, which could be simply a review of actions in the light of accepted precepts, in that it requires the reflector to “deconstruct long-held habits of behaviour by looking beyond the behaviour itself to their own self-image and examining why they do what they do”. (Silverman & Casazza, 2000, p. 239).*

This quote from Silverman & Casazza (2000) sums up the process of deliberation I went through in deciding on my research design. Researching colleagues' response to CI support work demanded that I examine fundamental questions about my beliefs about the nature of truth and to examine 'why I do what I do'. In this chapter, I provide an account of my decision-making process in deciding on a philosophical stance that was suitable in addressing my research questions and that aligned with my worldview. The following sections describe the journey I took from deciding on my paradigmatic stance, which determined the methods I used, to gathering and analysing each interview to present case studies. Then I provide an account of how I extracted super ordinate themes from the case studies that represent the main findings of the study and which informed my conclusions and implications for EP practice.

#### 3.2 Research philosophy, methodology and methods

##### 3.2.1 Research philosophy: assumptions

In deciding on an appropriate methodology, it was necessary to consider the research paradigm that aligned with my ontological and epistemological standpoints and that could best address my research question. Clearly, postivist/post-positivist research paradigms which espouse quantitative methodologies designed to measure, objectively, visible manifestations of phenomena would be insufficient in my endeavour: it was possible to assess the frequency of an emotional reaction to CI response and attempt to

categorise its manifest appearance but this would provide little insight into the experience. Moreover, as a practising EP, I brought my experience and history of emotional reactions to CIs to my research so the possibility of adopting the objective, disinterested perspective required in positivist/post-positivist research was neither desirable nor conducive to addressing my research question.

My research question required a research approach that facilitated access to experience. I gave consideration to the phenomenological paradigm, which is concerned with returning “to embodied, experiential meanings aiming for a fresh, complex, rich description of a phenomenon as it is concretely lived” (Finlay, 2009, p.6). Qualitative methodologies derived from this paradigm appeared, at first glance, appropriate in addressing my research question: the intersubjective interconnectedness between researcher and researched that characterises phenomenology could facilitate the development of an appreciation of the concerns and felt experience of participants. The next consideration was whether the phenomenological research would be descriptive or hermeneutic/interpretive (Finlay, 2009). My aim was to describe *and* understand so the methodology had to facilitate both. Georgi (1994) asserted that phenomenological methodologies involve the researcher describing “*the nature of reality as taken up and posited by the research participants. This frees the researcher to discover possible reality claims that may be outside his or her a priori specifications*” (p.203). I considered this to be desirable given my own experiences that I inevitably bring to the study, and which could be challenged by the realities of participants. There was, as I saw it, however, a difficulty in describing what is ‘posited’ by participants: Phenomenological methodologies rely on participants’ accounts, which may or may not be a true reflection of experience. Exclusive reliance on language and discourse to convey meaning and current beliefs about the ‘transparency of language’ suggest that verbal accounts “can only be a mediation of reality” (Hollway & Jefferson, 2008, p.299). Moreover, language alone does not capture the affective reality of participants, which was germane to my research question. Bearing in mind that I was an EP researching EPs’ experiences of practice, I had to be cognisant of the natural and

understandable tendency of professionals to present as competent and 'professional' and that their accounts could be at variance with my experience of their manifest affective presentation in the research setting. I envisaged the same methodological shortcomings with traditional narrative approaches.

The adoption of a pragmatic stance and a methodological perspective that mixed quantitative and qualitative methods was also ruled out because, as stated above, quantitative methods can only allow access to approximations of lived emotions and I was not trying to measure the extent or frequency of emotional reactions in EPs engaged in CI work but to describe and understand them.

Having considered a number of research paradigms, I decided that psychoanalytic theory, which explains and describes the interplay between client and therapist/psychologist in the countertransference communication of emotion was the most suitable perspective in addressing my research questions. The psychosocial paradigm, espoused by Hollway and Jefferson (2000; 2013), which draws on insights and theory from psychoanalysis and sociology in order to understand the relationship between subjectivity and the social world, was the most promising and appropriate methodological approach in which to address my research question.

### **3.2.2 Methodology**

Psychosocial methodologies go beyond narrative and discourse to explore the embodied, affective, relational and practical realities of participants using researcher reflexivity (Hollway, 2011). Central to such methodologies is a consideration of the countertransference processes at play between researcher and researched and these processes were highly relevant to my research project, which sought to integrate participants' accounts and their emotional expression. Ontologically, this perspective "can inform an understanding of participant subjectivity" (Hollway, 2009a, p. 4). Epistemologically, subjectivity and experience of countertransference are used "as an instrument of knowing" (Hollway, 2009a, p. 4). Intersubjectivity, therefore, is central to this psychosocial methodology and in addition to

considering my thoughts, as researcher, my emotional and behavioural responses (conscious and unconscious) were also encompassed within this methodological approach. Moreover, given that I was researching CIs, which by their nature involve interaction with people who are operating in a system that is overwhelmed and highly emotionally charged, the psychosocial approach was highly appropriate.

Another salient concept derived from psychoanalysis and encompassed in psychosocial methodology is “the defended subject” (Hollway & Jefferson, 2008), which describes the largely unconscious mobilisation of defences against anxiety when the self is threatened by, for example, memories of traumatic events. Defences affect the meanings available in a particular context and how they are communicated to others (who are also defended subjects) (Klein, 1988a; 1988b). I considered this insight to be highly relevant given my aforementioned concerns about EPs being reluctant to disclose their realities in order to present as ‘professional’ to me, as their peer. Hollway & Jefferson (2008) argue that psychosocial methodologies are concerned with revealing unconscious defences that are not otherwise readily accessible in traditional, qualitative research. I acknowledge that my reservation related to *conscious* efforts on behalf of EPs to portray themselves in a certain light, but psychoanalytic theory holds that unconscious defences are very enlightening and accessible if the correct techniques are employed (Klein, 1988a; 1988b).

Psychosocial research is essentially based on clinical case studies (Hollway & Jefferson, 2013) and the psychoanalytic interview is a useful model for research in many ways (Kvale, 1999). In the next section, I describe the psychosocial method I considered most appropriate for the present study.

### **3.2.3 Method: Free Association Narrative Interviews (FANIs)**

I decided to use psychoanalytically informed qualitative interviewing as espoused by Hollway & Jefferson (2000; 2013); specifically, the free association narrative interview (FANI) (Hollway & Jefferson, 2008) was my main research method. This method is similar to other narrative approaches in that the interviewee is a storyteller rather than a respondent, meaning that the interviewer is less directive than in semi-structured interviews (Hollway &

Jefferson, 2008). Where it differs from other narrative approaches is that it goes beyond a language-based account to “*one that includes dynamic, affective, embodied, intersubjective and practical aspects...*” (Hollway, 2009b, p.20). Free association involved asking the participant to say anything that came to mind, thereby eliciting the kind of narrative that was not structured consciously but unconsciously and the associations followed pathways governed by emotion rather than rationality: psychoanalysis holds that unconscious dynamics result from efforts to avoid or overcome anxiety (Hollway & Jefferson, 2009b).

Another distinguishing feature of the FANI method from traditional narrative methods is its focus on the ‘*gestalt*’ (or whole). Gestalt psychology traditionally criticises the way modern science proceeds in a bottom-up fashion, the components that make up the whole being examined before the whole (Rosenthal, 1990). In narrative terms, Hollway & Jefferson (2009b) draw on Wertheimer, the founder of Gestalt psychology, in eschewing the decontextualisation of text, whereby segments are codified thematically. They recommend studying the overall structure of participant’s text in the first instance; “*Then there is some possibility that the components themselves will be understood*” (Wertheimer, quoted in Murphy & Kovach, 1972).

An additional way in which FANI differs from more commonly used narrative methods is its adoption of the Biographical-Interpretative method (Rosenthal, 1992), which was developed by German sociologists to produce accounts of Nazi soldiers and holocaust survivors. This method consists of four main principles, each designed to elicit narratives: i. use open-ended not closed questions, ii. elicit stories (anchor participants’ accounts to events), iii. avoid ‘why questions’ and iv. follow up using participants’ own words and phrasing (Hollway & Jefferson, 2009b). The rationale of this non-directive approach is to avoid the imposition of structure on narratives and “*imposing one’s own relevancies as interviewers*”, which would “*destroy the interviewee’s gestalt*” (Hollway & Jefferson, 2009b, p.309). Moreover, free association without interruption prevents unconsciously communicated prompts from the participant to the researcher to avoid addressing painful issues; thus emotions are accessed and defence mechanisms evoked in both parties are

circumvented. While this approach is challenging, it was most appropriate method to address my research aims and question because it afforded the participant the opportunity to direct the interview and say more about their experiences, without offering interpretations or judgements, than would be the case in traditional semi-structured interviews. As participants were permitted to provide an account of their experience of CIs without interruption, it was more likely that they provided a sense of their original emotional reaction, of which I gained understanding countertransferentially.

### **3.2.4 Adapting the FANI method to my study**

Certain elements of the FANI method as described by Hollway & Jefferson (2013) were not suitable to my research question or to my circumstances as a sole researcher engaged in largely independent research. I now describe two main ways that I adapted the FANI method to my circumstances as researcher and those of participants.

Hollway & Jefferson (2013) recommend that each participant be interviewed twice because a theoretical assumption underpinning this methodology is that participants do not fully understand their motivations or feelings. Therefore, accounts are not taken at face value. Consequently, a second interview is considered necessary to gather further evidence to test initial, provisional hypotheses based on the first interview. In common with Garfield *et al.* (2010) who conducted a single FANI with each participant in their research, I did not conduct second interviews with participants: These authors pointed out that Hollway and Jefferson's (2000) recommended validation process was not prescriptive apart from a stipulation that audio recordings should be the main sources of the researcher's interpretations. I did not do follow up interviews for the following three main reasons: Firstly, the research projects described by Hollway & Jefferson (2013), where second interviews were deemed necessary, involved large-scale, broad topics such as fear of crime that demanded such an approach. My research topic, however, was, by comparison, much more narrow and related to a discrete aspect of EP practice. A second interview was deemed unnecessary in these circumstances.

A second reason for not conducting follow up interviews was related to ethical considerations. I envisaged that pointing out inconsistencies and defence mechanisms that prevent anxiety in professionals who were discussing a challenging and emotionally demanding aspect of their work could cause unnecessary upset. In this regard, I was also conscious that since the participants in the Study are all colleagues of mine, it would be inappropriate and potentially damaging to my relationships with them to challenge their understandings of their CI support work by presenting them with my analysis for their validation or otherwise. In common with Garfield *et al.* (2010) I decided to seek validation through supervision from a trained, experienced psychoanalytic psychotherapist whose very way of working with clients entails identifying and responding to unconscious communication. I contacted a number of Dublin-based psychoanalytic psychotherapists outlining the nature of the task and drafted a role description (see Appendix A). I was fortunate in recruiting the assistance of a psychoanalytic psychotherapist who is also a university-based lecturer and researcher familiar with qualitative methods. I envisaged that the hypothesis testing recommended by Hollway and Jefferson could be achieved in this supervision setting.

Like Garfield *et al.* (2010), a third reason for not conducting follow up interviews was practical. EPs are very busy people and I was of the opinion that asking for a commitment to a second interview would place excessive demands on participants and would affect recruitment of EPs willing to be part of the study.

The second main adaptation of the FANI method related to the analysis of the narrative interviews: Hollway & Jefferson (2000) recommend that a panel of researchers should listen to the interviews with the transcripts and field notes and conduct a joint analysis in order to add validation the findings. As a sole researcher who was not university-based, this aspect of the method was not practicable. Instead of a panel, I ensured added validation by listening to each interview recording with the transcript and field notes with my psychoanalytic psychotherapist supervisor. The external moderation conferred additional advantages and added safeguards that I discuss further in the following sections.

### 3.2.5 Critiques of Hollway & Jefferson's psychosocial approach

Heated academic debates about the theoretical underpinnings of psychosocial methods have been happening for a number of years and, indeed, the discourse has been described as "*fractious and divisive*" (Redman, 2016, p. 73). A key critique of Hollway and Jefferson's (2000) conception of the psychosocial approach was that of Frosh and Baraitser (2008) who argued that subjectivity is a very difficult subject to theorise. They advocated for an alternative psychoanalytic view of the nature of subjective experience, that of Lacan rather than that of Klein. Kleinian psychoanalysis, they opined, relies to too great a degree on the analyst, through whom the "*truth of the subject can be known*" (Frosh and Baraitser, 2008, p. 363); it has an 'inner', individual, 'psychological' focus. The Lacanian viewpoint, on the other hand, is that the social and the psychological cannot be separated: Lacan's conception of the unconscious is as not just intra-psychic entity but trans-individual and found in narrative and discourse (Hook, 2008).

Frosh and Baraitser (2008) also argued that using psychoanalytic interpretations in a context that is not a consulting room is problematic: researchers using countertransference as a research tool (using how participants make them feel) represents an expert system of knowledge, implying mastery of psychoanalytic methods.

Hollway (2008) acknowledged that terms such as transference and countertransference are problematic; however they can alternatively be characterised as unconscious intersubjective dynamics that occur in many other social encounters apart from the clinical:

*"I think it is probably more useful to characterise them as the mutual, infinitely recurring workings of unconscious intersubjective dynamics in research, as in other, encounters. How these are then used to get a sense of the participants in a piece of empirical research is then a question for a research ethics that must take account of unconscious intersubjectivity and not be based on assumptions of unitary rational self transparent subjects".* (Hollway, 2008, p. 5)

Frosh & Baraitser (2008) further argued that psychoanalysis is normative or untruthful if the therapist or researcher claims that their reflexivity enables them to know subjects better than the subjects themselves. They also opined that there is a danger of separating the inner and outer (psychological and social) that is inimical with the psychosocial ambition to theorise them together. In response, Hollway (2008) acknowledged criticism of her recommended approach: potentially wild analysis or subjective speculation, unequal power relations between researcher and researched and the unsophisticated use of psychoanalytic terms and concepts. She highlighted the importance of researcher reflexivity to avoid falling into a static dualism over inner and outer. Her co-author, Tony Jefferson (2008), however, argued for the continued separation of the social and the psychological stating that the important challenge of the psychosocial is to produce concepts with explanatory power at both levels, thereby retaining the unique dimension of each.

Frost (2008) suggested that a psychosocial approach enables us to avoid privileging the external (social) at the expense of the internal (psychological), or vice versa, and enables understanding of how they impact upon each other. Moreover, Frosh (2015) who co-authored the aforementioned critique of Hollway & Jefferson's Kleinian conception of the psychosocial recently advocated for valuing personal experience, feeling, embodiment and agency, arguing that while subjective experience is created in and by the social sphere, people "*also have an important degree of autonomy*" (Frosh, 2015, p. 4). This seems like a rapprochement of sorts.

In approaching the present Study, I gave due consideration to the debates and criticisms of Hollway & Jefferson's approach to psychosocial research and kept the following provisos in mind throughout: Firstly, as a researcher, my approach to participants was that of a colleague who shares their understanding of our role, their concerns and many of their experiences, being part of the same organisation and socio-political context. I deliberately did not adopt an 'expert' position and only made decisions about the meaning of intersubjective communication when it was validated by a psychoanalytic

psychotherapist who is familiar with both the research and clinical contexts. Moreover, my review of the literature that partly informed my analysis of the interviews was broad and spanned all discernible influences on the role of EPs in CI support work from the intrapersonal (and intrapsychic) to the organisational. The organisational level is obviously influenced by the socio-political context and this was also in my frame of reference. In this way, I tried to avoid the 'inner/outer' (psychological/social) dichotomy and linked the participant's narratives to the context in which we operate as EPs. I also summarised participants' narratives and presented them in full, thereby endeavouring to give voice to their concerns.

Regarding Frosh and Baraitser's advocacy for a Lacanian psychoanalytic approach, although this was not a consideration in the Study design, it happened that my psychoanalytic supervisor had a Lacanian orientation as well as being familiar with classical Freudian theory and the Object Relations tradition. I learnt a lot about Lacanian theory from this supervisor. Lacan held that Individuals are who they are in and through the socio-linguistic context. In Lacanian terms, as speaking subjects we never step outside of the social field. Every time we are involved in the making of meaning, we do so in the hope of others understanding what we are communicating (Hook, 2008). I believe that this understanding and supervision, informed to some degree by Lacanian thinking, avoided privileging the psychological over the social and facilitated the inclusion of alternative psychoanalytic perspectives. This is in line with Redman's (2016) observation about the current state of the debates about "*What is psychosocial anyway?*" (p. 73): this commentator argues for heterogeneity and conflict in psychosocial research, which, he argues, provide vitality and openness.

In summary, the psychoanalytic supervision addressed some of the criticisms of Hollway & Jefferson's psychosocial methodology: it brought richness and an alternative psychoanalytic perspective to my interpretation of the FANIs as well as avoiding "*wild analysis*" (Hollway, 2008, p. 5) and subjective, unrestrained speculation. The latter was avoided by drawing on my

psychoanalytic supervisor's experience and expertise from both the clinical and research setting.

### 3.2.6 Trustworthiness

There were obvious challenges and limitations inherent in using FANI: it required the development of considerable skill and careful consideration of the ethical implications of researching in this way (see 3.2.4 below). Moreover, contrary to traditional qualitative methods that assume participants' responses/narratives are based on rational cognitive processes unaffected by unconscious dynamics, this method assumed that I, as interviewer, could ascribe meaning to my interactions with participants, based on my experiences of countertransference. It also required that I 'put shape' on participants' free associations. This raised questions about how I could ensure 'trustworthiness', Lincoln & Guba's (1985) alternative construct for quantitative researchers' standards in the Study. I briefly consider the rigour of my research with reference to this concept of trustworthiness and its constituent elements, as espoused by Lincoln & Guba (1985):

- a) The epistemological standard of *truth value* is met through strategies to ensure credibility in research. I decided to remain true to participants' interviews by triangulating methods (keeping field notes and comparing with recorded interviews and transcripts) and elicited peer examination (from a psychoanalytic psychotherapist supervisor in addition to my research supervisors).
- b) The epistemological standard of *applicability* was met through strategies to ensure transferability. I elicited themes at the final stage of analysis that were relevant to the wider population of EPs and could inform future practice in this area.
- c) The epistemological standard of *consistency* was met through strategies ensuring dependability. I recorded the research process in detail in such a way as to facilitate step-by-step replication and an inquiry audit. As stated in (a) above, methods were triangulated
- d) *Neutrality* entails freedom from bias and this standard is met through ensuring confirmability. I made every effort to ensure freedom from

bias by keeping a detailed reflective diary and field notes and triangulating these data with the interview data. I also had peer examination from my research and psychoanalytic psychotherapist supervisors. Moreover, in order to be as transparent as possible, I underwent FANI myself in order to make any biases, assumptions – conscious and unconscious- explicit.

### **3.2.7 Ethical considerations**

As a registered psychologist of the Psychological Society of Ireland (PSI) I ensured that my research project met its ethical standards (PSI, 2010). Moreover, since this research was conducted under the aegis of a UK university, ensured that it met the standards laid down by the British Psychological Society (BPS) (BPS, 2009). Ethical clearance was sought and granted (May 2013), firstly, from the University of Exeter (See Appendix B) and then, NEPS (October 2013), who have an Ethics Committee from which all NEPS EPs engaged in research must receive clearance.

The obvious ethical touchstone was that I must do no harm to participants in my research. I had to decide if asking participants to give accounts of supporting schools following CIs could have the effect of causing stress and anxiety and plan for such an eventuality. Firstly, I ensured that the participants' consent was fully informed i.e. that they were fully informed of the research topic and methodological approach that I was taking and that they were informed of their right to withdraw at any time. Secondly, I decided that should participants become overwhelmed, I would stop the interview and provide emotional support. As a qualified psychologist, I was in a position both to identify psychological distress and provide appropriate support. Moreover, in line with the BPS standards of protection for research participants where there is potential for harm/discomfort I obtained the “considered and non-subjective approval of independent advisors” (BPS, p.19) from the University of Exeter and NEPS.

I also gave careful consideration to the limits of my expertise: I am not a trained psychoanalyst. However, Hollway and Jefferson, who pioneered the

FANI method, are not psychoanalytically or therapeutically trained (Holmes, 2013). If such training was a prerequisite for using this method, one would have to question its value to qualitative researchers, most of whom will not have received such training. While my method did not constitute clinical psychoanalysis but research, I decided to have the safeguard of supervision from a trained psychoanalytic psychotherapist throughout the data-collection and analysis stages so that if I had concerns about the wellbeing of participants, I could seek advice about the validity of those concerns from a trained professional and elicit guidance regarding how to address my concerns.

A further important consideration was protecting the anonymity of participants: NEPS is a relatively small service comprised of about 170 EPs and educational psychology is a very small, closely knit profession in relatively small Island nation where people are more likely to be recognisable than in larger countries. I, therefore, took steps to deliberately disguise participants' identities so that their professional reputation was not damaged in any way by the study. Their geographical area and biographical details are not discernible in the present written report and any information in quotes from the narrative interviews that could lead to the identification of participants is redacted.

A more sensitive and potentially difficult ethical issue was the inevitable dissonance between my interpretations of interviews and that of participants (see 3.2.4 above) if/when they read the finished thesis. Hollway & Jefferson (2000; 2013) argued that if the researcher's interpretation is accurate, it is to be expected that participants' defences would work against my version of events: "*In the psychoanalytic framework disagreements are to be expected*" (p.92). They argued that ethically, you have to take participants' objections into account, "*if only implicitly...*" (p.92). I interpreted this to mean that by virtue of the fact that a psychoanalytic framework was being used such disagreements were to be expected by participants. Bearing in mind that all my participants were psychologists, they all had some understanding of psychoanalytic theory and concepts and I informed them that the interviews and my reactions were being viewed through this lens prior to obtaining their consent.

### **3.3 Gathering data**

In this section, I describe the Pilot Interview that informed how I structured the subsequent interviews and I provide an account of selecting and accessing participants. I also detail how I recorded and processed the data.

#### **3.3.1 Lessons from the Pilot Study**

Having received ethical approval for the research project from the University of Exeter and NEPS, I planned and ran a pilot interview in October 2013. I approached a colleague who was also completing a practitioner doctorate at that time and my rationale for that choice was that she demonstrated understanding of qualitative research. She also understood the purpose of a Pilot Study and could give valuable, informed feedback on the process from the perspective of the participant.

Immediately following the Pilot Interview, I carried out an initial analysis as described in 3.4.1 below. In the three days following the interview, I transcribed the narratives myself and carried out further analysis as I transcribed. This proved unsatisfactory as I was extremely slow in the transcription and I had the sense that I was losing the *gestalt* of the narrative as I focused on catching each word and nuance in the interview. On that basis, having subsequently consulted with my academic and psychoanalytic supervisors, I decided to engage the services of a professional transcription service for the subsequent interviews. I decided that I would listen to each interview three to four times with the professionally produced transcript and correct any errors or inaccuracies therein, as well as highlighting pauses, unfinished statements, changes in tone/affect etc., thereby attending to detail such as unspoken content whilst maintaining connection with the *gestalt* of the narrative. A sample interview transcript ('Danielle') is in Appendix F.

The distinctive, open-ended nature of FANI was clear to me when reflecting on the Pilot immediately afterwards: Allowing the participant in the Pilot to free associate was challenging since I had a tendency to reassure and comfort, thereby alleviating anxiety (mine and the participant's) and stopping the flow of the interview. The notion of participant as 'defended self' was very apparent in this regard, as was the idea of researcher as 'defended self'.

I also learned that the interview pro forma I had prepared was too detailed (Pilot pro forma is in Appendix C): Rather than allowing the participant's unconscious to structure the interview, by having a detailed pro forma, I was imposing my structure on the interview, which was inconsistent with the FANI method. I prepared an amended interview pro forma for use in the Study interviews that was less structured and more suitable to the FANI method (see Appendix E: *Revised FANI Interview Pro Forma*).

Having completed my analysis of the Pilot Interview, I listened to it once more with my psychoanalytic supervisor; we both followed the interview with the transcript from start to finish without stopping, making notes as we listened. Subsequent to this, I discussed my analysis with him and he gave his perspective. I was reassured by his observation that my analysis was largely consistent with his and he gave valuable feedback regarding the structure and pace of the interview: for example, he noted my tendency to 'chase affect' i.e. repeatedly ask the participant/analysand how he/she feels whereas affect is immediately apparent in listening to the interview.

The idea of submitting myself to a FANI interview in the interests of openness and transparency in my research came to me as I reflected on the Pilot Interview. As I wrote in my reflections on the Pilot:

*"I will participate in an interview with my psychoanalytic supervisor to explore my motivations/unconscious anxieties/defences regarding my own CI work in order to add objectivity and transparency to the research"*

A further measure to increase neutrality in the methodology emanated from reflection on the Pilot: I decided that the supervision sessions with the psychoanalytic supervisor would be audio-recorded and available for scrutiny. A further advantage of having recordings of the sessions was that I could refer to them to check the accuracy or otherwise of my recollections of what transpired during the sessions.

The complete set of reflections on the Pilot can be seen in Appendix D.

### **3.3.2 Choosing and accessing participants**

Based on the limited existing literature on factors relevant to the effects of CI support work on EPs, I decided I would adopt a purposeful approach to recruiting participants in the study. The purpose of my choice was to provide a range of experiences from different areas of the country to explore the possibility of urban/rural differences. Moreover, I based my choice on my wish to gain the perspectives of EPs with varied types of training (those with specialist counselling training and those with no such training). Further, I wanted to access the perspectives and experiences of EPs with different levels of management responsibility from main grade EPs, to senior EPs and senior managers. The following are the factors I considered in drafting a list of potential participants (see Table 3.1 below for frequency counts in each category):

- a) Geographical location (urban versus rural: nationwide sample);
- b) Age;
- c) Gender;
- d) Grade;
- e) Experience (e.g. experience in other services/ previous experience in supporting traumatised people);
- f) Training (EPs and those with additional training in counselling);
- g) Participants with a reputation for expertise in the area and those without such a reputation;
- h) Personality: apparent extraverts and introverts (based on my observations of each participant over years of working with them/getting to know them at NEPS annual conferences and training events; therefore, the categorisation of participants is necessarily tentative in nature).

I drafted a long list of twenty three EPS that are known to me to varying degrees with the aforementioned factors in mind and I subsequently shortened to this to twelve (I would be the thirteenth participant). I chose twelve because this number appeared likely, intuitively, to facilitate the gathering of a sufficiently wide array of perspectives and experiences without ending up with too much data: My concern was that if I interviewed too many

participants I would lose touch with the affective, intersubjective data when faced with many transcripts. Mason's (2010) advice regarding sample size guided my decision:

*“Qualitative samples must be large enough to assure that most or all of the perceptions that might be important are uncovered but at the same time if the sample is too large data becomes repetitive and, eventually, superfluous”.* (Mason, 2010, p.1)

Having decided on the twelve that I considered suitable, I contacted each either in person or by telephone, briefly outlined the nature of the study and asked them to consider participating. I advised them to postpone giving consent until they had read the consent form, which I emailed/posted to them (see Appendix G: Consent Form) and deliberated on the demands of their involvement. One person I had approached, having reflected, decided not to consent to participate. Two of the EPs I approached had additional questions about the research that they wished addressed before consenting and I answered their questions to their satisfaction resulting in their consent. The remaining nine consented without any need of clarification or reassurance. I approached a potential replacement for the EP who had declined to be part of the study and that person consented without hesitation.

A brief description of each participant is provided at the beginning of their respective case study report in Chapter 4. Moreover, anonymised demographic information about the participants is presented in table 3.1 below:

**Table 3.1. Anonymised Demographic Information about Participants**

Demographic variables		Frequency
Geographical Location	Urban	3
	Rural	4
	Urban/Rural mix	6
Gender	Male	3
	Female	10
Grade	EP Grade	3
	Senior EP Grade	8
	Regional Director or equivalent	2
Pre-NEPS Crisis support experience	Yes	5
	No	8
Counselling training	Yes	5
	No	8
Personality	Apparent Introvert	7
	Apparent Extravert	6

### 3.3.3 Conducting, recording and transcribing the Interviews

I conducted the interviews over a seven-month period from October 2014 to May 2015. Apart from two, all interviews were conducted in my NEPS office or the office in which the participant works. One interview was conducted in my home and another was conducted in NEPS Dublin Head Office because the participant, who is based in another part of the country, was in Dublin for a meeting and it was convenient to meet there. Each interview was recorded using a *Zoom H2n* electronic voice recorder and I converted the resulting files, which were in Waveform Audio File Format (WAV) to MP3 format (a compressed format taking less computer space) using *Audacity*, digital audio editing software. I then uploaded each file to my password-protected University of Exeter U Drive and to my personal password protected *Dropbox* account (cloud storage). I allowed the person who transcribed the interviews access to the audio files by sending links to each audio file from *Dropbox*. The person who transcribed the interviews emailed them to my personal email

account with identifying information removed. On receipt, I uploaded the transcripts to my secure University U Drive and deleted the email.

### **3.4 Data analysis**

In this section, I describe the various stages of data analysis in the study. A sample of a data set (*'Charlotte': data set*) demonstrating material used to produce the case studies is in Appendix H. Hollway and Jefferson (2000) advocate for the continuous analysis of data from the beginning of the Study to the end; analysis begins immediately following the FANI. In this section, I describe how the data were produced, analysed and reported.

#### **3.4.1 Initial analysis of FANIs**

Immediately after each interview, I wrote my impressions and observations in the reflexive diary: I wrote how I felt and if I had concerns about the participants. I noted inconsistencies and gaps in the narratives. I focused on the emotional interaction between the participants and I. I paid particular attention to feelings of anxiety that participants' accounts evoked in me as described in 3.4.2 (3) below (see Appendix H (i): 'Initial Reflections on Charlotte's interview').

#### **3.4.2 Subsequent analyses of FANIs**

Having received the interview transcripts from the professional transcriber, I listened to each recording again twice, correcting errors in the transcripts, if necessary and marking gaps, pauses, false starts etc. For each FANI as I listened to the audio recording and read and corrected the transcript, I also extracted 3 data sets (simultaneously):

- (1) A summary of the main points/concerns/opinions of each participant which represented the substantive and explicit content of the FANIs (that which the participants said: see Appendix H (ii): *'Main points raised by Charlotte and reflections'*);
- (2) A list of the CIs described by the participant (as an *aide memoire* for me, as researcher and also, to compile a complete list of the CIs recounted in the Study thereby allowing the identification of the frequency of the various types of CIs responded to by participants: see Appendix H (iii): List of Charlotte's CIs recounted in FANI and

Appendix I: *'Frequency and types of CI to which participants responded'*;

(3) As outlined above, based on advice from Hollway & Jefferson to the UK Economic and Social Data Service (ESDS, 2012) I had followed the following steps in producing a more reflective account of the *gestalt* of the interview:

- My first impression of the data, the participant and his/her narrative;
- My feelings when hearing it;
- My reflections on any contradictions, false starts and inconsistencies you might notice;
- Themes I saw in the data

(see Appendix H (i): *'Initial Reflections on Charlotte's interview'*).

ESDS (2012) highlighted the holistic style of knowing the latter steps encourage on the part of the data analyst, without closing down the meaning of what he/she reads. Interpretation, according to these guidelines, must not be conducted outside this conceptual framework. Rather than conducting thematic analysis using computer software that deconstructs the text, themes were identified from the interview text as a 'whole' (Clarke, 2002). Hollway & Jefferson (2000) argued that computer-aided data analysis tends to remain descriptive and data are fragmented using codes and retrieval methods. Moreover, they refer to "*clerical coding*" dominating the data with the result that "*analysis is postponed*" (p. 68).

### **3.4.3 Psychoanalytic supervision**

External moderation of the analysis was obtained from my psychoanalytic psychotherapist supervisor. From June 2015 to August 2015, he and I listened to each interview whilst reading the transcript. We listened to the complete interviews without pausing and wrote notes about observations and emotional reactions to content on the transcripts. We then discussed the interviews and compared interpretations and I recorded these conversations so that I could consult them later if I needed to check a detail and also in the interest of research transparency.

The psychoanalytic supervision resulted in 4<sup>th</sup> data set for each FANI: mine and my supervisor's contemporaneous notes on each transcript written during the psychoanalytic supervision session; audio recordings from the psychoanalytic supervision sessions and my notes from listening to these recordings afterwards: see Appendix H (iv): *Charlotte: psychoanalytic supervision notes*: I include (a) an extract from mine and (b) my supervisor's annotated transcript of Charlotte's interview from the supervision session and (v) notes written on listening to the recording of the supervision session subsequent to it).

#### **3.4.4 Researcher as participant**

The last meeting I had with my psychoanalytic psychotherapist supervisor (August 2015) consisted of him interviewing me using the same pro forma. The purpose of the interview was to add transparency to the Study (see section 3.3.1). The transcript of this interview is in Appendix J. This was followed by immediate feedback from this supervisor that informed how I wrote up my own case study (see Chapter 3, Case 13).

#### **3.4.5 Writing the FANIs up as case studies**

From September 2015 to January 2016 using a combination of field notes, analysis notes, notes from my reflexive diary and psychoanalytic supervision notes as detailed above, I wrote each participant's interview up as a case study. Converting the four types of data into case studies entailed the following:

- (1) Summarising of the substantive content of the interviews; the rationale for this approach was:
  - It provided an account of participants' experiences of CI support work;
  - It gave voice to the concerns and opinions of participants in the research;
  - It allowed me to identify both common and different/individual experiences in the subsequent cross case analysis of data.
  - It also allowed examination of common and different/individual practices and perspectives in CI support work.

(2) Analysing the interaction between the participants and I; the rationale for this approach was

- It enabled me to focus on the mutual construction of the research data;
- It facilitated the identification of unconscious mechanisms at work in different patterns of response within the research setting.

The case studies were shaped by the approach to analysis detailed above:

(1) The first part of each case study consisted of a summary of the substantive content of each interview, representing the experiences and opinions of participants. I gave each point raised by each participant a number aligned with the order in which the point was made in the FANI. The rationale for the numbering was that it separated out each point, facilitating subsequent comparative, cross-case, thematic analysis, identifying commonalities and differences in experiences, opinions and approaches to CI support work.

(2) The Second part of each case study consisted of an analysis of interaction between the participants and I, based on the intersubjective experiences and my reflections on the *gestalt* of each participant's story. I wrote these analyses as reflections. Unconscious communication, where identified, is included in these reflections. They were compiled by combining my written reflections (completed immediately following each FANI in my reflexive diary; material from psychoanalytic supervision – notes from the actual sessions, annotated transcripts and from re-listening to recordings of these sessions during the write up stage of the Study).

#### **3.4.6 Cross-case analysis**

A challenge I faced in the present study was the tension I encountered about being faithful to the unique accounts of participants as reported in the case studies on one hand and the necessity to provide some generalised findings that could be extracted from the complete data set: An aim of the Study was to use findings to inform future practice in this area and without comparative

analysis of the cases, this aim would not be fully met. Hollway & Jefferson (2013) described how they addressed this dilemma in psychosocial research:

*“...we aimed to conduct a comparative analysis which was none the less faithful to our theoretical principles about the self, especially about meanings being revealed in the context of the whole and having unique, as well as shared, characteristics. We had to find a way of performing a comparative analysis of our data, without sacrificing the complexity and uniqueness of people’s stories.”* (Hollway & Jefferson, 2013, p. 99)

Based on the foregoing, in spring 2016 I examined each case in detail. I proceeded to analyse the data from the FANIs with Patton and Appelbaum’s (2003) conception of case study research in mind:

*“the ultimate goal of the case study is to uncover patterns, determine meanings, construct conclusions and build theory”* (p.67).

I, therefore, conducted an exhaustive analysis of the case studies, starting with the first and working through to the 13<sup>th</sup>, using an inductive content analytic approach based on Creswell (2002) and the steps are summarised in Table 3.2 below.

**Table 3.2 Inductive Content Analysis of Case Studies**

Step 1	Step 2	Step 3	Step 4
Initial read through each case study	Identify specific segments of information	Enter the segment of information in the Matrix of Sub Ordinate Themes	Reduce overlap and redundancy among the categories and record when segment is repeated in another Case Study

Adapted from Creswell, 2002, Figure 9.4, p. 266

As each theme emerged, I entered into it a Matrix of Sub Ordinate themes (see Appendix K) and assigned a tick beside each every time it was mentioned in subsequent FANIs, thereby identifying commonalities and differences across cases. The frequency with which issues were raised formed the basis for the ordering how the cross case analysis was reported: for example 8 participants referred to the fact that schools really appreciate CI support work so I reported this at the beginning of the subsection where I reported EPs’ beliefs about CI support work. Beginning with the most frequent themes may seem at odds with the philosophy of qualitative research. However, despite the Study being qualitative in nature, I decided to refer to the number of times participants raised issues in order to represent the

frequency with which these concerns were raised. But I also included single, unique issues raised by participants, thereby giving voice to the experiences and concerns of all. I analysed the subordinate themes and found that they could be encapsulated in four super ordinate themes, some of which could be subdivided as follows:

1. Emotional and Physical effects of CIs;
2. CI practice issues requiring clarification;
3. Beliefs about schools' responses to CIs based on EPs' experiences;
4. Training, supervision and supports to mitigate the effects of CI support work.

(see Appendix L: *Meta Matrix of Emergent Super Ordinate themes*).

In order to further categorise these themes, I further sub grouped them under their super ordinate themes for ease of reporting (see Appendix M: *Super ordinate themes with sub grouped subordinate themes*). In addition to addressing my research questions, this structure allowed me to highlight commonalities but also include dissenting accounts and experiences, thereby retaining some of the nuance and richness of the individual narratives as advocated by Hollway & Jefferson (2013) above.

### **3.5 Summary**

I have provided an account of my research journey from exploring my philosophical stance to choosing an appropriate method to designing and running the study. I have provided rationales for the choices I made, described challenges I faced and how I endeavoured to address them. The next chapter is comprised of the case studies that were the product of each narrative interview.

## Chapter 4

### Case Studies

#### 4.1 Introduction

This chapter is comprised of the case studies that were based on my analysis of the FANIs following repeated exposure to the raw data (the audio recordings, annotated transcripts and field notes) both on my own and with the moderation of my psychoanalytic psychotherapist supervisor. The cases are presented in the order the interviews were conducted. In each case, I provide some salient demographic information about the participant followed by a descriptive account of each interview. The descriptive account is presented in point form, with each point allocated a number that aligns with the order in which the point was raised. This numbering facilitated subsequent cross case comparison of the points raised by participants, to identify commonalities and differences. I then provide a reflection on each interview, drawing on the interaction between the participants and I and material from the psychoanalytic supervision sessions. Each reflection is holistic in nature endeavouring to maintain the *gestalt* of each FANI and presented with reference to the pertinent literature.

##### 4.1.1 'Dawn': Case Study

Dawn is an experienced senior (team leading) educational psychologist in her mid forties with children of primary school age. She gave accounts of fifteen CIs including serial (related) suicides, car crashes and sudden death of teachers.

The main points that I have isolated from her interview are:

1. Between in-house training, CPD and personal reading, and experience, Dawn has developed a clear, consistent approach to supporting schools after CIs.

2. She referred to the 'shock', 'panic' and 'dread' of getting the news of CIs at the weekend and being in the middle of domestic chores that are disrupted.
3. It is an intrusion and she is conscious of how it affects her family when she is literally taken away from them to deal with CIs.
4. When a school had been through a series of CIs and there appeared to be lack of clarity about NEPS' role Dawn was placed in the stressful position of representing the Service.
5. Other agencies (a voluntary bereavement service) had already been in the school and met with students because NEPS was not quick enough off the mark in directing, being clear and 'on the ground'.
6. She had to deal with other agencies (teleconference) when she felt she should be supporting the school.
7. After the previous (second) suicide, the Principal did not want what NEPS had to offer. He wanted people on the ground, counselling students.
8. *"I could have offered other things"* but he did not want to know, such was his distress at the time.
9. Suicides are different: the Service needs to look at how it handles multiple suicides: the standard approach is insufficient in meeting schools' needs.
10. What should have been done differently?  

*"I should have clarified our role; there was a delay in our response (CI team had met and we weren't there first thing); we didn't meet with a distressed teacher, although we were asked to; we should have remained in the school and not gone to (postponed) community response meeting; we should have met with the school staff first thing; we should have encouraged them to set up a support room (and limited numbers and time in the room); we should have been there the next day"*.
11. In another suicide in a primary school, a good number of years ago, she and a colleague did group work with children. She would not do that now because she does not see that as the role of the EP. It is best to support schools staff in supporting children.

12. She mentioned that she had consulted with the school about the child who took her own life and it upset her deeply (she was out of the country when she got the call about it). She carries this.
13. CIs are difficult because they are unpredictable and she likes to have time to prepare for responses to schools.
14. Establish the facts! Inaccurate information given to parents in one case. She always establishes the fact now.
15. Prepare:  
*“If you’re prepared and know what you’re doing, it keeps it professional and you’re able to keep distance: you’re less inclined to become emotionally involved.”*
16. *“Get in early! Meet the staff before the school opens”.*
17. Some schools have good leaders who are “in control” and have a plan and aren’t panicked and they’re easier to support than those where there are issues between staff members.
18. Dawn was very affected by the death of twins in one of her schools in a car crash and their mother is a Special Needs Assistant (SNA) in the school. (Dawn is and has twins: close to the bone). An altar (memorial) in the children’s memory is still in the school many years after the event. She feels that she needs to encourage the school to take down the altar but it is difficult because the mother works in the school and everyone is afraid of upsetting her.
19. It is difficult for psychologists new to the service and they need mentoring and they should not be expected to take the lead – even in their own schools – unless they feel able to do it and wish to.
20. Death of a principal: parents congregating in the school. She needed to move them away gently and try to establish sense of normalcy.
21. Another principal visited the school and asked one of the EPs to go in with the Vice Principal who had to tell the deceased principal’s class (Junior Infants and Senior Infants) that their

teacher was dead. You have to remember that *“sometimes they’re really not able for that and they do need support”*.

22. What is lacking in all the CIs I have described is a formalised review of what happened with the school.
23. Dawn tends to talk the CI though with the psychologist with whom she’s supporting the school. She doesn’t have a formal talk or supervision. She reads a book or watches TV: distracts herself. She tries to deliberately distract herself and forget about it but says, *“I’m not good”* (at getting supervision).
24. Suicides are different: they are *“really serious”* and we need to establish best practice and get that out to schools.
25. We need to look at separate guidelines for dealing with suicides.
26. Dawn does not like CI work: it is draining and she does not like the effect it has on her. She is alert to the possibility that the phone may ring at the weekend during term time and heaves a sigh of relief when the schools close.
27. However, when you work well with a school on a CI, it strengthens your relationship with the school, develops trust, credibility, confidence and this makes a difference to other work in the school; it opens doors to cooperation.
28. More support from the organisation is needed: compensation from the time with SCPA (commissioned assessments) but also people should be told to go home for a couple of days and regroup.
29. Dawn suggests having a rota system (out of hours and weekends) where somebody takes the call (*“the first phone call to the service is very important”*).

#### Reflections:

Dawn has been faced with very challenging CIs, particularly when she was faced with dealing with a CI where her colleague (whose school it was) would not get involved, the principal projected his annoyance, grief, anxiety and upset onto her (and NEPS). This has been extremely challenging and Dawn has thoroughly analysed what went wrong, what should have been done

differently and she is clear about what the Service should do in the future. Her argument about suicides being particularly difficult and demanding a different response from NEPS is plausible. This is especially true if there is a second, related suicide and there is a suspicion of contagion. Dawn is very professional and I would imagine that she receives a lot of positive feedback from her schools about her service to them. Therefore, this recent difficulty with the principal who rejected NEPS' support is uncomfortable for her: I noted that she evinced frustration: *"Uncomfortable. Frustrated. Upset"*. She has worked hard at regaining his trust and her reading around responses to suicides has been fruitful and a learning experience for her. She is determined to pass on what she has learned to her team, even if the organisation does not respond to her call for a review of how NEPS supports schools that have lost students to suicide. I see merit in her argument and she is right to act in line with her ethical 'compass', which I think is well tuned.

My concern about Dawn is her self-reported tendency to distract herself and not deal with the effects of CI work notwithstanding the fact that there are signs that the effects of this work on her are deep and lasting (I was struck by and noted how she brought up the little girl who died by suicide and about whom she had given [correct] advice to the school twice during the interview and her pain was palpable. The significance and palpability of the effects of this case were also highlighted by my psychoanalytic supervisor). A sense of failure on her part was evident in my notes of the feelings this part of the interview evoked: I wrote: *"Helpless in this case and unresolved"*. Dawn might benefit from formal supervision. Indeed, she remarked at the end of the interview that she found talking about the CIs very helpful:

*"Yeah, no, it's good to go through it all and it clarifies for me again, kind of, what I need to do".*

The following piece of speech raised concerns about the impact CI work is having on Dawn for me:

*"..... it's very serious and I always think when it comes to the holidays it's just like a sigh of relief. You can just relax more because you'd always be thinking, I often think like when is that going to happen, the critical incident. It's an aspect to the job I don't like and I've never liked*

*it and it's just, em, the unpredictability of it and knowing what to do and then it's very demanding. It's very draining. You'd be very tired afterwards and you think you mightn't be tired but actually you are tired and you...and it hits you then maybe a few days later but you are physically drained: physically and emotionally drained from it and you do..you need to be in a good place to deal with them, you know.."*

In terms of my first research question, Dawn was negatively affected when she was frustrated in her efforts to help when a school system has been overwhelmed by numerous tragedies and rejected her support. Also, I came away from this case with a sense worry about the cumulative effect of putting the CIs out of her mind without 'working though' them. She struck me as introvert with a fondness for predictability and CIs were stressful by virtue of the fact that one cannot plan for them. She finds the CIs intrusive into her time with her family, which is true but I was struck by the dread, panic and shock she felt on getting the calls about some of the CIs she described. Her point about being relieved when schools shut for holidays implies a certain sustained state of heightened alertness (conscious or unconscious) during term time that is unlikely to be good for her psychological and physical health. In terms of my second research question, what the EPS can do, ensuring she receives supervision would assist her in dealing with these issues and avoid an accumulation of stress and unresolved concerns/unprocessed difficult experiences. Moreover, the issue of out-of-hours calls is an issue for the EPS to plan for and for which cover should be provided.

#### **4.1.2 'Heather': Case Study**

Heather is an experienced senior (team leading) educational psychologist in her mid forties with two children of primary school age. She gave accounts of five CIs to which she responded during her career in NEPS, ranging from the suicide of a primary school child to a bus crash in which pupils lost their lives.

The main points that I have isolated from her interview are:

1. There is or should be a clear delineation between what 'we' (EPs) do and 'clinical' (health service-based) professionals do in responding to CIs.

2. We need to 'take the lead' in assisting schools following CIs and this runs counter to the usual, consultative, negotiated *modus operandi* we have in schools.
3. It is very difficult to prepare trainee/newly qualified EPs for this kind of work.
4. Training for EPs on CI management should involve experienced EPs providing accounts of real life CIs and encouraging trainees to consider how to respond.
5. Proficiency in CI management is acquired through practice, ideally with the support of a more experienced colleague.
6. Clarity around the role of EPs in supporting schools following CIs is necessary. Outside agencies becoming involved can cause pressure for EPs to practise in ways that 'we don't recommend'.
7. Related to 4 above is pressure from individuals and other agencies to interface directly with pupils, providing counselling support or debriefing.
8. What is a CI? Heather only wants to hear from a school if there is a clear sense that the school is overwhelmed by the circumstances. She referred to some colleagues going into schools when it is not even a CI and spoke about what she sees as a "*CI industry*". Good PR for NEPS is a possible reason for this.
9. The way in which CIs intrude into her personal life was described: she described being out with her children after work when she received phone calls alerting her to CIs and having a "fight or flight" response and feeling "a ball of emotion" signifying the stressful nature of CIs.
10. Cultural and class sensitivities in responding to CIs were raised as an issue: EPs have to consider the religious values/mores of schools and families when advising schools about how to respond to CIs. The religious understanding of death is an example of such a consideration.
11. CIs present particular challenges for EPs in that we are often 'door stepped' or called upon to make quick decisions or respond immediately to emotionally highly charged dilemmas and situations.

12. Related to 10 above is the fact that we are faced with dilemmas about which there are not always clear, evidence-based answers solutions. Such dilemmas are often quite challenging to deal with.
13. Certain CIs are 'close to the bone' i.e. EPs may be called to support a school after the death of a pupil the same age as one of your own children. These CIs exact a particular toll.
14. In terms of managing stress following CIs, Heather seeks supervision/support from colleagues and talks about the experience (repeatedly). In Freudian terms, she remembers, repeats and works through (Freud, 1914).

#### Reflections:

Heather has been greatly impacted by her CI work and the suicide of a primary school boy has had a particularly sustained impact on her relationship with the school in which it happened. I noted that she communicated sadness in this case: "*Heavy, sad feeling*". In addition to the innately tragic circumstances of the suicide, the fallout of how the Principal subsequently handled the event has made the case an ongoing challenge. The Principal invited professionals from outside agencies into the school in the days following the CI and the interventions of these professionals (therapeutic group work) brought hidden conflicts in the local neighbourhood to the surface and resulted in "*...faction fighting in the playground. They had quite, you know, serious physical aggression*". She is annoyed at the Principal for involving this outside agency which led to the whole system being upset and then asking her (Heather) to "*do the follow-up and the mop-up*". The significance of this case was validated by my psychoanalytic supervisor.

What I found particularly interesting was Heather's annoyance at the Principal for contacting multiple agencies to elicit maximum support and then recognizing that she (Heather) came into her own office and acted similarly, recounting the incident and her response to colleagues "*to sort of, I suppose, elicit compassion and sympathy...*" Eventually, she gains an insight as she recollects: "*Now maybe I'm more like that principal than I realise, I don't know*". (Laughs).

This is an example of projection, a defence mechanism whereby thoughts, motivations, desires, and feelings that cannot be accepted as one's own are dealt with by being externalized and attributed to someone else (Freud, 1937). The realization that her ways of coping were similar to that of the Principal with whom she was very annoyed was a valuable insight that might have led to a different subsequent approach to supporting the school and more effective way of relating to the Principal, in particular.

A further important insight I gained in subsequent reviews of this interview was that the tendency to seek advice and support from multiple parties related to a difficulty with taking control of the situation and being definitive in one's response despite this being required in CIs:

*"I think we've to be very careful that we don't disempower other professionals. We don't take too much control, em, so I would always have been very careful when I go into schools and I'm a guest, ultimately they have control over what they do. I'm there in an advisory or supportive capacity and so on but they will make the decisions about what happens and they take responsibility for that, em, when it comes to critical incidents I think you're forced to take a little bit more control sometimes particularly if you're sent for because they're overwhelmed, you know. The very nature, your raison d'être is to take control and that's difficult for me. I find that hard, you know, em, I don't like really taking control of anything (laughs), you know, even as a team leader, I don't like, I'm very uncomfortable with the idea of having control over people's school lists and I don't like rating them on an appraisal scale and you know, I don't, I'm quite comfortable with the supportive side of it and maybe the leadership bit and that, I don't like being a manager and so going into schools and having to take over, em, is difficult for me".*

I consider this insight very apposite in terms of my first research question: some psychologists find CIs stressful because the work requires a style of working that is inconsistent with their usual *modus operandi* in schools. Psychologists who work in a consultative, negotiated, non-directive way in schools are likely to find it stressful when faced with CIs, which by their nature require a more directive, controlling approach when schools are overwhelmed and in need of such an approach.

Another relevant insight from Heather's FANI that related to the first research question was further evidence of the stronger emotional effects of CIs that have resonance with the life circumstances of the EP: Heather had a son

about the same age as the primary school student who took his own life and this elicited an uncharacteristic display of emotion whilst working in the school and during the FANI. I noted the painful nature of this case: “..*strong, painful feelings related to little boy similar in age to [REDACTED]*”. (Son)

In terms of the role of EPSs in mitigating the effects of CIs, it is reasonable to expect that EPs’ managers should be alert to CIs that could be particularly affecting due to a resonance with the circumstance/life histories of EPs and step in to relieve them of the need to respond in such cases.

#### **4.1.3 ‘Wendy’: Case Study**

Wendy has a senior management role in a psychological service to schools and further education centres. She is the only participant I interviewed who does not work for NEPS. I approached her to get the perspective of someone from another service. Wendy is in her mid to late forties. She provided accounts of CIs in her service that ranged from car accidents in which students died and were seriously injured to bomb scares and the sudden death of a principal on a field trip.

The main points that I have isolated from her interview are:

1. Coming from a special education background, she trained in clinical, counselling and psychotherapy with children and young people and gained much experience in supporting youth with substance abuse issues and other crisis states affecting education before becoming manager of a service.
2. She does not see many clients for individual therapy but manages the service and provides supervision to psychologists and some group supervision to guidance counsellors.
3. She has long highlighted the need for coordinated CI training in schools and recently psychologists, principals/managers and guidance counsellors received training in crisis management that was bought in. It is an accredited programme but not designed purely for schools.

4. She highlighted the particular usefulness of “*one little sheet*”, which is like a checklist and alerts the leaders of CI teams to all the groups that should be considered, assigns roles and interventions. Principals found this very useful: it provides structure in a crisis situation.
5. The Programme uses military language and gets people ‘focused and role-oriented’.
6. Each school has a CI policy (a template) and the psychological service has a copy of each school’s policy.
7. Wendy’s service does not automatically consider a suicide a CI because, sadly, many of the schools to which they provide a service have had a lot of experience of dealing with students taking their own lives and are consequently adept at dealing with them (many of the schools would be in ‘areas of disadvantage’, with complex attendant social problems and addiction).
8. Related to above was her later observation that the composition of a school (demographics, staff dynamics and the nature of the wider school community) determines their definition of a CI. Some schools cope better than others.
9. Wendy described a CI that occurred at the beginning of the Christmas holidays when the schools was closed and she was on leave. Yet, she coordinated the response, the school was opened up and became a place of congregation for the students, teachers and the local community. Two psychologists from the Service supported the staff and students. They also had two other psychologists supporting those two psychologists (strong emphasis on ensuring the psychologists are called for a check-in at the end of the day). The psychologists maintained a watchful brief regarding the teachers and referred them to the employee assistance programme (EAP) if they had concerns about their welfare. This sense of layers of support is very effective and impressive.
10. Wendy’s service tends to only provide individual therapeutic support to those students/staff who are reluctant/resistant to

referral to outside agencies because, as a school-based service, the school calendar largely dictates availability and constrains therapeutic contact.

11. In hindsight, Wendy wondered if someone from her service should have attended the funeral (even though it was held on Christmas Eve) as a support to the school.
12. Her service conducts a review of CIs (evaluates response, see if there are lessons to be learnt) as a matter of course: *“It’s not necessarily the content: it’s the process”*.
13. Wendy described a CI involving the attempted suicide of a student (not his first attempt) and its effects on the student’s peers. A newly appointed principal was quite *“energised”* by the incident, seemed to have a poor sense of boundary (frequently visited the student in hospital) and was very anxious about the student’s reintegration. From the Service’s perspective, a big part of the CI was managing this principal’s response that was well meant but less than ideal in that she was getting over-involved.
14. Wendy described a day when the Service itself was overwhelmed when three CIs occurred together. A large part of the challenge she faced was dealing with a principal who was resistant to acknowledging that the school was in a CI state and to accepting support. This principal only allowed one of her counsellors attend the CI training (she has three). Wendy is unique in her service in being part of the management architecture of the overall organisation and on a par with school principals. Therefore, it is only she who can raise such issues with principals and this is a challenge she faces.
15. She described getting a phone message about another CI when she was away from headquarters and the principal said that she was only being informed because Head Office had said she should. This led to frustration on Wendy’s part that was compounded by the fact that she could not contact the principal in question to check how she was. Wendy went to great lengths

to try and support this principal and the guidance counsellor and there was a strong sense of feeling helpless in the face of such obstacles.

16. Another CI that occurred when Wendy was not long in the job was the sudden death of a principal on a field trip. This was challenging because there were strained relationships in the school and she referred to the “reverberations”, some of which are still unresolved to this day. She felt it inappropriate to have the site psychologist (who was very close to the situation) remain and allocated another person who could maintain greater distance. The reaction of staff was complicated by pre-existing tensions and Wendy admitted that she stayed away (“hid”) due to lack of experience on her part. I felt she was being unduly hard on herself here.
17. Wendy referred to the suicide of a student who had attended her for counselling (as a basic grade psychologist) and described the devastating effect this had on her (“it was a critical incident for me”) even though the school that the student attended was not overwhelmed, having had much experience of such events. She was struck and moved by the how the community rallied together in this case and organised food and mutual support. She commented on how she had forgotten this common response to death in Ireland when abroad and this reminded her of it.
18. Wendy referred a school that is in a “constant CI state” due to the circumstances of the school and the effects this has on staff. She assigns a high level of support to this school but is conscious of the strain this has on her psychologists who work in this setting also.
19. Wendy avails of personal (external) supervision on a regular basis and also calls her supervisor if she is feeling overwhelmed (which is rare).
20. There is a buddy system of support in the Service that has evolved organically and she formalised it. It works well because

people are paired who work well together and trust has developed between them.

21. In terms of self-care, Wendy feels that it is not always a good idea to bring in some external support, such as meditation, even though people may think this is what they need:

*“I think we need to position the importance of relationships in that context of self-care. I think we need to acknowledge that, you know, for these difficult times, it’s your ability to sit quietly with somebody that you’re comfortable with or to have a chat or to have a rant or a rave with somebody that you’re comfortable with. That’s actually what kind of sustains you and gets you through the other side”.*

Reflections:

Wendy’s role is largely managerial and supervisory and her accounts provide valuable insights into the challenges of operating from this position.

She demonstrated deep concern for students and staff welfare (her own staff and those in the front line in schools and centres). She also highlighted the challenge of providing a psychological service to a school that is almost always in a “critical” state due to the demographics and circumstances of the students and the implications of this working environment for staff in the school and her psychologists. A well-structured support/supervision system is established in the service for psychologists and the Service also monitors school staff.

The Service-wide CI response system for which she has advocated for some time is well structured and the fact that principals and guidance counsellors have received the same training as psychologists should make it user-friendly because of the shared vocabulary and *modus operandi*. I was struck by how the one page template was considered invaluable by many: this is something that many participants have reported and it speaks to the usefulness of structure (somebody else called the page a ‘talismán’) in a crisis. This is something EPSs could use to mitigate the effects of CIs on EPs because aides memoire such as this appeared to reduce stress amongst schools and schools staff.

The fact that CI responses are reviewed as a matter of course is good practice: It ensures issues are not left unresolved whilst also affording all parties an opportunity to learn from the experience and acknowledge effective aspects of the response.

She described the challenge psychologists face in trying to support schools where the Principal may be resistant to acknowledging that his/her school is experiencing a CI even though his/her staff is clearly overwhelmed and in need of support. This is an important challenge for practitioners and how one deals with it requires skill and discretion.

A large part of her role is managing relationships within the Service and between the Service and other managers. Inevitably, relationships can become fraught during CIs. Moreover, fault lines or tensions that are pre-existing or ongoing become further strained in such circumstances and the great challenge for a manager is to keep people on board in choppy waters and provide support and/or shelter during and after the storm. Wendy rises to this challenge admirably and her honest and reflective approach to reviewing and assessing her response to CIs is instructive and provides an interesting and alternative insight into their effects on management in an organisation. This is relevant to my second research question: EPS management need to reflect on their role and provide practical and emotional support in order to mitigate negative effects on EPs engaged in front line response.

In terms of the personal effects of CI work on Wendy, herself, she mitigates it by accessing regular supervision (in the psychotherapeutic tradition) and also accesses her supervisor in (rare) times of stress. Her oversight role and familiarity with her psychologists means that she is well placed to coordinate responses to CIs and provide backup from a distance, but this can be frustrating when one cannot access personnel due to unavailability to answer the phone or the usual busy vagaries of school life. I got a sense that this induces anxiety and a feeling of helplessness because her overall responsibility for the Service and its reputation and perceived usefulness is at stake when she is frustrated in her attempts to make contact with schools during a CI. Its effects are evident in a defence that emerged in the course of

the interview: Wendy, uncharacteristically, could not extricate the details of one CI from another and referred to that fact at the very end of the interview. It could be that the CIs had been fused/confused as a defence (a type of repression) because this CI had a deep effect on her and she was left feeling helpless or it could be just a recall issue; I suspect that is was the former because her memory of the other CIs was quite clear:

*“...early in the morning I got, a call from the principal: ‘A student has died’ and em, (I think I might have the two stories now mixed up in my head). A student had died and ‘I’m just...Head Office told me to let you know’.”*

**Okay, yeah.**

*So I hate that phrase. I hate that. So that’s a real: ‘I’ve told you. I can tick that box and I can move on now’ so I said ‘Okay’, I said that was literally, it was early in the morning. I was like still, I had just got up. I hadn’t even had breakfast at that point and em, so I met ‘Patrick’ and (pause); no I didn’t. No, I kind of orientated myself to what was going on and I said to her, ‘Let me get my head around what you’ve just told me and I will call you back’, em and when I called her back she didn’t answer the phone. So then I sent a text going ‘I know you’re really busy. If you can give me a buzz, that’s great. If you can’t, if you get somebody else to give me a buzz’. Nobody called so then I was like well I’ll keep going and I’ll get stuff prepared for them and em, I called (Service headquarters). I spoke to the girls who were on call that day. Briefed them on what I knew, and then they started kind of gathering things together and we all just sat and waited and waited and waited and it was terrible. That one was really, really terrible, em, we all were just armed to the teeth ready to go, em and deal with whatever we had to deal with and I called to the school, left a message asking for somebody to call me back and no call came back to me....”*

Wendy is an experienced, caring and reflective manager and her psychotherapeutic training and experience are used to good effect in coordinating CI responses and ensuring her duty of care to her own staff and the schools they support is fulfilled and, consequently, that students are supported at these times of loss and uncertainty.

Because her role entails being at one remove from the CI (supporting EPs who are at the front line from a distance) this, I noted, appeared to protect her from strong emotional effects: *“Distanced from the actual CI. Focused on logistics and ensuring EPs are supported. Calm and composed with no discernable strong emotional effects communicated in the session”*.

#### 4.1.4 'Dennis': Case Study

Dennis is an educational psychologist in his mid fifties. He has worked as an EP for ten years and prior to that he was principal of a suburban medium-sized primary school. He described four CIs that were broadly similar in that they all related to the natural (albeit untimely) death of a person (three children and one parent).

The main points that I have isolated from his interview are:

1. Dennis feels that he received very little counselling training as part of his pre-service training as an EP and considers this a deficit in the training model because EPs use a lot of counselling skills in their practice.
2. Dennis finds the (NEPS CI) manuals useful but says that they do not address the care needs of the individual psychologist. This is a "*key piece that needs to be done*".
3. He felt he was not well prepared for his first CI. However, he went as part of a team and this was a good "*protective factor*".
4. Dennis keeps "*professional distance to avoid vicarious trauma*". He talked about polishing his "*invisible shield*" before going out to do CI support work. He underlines the need to remain "*dispassionate*", "*distant*" and we "*shouldn't get involved in the dance*" (the hubbub surrounding the CI). He opined that his previous experience as a school principal helps him maintain this distance.
5. He avoids "*delving too deep*" into the CI: "*I don't need the gory details: just the facts*". Later in the interview, he asks questions about those who do delve into the details: "*Is that for ourselves or for the client?*" He is questioning the motivation of psychologists for becoming "*too involved*". Is it personality or life history? (Although he does not say this, I took it to refer to unresolved traumas in psychologists' own lives). He also said that by not delving too deeply, he avoids internalising the pain/trauma.

6. He recounted a CI in his school when he was principal and how he was “*immersed in it*” and this was his “*toughest*” because it was very much part of his “*working life*”.
7. Dennis is alert to how a staff member’s past history can affect their response to a CI e.g. a teacher whose own child has died will respond in a different way to another teacher to the death of a pupil. He is highlighting the need to consider the personal life histories of staff members when a CI occurs: “conscious of vulnerable staff”
8. He thinks that he has become adept at distancing himself from the CIs so that he can be “*professional*” in his response. Repeatedly refers to “*professional distance*”.
9. He says we need to “*stand back and reflect*”: personal and professional lives need to be kept separate.
10. We need to opt out of CI work if it is too close (geographically to where we live) but also if we are overloaded at work because we may be more vulnerable in such situations and may give poor advice as a consequence.
11. A part of the expertise we bring to CI work is our knowledge of child development, which underpins the advice we give:
 

*“For example, what are the responses to grief we would expect from a five-year old as opposed to a seven-year old? How does a child’s understanding of death change as he/she develops?”*
12. Dennis feels we should encourage schools to review their response to a CI after the event, to record lessons learnt and ensure that there is a consistent approach to supporting children and families.
13. Taking over when someone else has responded to a CI can be tricky: they may give different advice to you since we all approach these things with our own biases/experiences and there is a danger that we may provide advice that conflicts with the first responding psychologist.
14. An emotionally resilient psychologist will have a very different effect on a school in these cases than a more “*pessimistic or emotionally stressed psychologist*”.
15. Dennis referred to helping a colleague who he observed to be too emotionally involved in his/her response to a CI. He attributed this psychologist’s behaviour to an over-familiarity on his/her part with the

school staff and a blurring of personal/professional boundaries. He wondered if this was a function of having being the school's named NEPS psychologist for too long.

16. Dennis pointed out the mixed message we receive from management regarding self-care: we were told to prioritise self-care as a minimum critical specification while management extended all our school lists thereby increasing our workloads significantly.

17. In terms of self-care after a CI, Dennis listens to music or distracts himself by listening to language tapes. Debriefing from a colleague is very important to Dennis.

#### Reflections:

Dennis is very aware of the need to keep his personal and professional lives separate and works hard at not allowing his experiences as a psychologist to affect his free time or his personal life. His strong belief in separating the professional and the personal manifested itself in tension and anxiety that was communicated to me as researcher: I wrote, *"Tense, anxious feelings when the intrusion of CIs into personal time/ space mentioned"*. He works hard at maintaining a distance from the CIs and I related to his opinion that one should not *"delve too deeply"* into the details. I do not allow myself to picture the suicide of a student, for example and advise that the basic facts be imparted to the school community without providing too detailed an account of what happened.

Dennis's defence mechanism (repression) has its limitations, however. I was struck by an apparent slip of the tongue that got through:

*"He woke up in the morning and found his mother dead on his way to school. So the school were quite traumatised by this. They weren't quite sure how to deal with it and what would they do? What would they tell? Who should they...? How, how, how was that information going to be, em, going to be... told to the school community? So, em, now fortunately I suppose with that in a way I was in one school down the country, down in Wicklow when that call came in so one of my colleagues here initially dealt with it"*.

Dennis is a diligent, hardworking psychologist but it is clear that his unconscious relief at not having to respond emerged when he said that

“fortunately” he was unavailable to respond and somebody else had to step in. This was emblematic of what I considered to be a dislike for this type of work. He considers it difficult because, I think, it is painful to delve into the painful reality some people have to endure.

Dennis also sees too emotional a response from a psychologist as unprofessional. He hypothesises that the inappropriate expression of emotion by a psychologist (during a CI) relates to his/her own life history. He also intimates that over-familiarity and a blurring of personal/professional boundaries is not helpful for schools or psychologists. It prevents objective, distanced assistance. I concur with this.

Dennis gave the impression that he is good at eliciting support (debriefing) when necessary and that he cares for himself appropriately. His point about the mixed message given by management regarding the prioritisation of self-care in the context of increased workloads was well made, relevant to my second research question and requires attention.

#### **4.1.5 ‘Howard’: Case Study**

Howard is an experienced psychologist in his late forties. He taught for many years in primary schools before retraining as an EP. He spoke about six CIs ranging from the sudden death of a student through natural causes in front of teachers and other pupils to suicides and suspected suicides.

The main points that I have isolated from his interview are:

1. Having cue cards and NEPS CI documents is useful in case you get stuck.
2. He felt underprepared when undertaking this work in the beginning of his career as an EP.
3. Observing a very experienced “*Master*” (experienced colleague) at work was very useful.
4. Taking hourly breaks to go outside with your partner to chat about what you have done is very useful.

5. He and his colleague were put under pressure to work with pupils initially but managed to encourage school staff to work with the children themselves.
6. You have to be a "*guiding hand, not a directing hand*".
7. Learning "*from the master*", he made the school feel they were making all the decisions, while communicating a sense of control, both in what you are doing and saying.
8. "*Part of me felt like running away from it*" (not going back the next day after initial day) and he described it as a "...very emotionally draining experience."
9. Intuition is important in this kind of work.
10. Standing around, feeling 'superfluous' but actually 'being there and available' is part of the job and very valuable.
11. He recounted instances when he should have brought someone with him: "*...tend to want to do this on my own.*"
12. Multiple CIs can have a cumulative effect on schools. School had three relatively minor CIs but the cumulative effect on the school system meant they needed support.
13. Where a school is very competent, it is important not to undermine that by taking over.
14. He met with fretful parents after a child died accidentally because the school asked him to do it: Worthwhile work for which the school and parents were grateful.
15. Met with vulnerable girls in school where there had been a series of related suicides. Perception that "*I had muddied the waters*"; "*I was conflicted: was I right or wrong? I had no partner with me.*" ("*Scalded*"; "*emotional and professional imprint*", "*came out of the ether*").
16. Following the suicide/accident put "*on the spot*" when he had to address a whole year group. The principal gave a talk (inadequate) and then said (the psychologist) would talk to them.
17. Best if we approach the CI work as a member of the school community rather than an external expert.
18. It is really important to talk with a colleague in managing stress and take time for yourself.

19. The protocols and guidelines are very good but you have to be able to make decisions 'on the hoof'.

Reflections:

Howard is a competent, reflective practitioner. He is ambivalent about having a partner apart from 'the master', the experienced colleague with whom he did his first CI piece of work. Having a partner can help protect one from becoming caught up in the 'melee' and momentum of a CI. Yet, there seemed to be a preference to do the work on his own in many instances: there is a contradiction in this: on the one hand he sees the value of having support from a partner but he often responded without such support. I related to this contradiction because my response to CIs followed a similar pattern. I noted, "*Contradictory statement about need for a supportive partner whilst often responding alone: frustrated that some partners better than others? Some frustration with other EPs helping him communicated except when talking about Frank (the 'master')*".

He views this work as important and wants to be supportive of the school without taking over: to be a guiding hand rather than a directing hand.

He views the protocols as very useful but sees the need to be able to think on your feet and be flexible in one's response.

He views it as important to operate conscious of expertise in the school and the local politics.

Clearly, some of the CIs have left an "*imprint*", both emotional and professional, particularly his involvement in the serial suicide where the school was overwhelmed and he was called upon to do individual work with students. This event was repressed and took him by surprise:

***"Any more? You've had a fair few now.***

*Yeah, yeah, yeah.*

***There might be.***

*Yeah that one came out of the ether, didn't it? (Laughs)".*

He also clearly regressed in his relationship with ‘the master’ on his first CI. His language and demeanour were childlike in describing the event, and the sense of deference to his partner’s expertise was apparent:

*“So we, I suppose I went in and I remember I suppose from that initial reaction when I went in I was very much, I was probably in semi-shock myself I suppose and I probably stepped back a little bit, em, let, kind of watched [redacted] (colleague), em, just really didn’t really... Saw myself very quickly and put myself very quickly into a more comfortable zone, which was, em, as kind of a trainee almost and as an observer. Probably had my little pack in my arm and I was probably giving out a few little handouts to teachers and you know, trying to offer some little bit of support that I would have through training and the packs are very useful in terms of the teacher resource pack and the reactions to suicide or to death for different age groups and things like that. So I mean look I did, em, what I describe as the rudimentary pieces of critical incident management [redacted] (colleague) definitely took on the more sophisticated stuff....” (Howard)*

Another possible defence identified was denial: In two of the CIs involving the death of a student described, Howard was uncharacteristically unclear about the cause of death: the choking with a cord and the boy who jumped off a bridge into a dangerous river. Howard speculates that these were deaths by misadventure where tricking around went horribly wrong. I was struck by the unlikelihood of these explanations and wondered if denial was at play.

The effects (“imprint”) of CI support work was evident on Howard’s accounts of CIs and his mixed feelings about having a partner was relevant in terms of my first research question: while having a partner is helpful, it is important to have a partner with whom you can work well.

#### **4.1.6 ‘Charlotte’: Case Study**

Charlotte is a senior educational psychologist in her late forties. She is a team leader in a largely rural area of Ireland. In addition to her EP training, she has done counselling and psychotherapy training. She also completed the CMiS (Crisis Management in Schools) training from the International School Psychology Association (ISPA). She spoke about eight CIs ranging from a murder/attempted suicide to the suicide of a school worker.

The main points that I have isolated from her interview are:

1. Charlotte highlighted how lucky we have been not to have had major crises in Irish schools (school shootings/bombings or major disasters)
2. Before joining NEPS she feels she was “inadequately prepared”. Guidelines and in-house training useful.
3. She considers her counselling training very useful in helping her to provide “emotional containment”, where necessary, in addition to psychoeducation, which is the traditional EP role.
4. When there was a murder/attempted suicide in small rural community; Charlotte did the follow-up work in the community: linking with Health Service Executive (HSE) (clinical services), group work with students, dealing with split in the staff following the incident, met with the mother of the boys who were murdered. Not her role? When she was asked, how could she say no? Asks of she overstepped the mark but feels, overall, that it was the correct thing to do.
5. Where a principal is weak/not assertive/not coping, NEPS has to take a much more directive approach to CIs. (Series of three suicides in the same year group over a little more than a year). Asked by the principal to take over a staff meeting: *“Glad to have the NEPS guidelines!”*
6. Sometimes staff members are so upset/traumatised that they cannot do the psychoeducation piece and NEPS has to step in. In referring to the psychoeducation piece, Charlotte meant describing and explaining normal reactions to grief to the students:
 

*“I did the psychoeducation piece with this year group and two week later a young man from this group took his own life. Charlotte can still see his face: “Is it something I said or didn’t say?” People were talking about the school being ‘cursed’.”*
7. Referring to the importance of empathy in this work, Charlotte said, *“If you care you must be wounded by it.”*
8. She also said, *“It’s taken a toll.”* (CI support work)
9. *“We really need a break after this type of work.”* (Time off to recover).
10. Charlotte spoke of her dilemma as a team leader when she felt the need to be directive rather than allowing a team member approach a CI in their own way:
 

*“Maybe they’re less responsive than one would like”; “Schools will contact people who they think will be helpful.”;*

*“CIs bring out the best in people and they really bring out the worst in people”* (referring to the difficulty she had with this team member);

*“As team leader I felt responsible for NEPS’ reputation in responding to CIs”;*

*“I’m left with a lot of questions as a practitioner and as a team leader”.*

11. Charlotte believes that when one knows a person well (a teacher in a school, for example), it is very difficult to be involved in supporting their colleagues following their suicide; boundaries constantly need negotiation:

*“...you’re called upon to help and it can be difficult to say ‘no’ even though it might not be your role to become involved”.*

12. Sometimes the CI support work is about sitting and *“being in it with them”*.

13. Charlotte said that EPs should not get involved with CIs when they are bereaved themselves: Charlotte cried herself when comforting a teacher who was affected by the death of a student...*“when I should have contained it”* because, in hindsight, it was too soon after her own mother’s death.

14. After each CI Charlotte becomes *“a little less sensitive and a little more sensitive.”* She went on to explain (that) *“I get a little less tolerant of schools ringing up about ‘trivial’ incidents and a little more cut off.”*

#### Reflections:

Charlotte is a very competent, sincerely caring psychologist who sees this work as very important but also finds it challenging in terms of navigating the boundaries of NEPS’ role. There were contradictions in what she said but this is because she seems to be still processing CIs with which she’s been involved and hasn’t resolved questions that remain over six months since the CI: for example, she says that she a woman whose children had been murdered by her husband and asks, *“Is this my role?”* She goes on to say that she was not going to say *“no”* to a request for her to meet the woman. She says this despite her opening remark about how her colleagues had gone

beyond their role in the immediate aftermath of the murders. Charlotte is aware of the contradictions and this is why she repeats that we need role clarity. Would she abide by clear delineation of our role? I don't know if she would. She says that she has become less sure than she was:

*“Another issue nationally is the long-term support that’s needed. When to come out? What kind of support? What does the support look like, you know, when the trial comes up eighteen months into it? There’s lots of questions around role boundaries now and it becomes less clear for me rather than more clear”.*

I was concerned about possible signs of burn out or emotional exhaustion on Charlotte's part. I wrote, *“...strong feelings of vulnerability to deep sadness communicated. Her tiredness and frustration (were) also palpable”.* She sees the need for supervision (even though she tells me later that she doesn't avail of it) and sees, somehow, that as an empathetic, caring persons she is good at the work but sees the toll it is taking:

*“So there had been four or five students or ex-students who had died but these three suicides were again, almost, more than the community could manage and that idea of, you know, ‘Is the school cursed?’ and looking for answers and I remember the priest coming in and I remember talking to him about that and I remember him talking then about how many tragedies he’d responded to as a priest and having to go in and see bodies, you know, of people after fires and things and I remember talking to him about the fact that he got no supervision for that and how hard that was and I wonder... I did my counselling degree and my thesis was on trauma, vicarious trauma: That if you are good at the job and if you care that you must be wounded by it because if you’re empathising you’re taking it in, aren’t you?”*

**Yeah.**

*So it’s difficult because I think I’ve done a lot of critical incident work in quite major incidences but had my own bereavements and I do feel that I am now, when I hear there’s a critical incident, I feel I can’t do this again.*

**Okay.**

*It has definitely taken a toll.” (Short pause).*

Another thing that struck me about this interview was the effect it seemed to have on how she perceives people and relationships. It first comes up in relation to the man who murdered his children and how a 'good' person could

do such a thing. But it was also evident in her remarks after the school staff member whom she knew well has taken her own life: *“We think we know people but we don’t”*.

Charlotte sees NEPS working effectively as part as a multiagency response to CIs but I think she sees this as being well planned and coordinated. I was unclear where boundaries lie because I think that she is unclear given her experiences. It seems to me that she feels she made a big difference in the lives of some in this community and if she had remained inside traditional boundaries, she would not have made this difference. She is flexible and responsive when called upon despite saying that we need to know where our role begins and ends.

In common with others, repressed distress emerged toward the end of the interview when she recounted the death, by suicide, of a colleague from a school whom she knew well. She spoke about attending the funeral and feeling the loss.

Charlotte’s assertion that one has to be wounded by the work reflected a belief that a certain empathetic personality is, perhaps, more suited to this work than others. This is possibly true. However, repeated wounding without time and supports to recuperate is potentially dangerous and could have deleterious effects on the EP’s wellbeing. This relates to my first and second research questions: perhaps overly empathic people are more affected than those who are less empathic, particularly if they are not supported and minded by their managers.

#### **4.1.7 ‘Rebecca’: Case Study**

Rebecca is an educational psychologist in her early to mid thirties. She comes from a special education background and she spoke about six CIs with which she was involved, ranging from the suicide of a teacher to the sudden death (by natural causes) of another teacher. She is clear about her role (to support teachers in supporting students) and remained mostly composed and calm throughout.

The main points that I have isolated from her interview are:

1. Rebecca received the typical in-house training provided by NEPS but says her pre-service EP training did not prepare her for the work (*“not greatly prepared”*).
2. CI work is not something we were formally trained for.
3. She thinks newly qualified psychologists need to shadow more experienced colleagues.
4. One learns on the job with supervision.
5. When she was new, she went with a colleague, observed how this colleague handled the staff’s reactions, provided reassurance and the calming effect of this intervention.
6. Rebecca emphasised the need to keep things *“as normal as possible”* in schools when they have experienced a CI.
7. It is really important to support the Principal in keeping the show on the road. She helps the Principal to decide how parents should be informed and composing letters.
8. Rebecca recounted her feeling of *“dread”* when the phone rings *“out of hours or at weekends”* and she has to *“pull herself together”*.
9. She tends to put her emotion *“aside”* and concentrate on *“being professional”*.
10. Local knowledge and the psychologist’s relationship with the school are very important: the school should trust you and your advice.
11. Rebecca referred to the silence she notices when she enters a school affected by death or tragedy and it is what she recalls in many cases.
12. She recalls how exhausted she was after two and a half days supporting a school staff after the death by suicide of a student and reflected on how she should have sought more support from colleagues than she did.
13. Being with a colleague allows for mutual support and you can confer with one another when the staffroom empties during the day.
14. She highlighted the importance of *“being there”* as a support.

15. She said that she should have encouraged her schools to reflect on their response to CIs and explore what they have learned from the experience that could be useful in future events.
16. In order to alleviate stress, Rebecca speaks with her manager, receives supervision-formal and informal- from colleagues, goes for a walk, “switches off”, talks with her husband and generally takes it easy. “Talking about it is good”, she said.
17. Rebecca feels that CI support is really important work and reiterated the importance of having a good relationship with the school in order to have their confidence.
18. Some schools are more prepared than others for CIs.
19. The resource pack and guidelines are very useful, in Rebecca’s opinion.
20. She emphasised that we really need to be clear about our role: she sees our roles as being of support to staff in schools so that they can support the children. We need to be very clear about the boundaries and has not become involved directly with children.

#### Reflections:

Rebecca’s was one of the more difficult interviews because she was guarded in her responses and made me work harder as interviewer. There was no reason for her to be guarded because her responses to the CIs she recounted were appropriate. She emphasised the practical aspect of the work: supporting the Principal to keep things “*as normal as possible*”; using the NEPS documents. She has clear ideas of where her role begins and ends and has not been ‘door stepped’ as many others have.

Her preference for maintaining a professional distance in CI work was clear and this defence (distancing) was evident in the interview. I found it difficult to relate emotionally despite being reasonably friendly with her outside the interview setting: I wrote, “...*really guarded and emotionally cut off. Avoided communicating sadness*”. I felt uncharacteristically anxious almost to the end of the interview at which point, I persisted (through a long silence) in awaiting

a response to a question. She then became blank and asked that I move on to another question. I think (and psychoanalytic supervisor agreed) that she was projecting her anxiety onto me and when I projected it back by persisting with the silent waiting, her unconscious mind caused a blank as a defence:

***“Do you have anymore phone calls?”***

*Let’s see, em, I’m just trying to think now. I’m sure there are. (Laughs).*

***Take your time.***

*Hmm... (Long pause). Let’s see, em, I can’t think at the minute. I have a blank now at the minute.*

***That’s fine. Take your time.***

*Are there any other questions and we can come back to it.*

***Sure, absolutely.***

*Yeah.”*

I was left wondering if this distancing that Rebecca uses, with apparent positive effect on her practice, is sustainable long-term. She says it is good to talk about the CIs but perhaps it should be more structured than at present.

#### **4.1.8 ‘Honor’: Case Study**

Honor is an experienced educational psychologist in her early fifties who is a Senior Psychologist and Team Leader. She spoke about four CIs, ranging from a murder-suicide to fatal car accidents.

The main points that I have isolated from her interview are:

1. Honor was very guarded at the outset of the interview but she opened up and was very insightful in her accounts of CI work.
2. She trained as an EP having previously completed training in non-directive counselling.
3. She had Critical Incident Stress Debriefing (CISD) training and in-house training in NEPS.

4. Honor feels that there is only a certain amount that training can give a person. You have to have three things: innate skills, training and experience:

*“So I suppose when I’m talking about innate I’m talking about being logical, practical and having an appropriate level of detachment but not completely detached so that you can act as a professional while still having a great deal of the concept of the, you know, empathy for what the individuals are coping with at that time but being the rational support, em, when you’re at that kind of coal face if you know what I mean? When you’re actively, em, facilitating the responding of the adults in the context. Now that’s my perception of it”.*

**Yeah, yeah.**

*But I do think you need that logic. You need to be organised and you need to think laterally to be able to have a sense of situations that might arise and cut them off at the pass if you know what I mean?*

5. Honor refers to being “professional” throughout the interview and by this, I think she meant putting the needs of the children above all else and remaining focused and detached but genuinely concerned and cognisant of what everyone is experiencing.
6. Honor relived the physical sensations she experienced when she got the call at home about a particularly horrific CI at 10 o’clock at night. She felt the tension in her stomach. She had not heard about it on the news.
7. Honor has a template she prepared herself (from experience) that she uses, which keeps her focused and she works though it ensuring that no necessary step is omitted or unconsidered.
8. She referred to the silence in schools that is a sign of shock/trauma and as the normal school sounds return it is a barometer of the recovery of the system.
9. The use of the template avoided potential flashpoint/contentious incidents arising, such as keeping staff that were off site in the loop so they couldn’t say they were excluded.
10. She was very directive in murder/suicide CI: prepared press statement, text alert, moved parents and staff away from the gaze of media, dealt with journalists who entered the school

modelling for the secretary how to deal with them, gave parents who were concerned about what their children were being told a copy of the script that teachers were using and this assuaged anxiety.

11. She was careful in not saying that children were receiving counselling from NEPS but still it was reported on the news that this is what NEPS was doing. Some parents contacted the school when they heard this because they were concerned that it was at variance with what they had been told. NEPS needs to educate DES (Department of Education & Skills) colleagues (such as the Press Office) and schools about our role in CIs to avoid this happening.
12. Honor did some training with staff around debriefing and it was very well-received and although it happened quite a long time ago, the teachers who attended still consider that it was very helpful and useful. Should we train teachers in psychological first aid?
13. She referred to a child who took his own life and school staff had long-held concerns about the family circumstances in which he was living. They had raised it with the appropriate services but felt the response was inadequate and this is why the boy took his life. Honor had involvement with the boy from an educational perspective and remembers his face with sadness.
14. Honor pointed out that responding to CIs in schools that are not “*yours*” (assigned to your list of schools) is tricky. The school does not know you and your *modus operandi*, which can cause confusion about the EP role.
15. Schools that have been off service need in-service training around CIs and she has been engaged in that her patch.
16. Honor thinks we don’t get time to process the effects of CI work on ourselves – the demands of work take over. She commented that doing the interview with me was challenging because she was forced to “*think about things I’ve put out of my head*”. She found it exhausting.

17. Honor responded to CIs after a personal bereavement and the CI had similarities to her bereavement making it very difficult. She detached and “*deferred*” dealing with it until after. She deliberately avoided picturing the incident but said she had nightmares at the time. She realises she could have said “*not me*”, but she did not. However, she did not say she shouldn’t have responded.
18. Honor goes into “*professional mode*”, prints off her template and this triggers her CI response.
19. She doesn’t listen to the news or music when involved in CIs, preferring silence and “*headspace*”.
20. She advises that the day you don’t get “*that knot in your stomach*” you should hand the baton to somebody else because you need to be adrenalised, empathetic and want to help.
21. Honor is very clear that her role is to support the adults in the school to support the children. Schools know where they stand and they appreciate it (she receives very positive feedback).
22. There should be more emphasis on follow up (as a matter of course) in CI work: follow up with schools (check in), sharing of good practice (particularly in difficult, unusual CIs) at local, regional and national levels. Psychologists should also receive support (it should not be assumed that it will be dealt with in supervision). They should be given an opportunity to talk and take time to process what happened (not to go straight back to the appointments that are waiting).

Reflections:

Honor is an effective and helpful responder to CIs. She appears to have a visceral response to getting the call and this prompts her into action. This visceral response was communicated during the FANI: I noted, “*Unpleasant feelings in the pit of my stomach when she described her reaction on receiving a call*”. She is clear about her role, focused on providing practical support and the schools clearly appreciate her support and expertise. She detaches and suppresses her own needs and concerns when called upon to

help. However, I think she is paying a price for this approach: she told me that she was experiencing physical stress symptoms as she recounted a CI and told me that she had nightmares during another. I was left wondering if she should, as she advised herself, talk about her experiences of CIs as an integral part of her routine. She is suppressing and “deferring” issues but not resolving them afterward leaving a sense of unfinished business.

Honor’s CPD with schools around CIs is invaluable and she does it as part of her team support and development planning and work. This is something that could be implemented service-wide. She is unapologetic about providing the rationale for NEPS psychologists not becoming directly involved with students in the wake of a CI and emphasising our role as supporting familiar adults (teachers) to support children and young people. The CPD she provides is an ideal opportunity to get that message across to schools and avoid misunderstanding and confusion, which we have seen in recent times in NEPS.

Her one page summary template was also a very good idea. It ensured things are done thoroughly and systematically.

Overall, I don’t have concerns for Honor unless she continues to take on CIs when she should say, “*not me*”. I think the interview was revealing to herself in this regard. In terms of my first research question, I reflected that EPs who are able to say “not me” are less likely to suffer lasting effects of CI support work than those who cannot. Management need to ensure EPs know that it is acceptable to say “not me” in order to mitigate such potential negative effects.

#### **4.1.9 ‘Madeleine’: Case Study**

Madeleine is an experienced psychologist in her early fifties who is a Regional Director. She also provides a service to some schools. She is honest about the toll some CI work she has done has had on her.

The main points that I have isolated from her interview are:

1. Madeleine had no pre-service CI training when she was a trainee EP. She had “*fantastic*” on-the-job training with a very experienced senior colleague.

2. Madeleine acknowledges that she did not take good enough care of herself during some CIs in the past year: "*We could do better in terms of self-care*".
3. She recounted the murder of two boys and subsequent attempted suicide by the perpetrator (their father): This was a very difficult CI. The local EPs were called upon to support a whole community (small village). The school was opened up during the summer and became the focus of the response, which was very much provided by NEPS (Madeleine and two colleagues).
4. NEPS provided briefing for parents, advised about viewing the bodies and briefed parents about how to answer their children's questions.
5. Madeleine thinks that NEPS should have involved health sector staff (community care) earlier in the aftermath of this CI but when this agency did intervene it exacerbated the splitting that had already occurred in the community (Bad/Good dad).
6. Small rural communities are very enmeshed.
7. In cases like this, there is a need for further support for those on the front line.
8. Schools really appreciate this kind of work.
9. She always works with someone else when responding to CIs even though this does not come easily to her.
10. Lots of incidents occurred during holidays or at weekends when she was totally engaged in her personal, family life.
11. She did group work with classes after the death of a child from a terminal illness but she wouldn't do that now: An expert being parachuted in is not the best thing. It is better, in her opinion, for class teachers to support students.
12. Very important to support newly qualified, inexperienced colleagues by gently making suggestions but without being disempowering. Resist the impulse to take over.
13. This work is particularly exhausting and difficult.
14. Need for organisational support and understanding of the pressures involved.

Reflections:

Madeleine suppresses her emotional reaction to CIs until she can privately express them in her own home or seek support from a colleague. It takes a toll on her and she finds it very exhausting. Her exhaustion was communicated during the interview. She is reflective and effective.

She is very supportive of colleagues and sensitive to the impact CI work has on colleagues in her region. She insists on self-care, time to regroup and considers the suitability of the work to the psychologist's personal life experiences: recently bereaved people should not be involved in this work.

I was struck by the way the psychologists were at the centre of a community response to the murder of two children and how they were called upon to advise on key decisions and interface directly with highly anxious parents. It is clear that the community was 'splitting' in the psychoanalytic sense the murderer into 'bad' or 'good' father and this was causing huge anxiety and pain. This splitting was suggested to me in psychoanalytic supervision. How does a small group of professionals deal with this challenge? It was exacerbated by the principal being rendered less than effective and 'emotional' and the staff forming factions and splitting along 'good dad'/'bad dad' lines.

Madeleine let me know how deeply affected she had been by the work:

*"Yeah, no I still feel it and I would still, when I drive the motorway and I pass that exit I would still feel that (short pause). Bloody mad to put words on it and that doesn't happen me often. Just the sadness and the trauma of it. It was really traumatic. It was... I find it personally very hard to witness that much pain....."*

**Yeah.**

*It was just really hard to be around that, you know, it was very painful to watch. So yeah, no, I still, yeah I'm as good as I could be, Richard, I think but I would still know that I carry that with me and I always will, you know, I think it's one of those life experiences...."*

Apart from what seems like conscious suppression during a crisis, I could not identify any obvious defence mechanisms. I think Madeleine may have a healthy, well considered approach to this work: her focus on self-care;

bringing a partner; allowing herself to express emotion after the CI in a safe place; seeking support from colleagues when she needed it (she allowed a more junior colleague she trusted to see her in a vulnerable state and communicated vulnerability to me in the FANI: I wrote, “...evoked a strong sense of needing to ‘mind’ or protect her in me).

Despite the statement above about the great effect this CI had on her, I think that Madeleine will integrate this experience into her life. She allows herself to think about the pain she witnessed and does not shy away from talking about it. This is an important insight in terms of my first research question: self-care and supervision are highly important and protective. In terms of my second research question, as a senior manager, Madeleine has more power and facility to take time for herself to recuperate: senior managers need to ensure that EPs and Senior EPs do likewise.

#### **4.1.10 ‘Margaret’: Case Study**

Margaret is an experienced psychologist in her mid fifties who came to NEPS from working in a clinical setting. She gave accounts of five CIs to which she responded ranging from a major road traffic accident in which five pupils died to the suicide of a school staff member. Margaret reported not finding CI work stressful.

The main points that I have isolated from her interview are:

1. It is difficult to prepare psychologists for this type of work; perhaps workshop-type training would be useful.
2. Her background of having worked with clients (adult and children) who are traumatised useful remaining calm in CIs: “*It’s all about loss and grief*”.
3. At the time of a major CI, the lack of a clear protocol as to how we work with other agencies/bodies leads to uncertainty, chaos and poor outcomes for schools.
4. Convincing teachers that they were the best people to support students was difficult in these chaotic circumstances.
5. In such circumstances, it is important to use one’s professional judgment to navigate the CI (when there is a lack of a clear protocol).

In other words, you have to practise in a way that you consider ethical. An example was when she was asked to speak to students when another agency had already been engaged in direct contact with students. Margaret asked the school to contact the parents and she met with the students and their parents together.

6. NEPS was not “*quick enough off the mark*” in taking control of the situation and “*wasn’t authoritative enough*”.
7. Same issues would arise if this CI were to occur tomorrow because NEPS has not established itself as having the lead role in such circumstances.
8. NEPS should take the lead when a CI affects the school community and avoid being “*squeezed out*” by health/counselling services.
9. When there’s a CI, you are on duty and there is no question of prevarication. You give the school the time it needs and remain available.
10. Margaret’s style is directive. Sometimes you (the psychologist) have to take control when the Principal/system is not in a position to do so.
11. A key point Margaret made was that part of the psychologist’s role is to ‘contain’ the strong emotion that follows in the wake of a CI and avoid it developing into hysteria.
12. The use of ID cards is very useful in a CI, particularly when outside agencies are in the school.
13. The NEPS CI guidelines are a good “*crutch*” in a CI.
14. Working with a colleague can be “*tricky*”. If it is not your school and you’re accompanying a colleague whose school it is, one’s approach is going to be less directive than when it is one’s own school.
15. Reflective supervision for psychologists very important following CIs.

#### Reflections:

Margaret does not find CI work stressful because, I think, she brings a lot of experience of working with clients in distress to CI responding. She is adept at suppressing emotional responses. Suppression is a voluntary form of repression and is, therefore, not unconscious (Freud, 1892). It is a coping

mechanism for dealing with traumatic events (Muris & Merckelbach, 1997). Where one has to be of assistance to others and in control of emotions, it can be viewed as an adaptive coping strategy.

It is likely that the ability to maintain calm in the midst of the chaotic situations she described in her interview is a skill that develops with practice. During the interview, she did not communicate significant distress, upset or sadness: I wrote: “...seems to describe CIs in a matter of fact way without strong emotional response”. Perhaps EPs by their training and the usually circumscribed nature of their jobs are not afforded the experiences to develop this ability to maintain a detached yet supportive and authentic role. Is it something that can be practised in a simulated, workshop setting? Is it an innate characteristic of those drawn to working in a direct face-to-face therapeutic setting?

It is interesting that the most affecting, clearly described CI was the last one Margaret recounted, suggesting that it may have been repressed. It emerged from her memory unannounced and without prompting:

*“I think it is about containing that upsetness that might become the issue for the school so that it doesn’t take off into hysteria.*

**Yeah.**

*I’m thinking of another one now.*

**Okay.**

*That was really difficult and it was where, you may be familiar with the incident. Have you time?*

**Oh of course. Please, no, yeah, yeah.**

*Hmm... It was a school of a colleague of mine, again not on my team but on a neighbouring team in the region, in my region.*

**Yeah.**

*And it was in a school for, it was a mixed school and a student went out at 9.45, didn’t come back and was discovered hanging in the toilet, back of the toilet door and we got the notification of that very quickly and were in the school at eleven because I got the call I think at, you know, ten o’clock and I said right okay I’m on my way. I’ll be there so*

*myself and this psychologist for the school went out to the school to be greeted by chaos.....”*

Bion’s concepts of ‘container’ and ‘contained’ and Winnicott’s ‘holding’ came to mind when Margaret mentioned, *“containing that upsetness”*. What I found noteworthy about this exchange was that prior to this, Margaret was struggling to remember CIs that she could share with me and this particularly harrowing and tragic event did not come to mind. Moreover, she asked me if I had time to listen to this account despite knowing I was interested in hearing everything and anything about all the CIs with which she had been involved. Clearly, her unconscious was protecting her from ‘opening up’ this CI, which clearly had an impact on her: repression rather than suppression was the defence (unconsciously) employed in this instance and the FANI method allowed for it to be made conscious. Despite its repression and significance, Margaret did not communicate a sense that this CI had strong emotional effect. In terms of my first research question, I formed the opinion that training and experience in supporting people in a therapeutic way engenders the development of self-preservation techniques, such as distancing while being able to contain the emotions of those whom one is trying to help: this avoids subsequent negative effects. I reflected, *“Should management ensure that there are sufficient psychologists with counselling training and experience (or therapy specialists) to do CI work?”*

#### **4.1.11 ‘Fiona’: Case Study**

Fiona is a senior psychologist who came to NEPS with training and experience as a counselling psychologist. She described eleven CIs ranging from a bus crash where students died to a student who died from anaphylactic shock.

The main points that I have isolated from her interview are:

1. Dealing with people who are in crisis as a counselling psychologist was a good preparation for CI work in schools.
2. We have not had a major disaster in Ireland and *“that’s a whole different level”*.

3. Our role is to *“guide the school”* and take the lead in organising the other agencies that offer help. Often, it is after the event that these agencies are required.
4. Where splits exist in school staffs, CIs will expose these splits and they will widen.
5. CIs can bring up unresolved issues for teachers and children e.g. teachers in violent relationships can become emotional if faced with the violent death of a child.
6. *“ I shouldn’t attend CIs by myself but I have done it!”*
7. Cultural sensitivity: Muslim children were excluded from religious service in one of her schools.
8. Where teachers are overwhelmed, Fiona spoke with students *“against my better judgment”*.
9. It is important to be able to think “on the spot”.
10. Fiona can maintain distance: *“I definitely block myself..eh..I definitely..em..can separate it, you know?” I think it’s the counselling training.”*
11. Where multiple incidents occur in small rural communities where the same psychologists respond over and over, there is case for bringing in psychologists from outside the region to provide respite.
12. It is important to support the school as soon as possible: no delay. Fiona once went straight to a school when she heard about a death on the radio while driving to another school.
13. Where there are gaps in/a dearth of other agencies support in certain regions, NEPS has had to do more than is actually our brief.
14. Sometimes where schools are really overwhelmed, we (NEPS) should take control e.g. asking media to leave the funeral of a student.
15. In Fiona’s experience, the children who ask for support from NEPS are often already involved with outside agencies and it is really important to link them back with that service: *“Don’t introduce another stranger in.”*
16. *“Some people are more suited to this work than others”*.
17. *“The value that we bring is that we’re objective.”*
18. *“If there are distressing things going on in your own life, you should not become involved in a CI.”*

19. A CI where a child was told in school about his mother's suicide: deeply moved Fiona: *"But I was involved in it...a most distressing thing.....it was so close"*.
20. When things get difficult, *"I switch it (off)."*... *"And afterwards I talk it through with a colleague"*

#### Reflections:

Fiona is a very competent practitioner who has reflected deeply on this type of work and brings expertise and objectivity to it. She acknowledges that she is a very emotional person in her daily life but she distances herself from CIs so that she can guide schools and maintain control.

Her descriptions of how she does this are interesting: She talks about *"cutting it"* and *"switching it"* when faced with high emotion and distress in schools.

She is acutely aware of the need to coordinate agencies that offer support to schools in the aftermath of tragedies. However, she sees familiar adults (school staff) as the first and most effective source of support to children who are in distress. She only steps in if the staff cannot cope.

Fiona has considered how CIs should be managed at a policy level: she has thought about how management should handle regions/patches where a number of CIs happen in succession and psychologists are distressed/tired: bring in psychologists from outside the region. She has also said that there is a need for clarification of our role and that we should support schools in supporting students, where possible. We also should coordinate outside agencies and encourage them to provide support to those who need it after the CI.

In common with others, repressed distress emerged towards the end of Fiona's interview when she recounted the day she supported a school and family in telling a little boy that his mother had taken her own life. She was deeply moved by this and her tone and pace of speech altered, became dysfluent and softer. I was deeply moved also (almost to tears) by this CI: the FANI method revealed and uncovered this emotion in a way other methods do not: I noted, *"I fought back tears when she recounted the sad account of the*

*little boy whose mother died by suicide and she let herself become upset when I was. First strong emotion communicated and relieved a slight tension”.*

Fiona would not respond to a CI if she felt she was not in a position to remain objective and distance. Once again, training and experience in counselling people with difficulties in their lives emerged as useful in CI support work and avoiding effects through distancing and managing EP’s own emotional reactions.

#### **4.1.12 ‘Danielle’: Case Study**

Danielle is an experienced psychologist in her early sixties who is a Senior Psychologist and Team Leader.

The main points that I have isolated from her interview are:

1. Danielle had no pre-service training when she was a trainee EP. Counselling theory covered: general underpinning principles.
2. She tends to take her time and prepare before responding to CIs.
3. She thinks that a certain temperament/personal demeanour is required for CI support work.
4. Training/CPD does not really prepare a psychologist for this type of work.
5. Danielle is always anxious/ nervous before going out to respond to CIs: *“How will I manage the unknown; how will I manage the unexpected?”*
6. One has to draw on one’s own resources and the resources of one’s colleagues.
7. To go with an experienced colleague is better than any professional training an EP can get.
8. A series of suicides *“sit on top of each other”* and they are all intermingled in her mind: *“I have to unravel it”*.
9. She recalled the intrusion of a CI on a Sunday into her personal life when she was out walking with her granddaughter. She texted the Principal and then rang him later. She went to the school; bereavement support workers were already there; she had to liaise with HSE (clinical service); community response; teleconference: it was complicated.

10. Danielle pointed out that where there is a series of tragedies concentrated in an area, the same team is repeatedly impacted and they are all filtered through the same Team Leaders.  
*“Do we have sufficient personnel to deal with tragedies when they are frequent and impacting on the same psychologists’/team’s schools?”*
11. Danielle received calls seeking advice from psychologists in other parts of the country who were dealing with series of suicides. This added to her work and stress but she gave her help.
12. Danielle recalled pressure from school to take and work with groups of students and do what we encourage teachers to do because they (the teachers) had dealt with a number of suicides in their schools and could not face it.
13. She feels that role clarity is needed. It is very valuable work but we need clear definition of what we do and what we do not do.
14. Danielle spoke about the Service advising psychologists to withdraw from the school if the CI is well managed and to stay if the school is in chaos. She said that schools compare responses and may feel short-changed by the less interventionist psychologist. Moreover, sometimes just *“being there”* is important: being present in the school sometimes without doing/saying very much can have a great calming and supporting effect.
15. Danielle recalled that one staff member (of a school) thought you absolutely had to contact NEPS when there was a tragedy, even if the school was coping and did not need support.
16. She thought that management needed to look at the amount of time CIs are taking and suicides in particular. There was a time when suicides were a rare occurrence in schools but not they are relatively common and consume a lot of time from our service to schools.
17. Danielle was put on the spot in one school, marched into a hall where the complete School Community was assembled to listen to *“the psychologists”*. They managed it by using the NEPS documents about grief reactions etc.
18. Cumulative effect of CI work is exhaustion and Management needs to provide more support for psychologists.

19. It is important to remember to bring food and eat during this type of work.
20. In cases where things are going well and the school is well organised, it is important to sit with the Principal and affirm good practice: “*be present with him*”. Telephone support was not enough in some cases and no substitute for being on the ground.
21. Danielle has attended Community Support Nights in her locality after suicides.
22. It is important to respond in pairs although some will not ask for help because they feel others are too busy to be drawn into CIs.
23. Danielle has worked with distressed students and feels that in some cases students will open up and disclose things to psychologists that they might not disclose to teachers. One student disclosed suicidal intent to her that she was able to prevent by bringing in the child’s parents and seeking immediate support from CAMHS.
24. Danielle does not talk about her CI work very much and it makes her wonder if she has really processed all of these tragedies.

#### Reflections:

Danielle has used a form of repression whereby she has blended all the suicides to which she has responded and she has not talked about them very much. They weigh heavily on her and I have concerns about the toll they have had and continue to have on her: I noted: “[REDACTED] *seemed stuck emotionally and I felt a physical feeling of being tired, frustrated, burned out, helpless*”.

A formal supervision system is really necessary and responses from Management about the ambiguities Danielle raised, such as whether or not we deal directly with students/groups of students. Supervision would help her process the CIs she has responded to and I think she recognises that. There is a sense that they’re packed away and not processed. In some cases, psychologists may have vicarious trauma or have accumulated unprocessed grief and pain to the point that personal therapy may be required and NEPS needs to make provision for this. Psychologists also have responsibility to recognise this need in themselves, perhaps through the supervision process,

and alert their managers to this need. There may be a tendency to try to hide our vulnerabilities in this regard and try to keep a professional veneer of being able to cope. This is not an adaptive response to stress or exhaustion.

There is a sense in which our response to suspected suicide clusters is inadequate and I am concerned at the toll it is having on Danielle and her team. Should we be doing more in terms of prevention and following suicides in schools? There is a community response in Danielle's area but I wonder if it is adequate because there seems to be a steady incidence of these tragedies notwithstanding the interventions.

Case histories would be a good way for the organisation to develop our practice in this area: Where did we do well and where should we have done something differently or not at all? If these case histories were analysed at a team level as a matter of course, it could be very good developmental work.

I am struck by Danielle's observations around the importance of "*being there*", which is a central element of psychotherapy and psychoanalysis going back to Freud (1916-17) who emphasised the importance of relationship in the therapeutic process. Ashley (2003) provided an interesting insight into 'being there':

*"Most of what 'being there' is about is related to the meeting of minds in the transference and in the countertransference, in the human interaction that extends both of these concepts, and in the unconscious communication that continues relentlessly and unabated between therapist and patient....."* (p. 326)

While the psychologist is not present as a therapist in the psychoanalytic sense during a CI, Ashley's (2003) description of 'being there' is useful in attempting to unpick what Danielle had in mind. The concepts of transference and countertransference are useful in describing this role we sometimes fulfil during CIs whereby our intervention could be minimal and completed within a short period but we stay in the school and witness the distress and anxiety responses emanating from the main players and hopefully avoid being overwhelmed by them or our countertransferential responses.

Danielle's FANI revealed discernible and palpable deleterious effects of CIs on her physically, emotionally and professionally. In my view, and in terms of

my first research question, she was affected because of the gruelling nature of dealing with a succession of suicides as well as role ambiguity that created unreasonable demands and frustrated her honest efforts to be helpful to schools. I also noted a concern that her personality might not be suited to CI work: “*██████████ is highly organised in her work, like to plan her time effectively and give a very high standard of service. Does CI work not suit her because it’s unplanned and often chaotic?*”

#### **4.1.13 Richard: Case Study**

In order to maximise openness and objectivity, I decided to ask my psychoanalytic supervisor to interview me using the same interview pro forma as I had used with the foregoing participants. I decided to do the interview in order to try to access any possible unconscious motivations that were driving my interest in the topic and the research. I was conscious that when I was interviewing participants, I too was a ‘defended person’ (Hollway & Jefferson, 2013) and, therefore gaining insight into what my anxieties are would enrich the research.

The supervisor’s interviewing technique was different to mine and he adopted a more probing style of questioning so while there were some free associations in the interview there were less than in the interviews I conducted.

I am a senior educational psychologist in my late forties who leads a team. I have been involved in CI response for almost sixteen years. Despite the fact that I have responded to twenty five to thirty CIs, I only discussed three CIs. This was partly due to the style of the interview, where each was probed in detail but it was also because I tended to get involved in the analysis of my reactions to CIs and related the reactions to my own life history. This is understandable given that I was immersed in the analysis of other participants’ cases at the time.

The main points that were isolated from the interview (by the supervisor and myself) were:

1. I “*drifted*” into EP training from teaching without having planned it consciously.
2. I joined NEPS just after its establishment.
3. I did some counselling before training as an EP as a volunteer counsellor for Irish Society for the Prevention of Cruelty to Children (ISPCC): Childline.
4. The counselling training received as part of EP training was mostly theoretical with limited practice.
5. I did Crisis Management in Schools (CMiS) training when I had been working as an EP for about ten years.
6. In terms of CI response, I don’t find it too taxing: “*Maybe there’s an adrenaline junkie aspect to it*”.
7. I am motivated to help other EPs who seem very affected by the CI response work.
8. I am confused that some EPs seem “*burnt out*” by the work, complain about it but refuse to accept help.
9. I am not sure I would seek or accept help if I were in difficulty related to CI response work. Why? Because I want to present as capable and “*professional*”, able to cope and competent.
10. Although I wouldn’t seek help, I might be resentful if nobody offered or asked how I am.
11. Management has to take responsibility for its role in supporting EPs who are experiencing adverse effects of CI response.
12. “*I’m drawn to crisis work while others are inclined to go the other way, I move towards it*”; “*I wouldn’t ever abandon ship*”.
13. I was very affected by a young boy who had his hand disfigured by a pipe bomb. I considered this to be a *real* CI as opposed to what I consider minor incidents, where schools contact NEPS for support. I was referring to CIs such as the natural, expected death of a parent where I thought schools *should* be able to cope.
14. My manager at that time was not very supportive. Didn’t want to hear about difficult cases or CIs.
15. The suicide of a student is different (suicide has a particular effect on the school community that is qualitatively different to other CIs: people

question if they should have known or done more for the person. It also makes parents and teachers hyper-vigilant about the children in their care. There are questions but no answers because the person is gone and can't provide them.

16. Local knowledge is very important in a CI (knowing the personnel in the school and having their trust). Sometimes, one has to be very directive when principal and teachers are highly distressed and in need of a steer.
17. My role- as I see it – is to support the Principal. He/she has to be seen to be coping so that the school system feels there is someone at the helm.
18. Sometimes the EP has to take control of the situation if the principal is not able to cope.
19. 'Being there' is a really important aspect of the work- just providing social support and helping to contain the emotion and pain.
20. I am very clear about my role now whereas in the early days (of my EP practice) I was not. We are not best placed to meet with students in distress because this is best provided by people with whom they are familiar.
21. We really have to get to grips with supervision (as an organisation). The supervision required for CI response is different to the supervision required for other aspect of the EP role. We have to find a model of supervision, which allow EPs to process or 'work through' the emotional effects of dealing with people in crisis or distress.

Reflections (based on the psychoanalytic supervisors feedback):

I am able to do this quite challenging work and integrate it into my life. There is an element of: "Why can't you just get on with it?" in my attitude to EPs who find the work challenging and this is probably related to my childhood role as helper to others in the family. There is a tendency to be thrown back into the little boy who helps when there is a crisis. I get annoyed at and sideline the '*drama queens*' who panic and do not cope well in schools, also. There is a sense of a residual resentment to others in my family who did not have a

coping role when times were challenging that emerges when faced with school staff who struggle during a CI.

My interest in CIs and the research topic is clearly related to my childhood experiences. There are no accidents (in psychoanalytic conceptions of behaviour) and I am drawn to the topic as a means of processing unresolved issues from childhood that shaped my approach to CIs and developed my aptitude for the CI response work. Is this a problem? As my psychoanalytic supervisor said, "*Not necessarily*". We live our lives and live with the "messy bits" (the painful bits that emerge from time to time) as they arise. The present research could be viewed, in part, as an effort to understand more fully why I react the way I do to CI response work and the responses of others. It is partly a 'working through' of my own unacknowledged and unexplored history of being the CI response person in my family. This realisation is very significant and important to acknowledge in the present research.

#### **4.2 Summary**

I have presented each participant's narrative interview in case study form. In each case, the substantive points raised by participants are firstly presented in summary form. The subsequent reflections represent the main concerns communicated emotionally through in the course of the FANIs. The power of the FANI method in going beyond speech - accessing emotion and facilitating the capture of unspoken and unconscious communication - is evident in the reflections. My skill and sense of ease with the unstructured nature of the method improved as I gained experience.

The next chapter is comprised of a cross case comparative analysis of the cases reported in the present chapter.

## Chapter 5

### Cross Case Analysis

#### 5.1 Introduction

Four super ordinate themes emerged when the case studies were thematically analysed: the emotional and physical effects of CI support work and vulnerability to these effects based on individual differences; CI practice issues requiring clarification; training, supervision and supports to mitigate the effects of CI support work; beliefs and observations about schools' responses to CIs based on experience. Each of the overarching themes is analysed with reference to the literature using Huebner's (1993) conceptual model whereby individual differences amongst professionals in terms of reactions to stressful aspects of their work emerge as a function of the complex interaction of intrapersonal, interpersonal and organisational influences.

#### 5.2 The emotional and physical effects of CI support work

The emotional and physical effects of CI support work were made explicit and described by many of the participants. Others denied that this work affected them but evidence emerged in the intersubjective space that I focused on in the analysis of the interviews that seemed to run counter to some of these assertions. I now describe and analyse these effects with reference to the literature, drawing on examples from the interview transcripts and my field notes that illuminate the processes at play.

##### 5.2.1 'Carrying' the emotional impact of CI after the event

The majority (7/13) spoke of having residual concerns/effects of CI support work long after the work is completed. The notion of 'carrying' the effects implies lack of resolution or processing of the events, which could imply possible shortcomings in terms of professional supervision. However, there were, in addition, other factors and influences that were suggested in the interviews from *inter alia* how and when one hears of the CI to the personality of the EP. Each of the influences and factors that emerged are reported and analysed in the following sections.

### 5.2.2 'Close to the bone': CIs that have resonance for EPs

When CIs occur that involve people or events that have resonance with the EP's own life circumstances, the emotional effects are deeper and more long lasting. Three of the participants reported responding to CIs that they found particularly affecting because they involved circumstances similar to their own lives. Heather realised that the tragic death of a boy affected her because she had a boy of the same age and, uncharacteristically, her emotions surfaced when the Principal returned to the school from visiting the child's mother in the child's home immediately after the death:

*"The Principal went up to see, to meet the mum and came back into the staffroom and [redacted] (psychologist colleague) and I were in the staffroom having a sandwich and the principal sat down and was quite upset and she said, 'I don't know how that mother will ever get over it' and it just...for me...it just...I almost did it deliberately, Richard. I know that sounds ridiculous but I was sitting there and I kept it all contained and I was very professional and formal all morning and she said this and I thought of my own lad who's nine, you know, very similar in age but I knew as I was doing that that this was going to make me upset and I don't know what was going through my head. Was it thinking, you know, well everybody else is upset, why can't I be? You know? It was ridiculous. (Laughs). And I don't know why I did that." (Heather)*

Clearly, Heather was identifying with the child's mother and it is understandable that this would evoke an emotional reaction. The degree to which this case still affected her emerged when she mentioned how, weeks before the interview for the present research, she was chatting with her GP about the pressures of their respective jobs and she brought up the death of the boy:

*"...and then suddenly I'm talking about this kid who died up in a school. What am I doing here? Am I looking for sympathy from him? I don't know where it came from. It just came out of my mouth and he said, 'Gosh, that must have been awful!' and I said, 'Well obviously very, you know, it was awful for the family really, you know. It's not about me' and then left it and I had no idea where it came from." (Heather)*

The psychoanalytic perspective is valuable in both explaining and providing guidance about dealing with cases such as this, where the circumstances encountered resonate with the EP's own life. Heather is very professional in

her recollection of this CI and subsequent related issues that occurred. She analyses using logical argument and reason. However, emotion is not logical or reasoned and it emerges at the most inopportune times, particularly when we are faced with scenarios that have particular meaning for us. In Heather's case, the similarity between her life circumstances and the CI only became apparent when she was responding to it and the Principal's account of meeting the mother of the deceased child evoked the strong emotional reaction. In a therapeutic setting, such feelings could be used as aids in analysis but when responding to a CI it is not desirable that one becomes overwhelmed by emotion. If one envisages that a CI will evoke such a reaction, it is preferable that the EP does not become involved. If s/he is already involved, it is preferable that s/he asks a colleague to take over. It is also important that the EP receives appropriate supervision following the experience so that its emotional effects can be mitigated. In Heather's case, it still affected her quite a long time after the event and it is noteworthy that she found herself discussing it in consultation with her GP even though it was not the reason she consulted him.

### **5.2.3 'Intrusion' of CIs into the EP's personal life: 'fight or flight response'**

Seven of the participants described how being called to respond to CIs intruded into their home lives. Five referred to feelings of dread at the work phone ringing in the evenings or at weekends. Dawn provided a vivid account of such a CI:

*"So I suppose what comes to mind is, I suppose, hearing the news initially, em, on the Sunday evening and em, just I suppose the panic I suppose. The feeling kind of shock first of all when you get that kind of information from the psychologist involved (colleague). That person rang me and to tell me oh this had happened and I suppose and you know, looking for support around that. So it's the initial sort of feeling always; that dread almost on a Sunday evening and I was in Tesco which is often where I am on a Sunday evening. (Laughs). Shopping, so it's so out of context, em, that you kind of, it stays with you that kind of a memory, em, I have a vivid memory of getting...(call). I was at the checkout and getting that call and then trying to find a signal in Tesco and to sort of discuss it with the psychologist, em and then I suppose coming home, driving home and being in*

*a sort of, not being in touch with what I was doing; then sort of my mind being elsewhere. Focusing in on what would we do now with this and how would we approach this the next day and just preparing for that and just having a sense of, not a nice feeling around it, em, so, em, I suppose just...I suppose that would be the first bit always the Sunday evening preparation and often I suppose how it affects home as well.” (Dawn)*

Dennis, on the other hand, was emphatic in describing his efforts to ensure CIs do not intrude on his personal life, particularly when they occur in close proximity to his home:

*“... I think our professional and our personal lives, I think, you know, our personal... like, we should have a distinctive line between that and I suppose in ways when I worked initially with NEPS...there was kind of .... A physical barrier to my professional and my personal, whereas now I suppose ...there’s a little bit more of an overlap and I suppose some or one of my schools might be very near where I live, so that would be important too I suppose that we and sometimes I suppose if we feel ourselves that it might be too close, therefore, we can call on colleagues and say, ‘Listen I don’t feel I could, maybe I mightn’t be the best person to cover this case and maybe we could share that burden’.” (Dennis)*

Heather provided an account of receiving a call about a CI from a principal late in the evening and I was struck by the visceral, physical and emotional response the sight of the principal’s number flashing on her phone evoked:

*“So the phone rang on Tuesday night about seven, half seven in the evening. I was at home in my kitchen and you know, you see the number and you know it’s not going to be good news. So, you know, the stomach hits the floor, the punch to the gut and the ‘fight or flight’ kicks in and you have that split second decision about whether you’ll answer it or not and I answered it of course....” (Heather)*

Heather’s account of her response was particularly dramatic but it was emblematic of the effects these calls had the majority of participants. In my reflections on this theme of intrusive calls, it occurred to me as likely that most ‘out of hours’ calls EPs receive are related to CIs. Equally, the only calls EPs receive that demand an immediate response are those where CIs are communicated. I noted that where EPs have responded to a number of CIs in quick succession, the feeling of dread appeared more acute and providing an

immediate response seemed more challenging. Danielle recounted receiving a call from me on a Sunday about a suicide:

*“...you phoned me on a Sunday to let me know that there was another tragedy related to that first tragedy whereby a young man had died tragically by suicide, em, who was an ex-boyfriend of the first tragedy that I’m after speaking about and it was a Sunday when I received the call and I was out walking with my granddaughter and you spoke to me. I knew when you had rang me it wasn’t good news and that was the case. So it took me a little bit by surprise, so I had to ground myself when I was out walking, thinking a little bit about it. How would I respond? Who would I respond to? I knew it impacted another school where this young man had been a student, so I felt following the phone call, I felt, I suppose, maybe a little bit lost, a little bit alone, not lost. A little bit alone in my thinking because I was out and about and so I was thinking who do I need to phone? Who do I need...? Who needs to hear about this? How will I plan for, it was Sunday, how will I plan for Monday morning? Where will the impact be greatly felt? So I was doing a lot of thinking as I was walking and I had the school principal’s phone number by this stage from you, yourself, Richard, so I needed to be in a place that where I was grounded. I didn’t need to be out walking and phone somebody while I was out. I needed to get to a place where I could gather my thoughts and I knew that wouldn’t happen until about a few hours later that evening....”* (Danielle)

Danielle’s reaction was understandable: she needed time to plan how to respond and she also needed to ‘ground’ herself. Danielle says that she felt ‘lost’ and then corrects herself to say that she felt ‘alone’. The poignancy of the scene whereby she is enjoying a walk with her granddaughter and my call disrupts the enjoyment was deeply affecting to me and I think the description of feeling ‘lost’ was appropriate. Suicides often leave those affected—even those on the periphery— at a loss, with lots of questions, often not knowing what to do. Shneidman (1972) noted that death by suicide often leaves people with feelings of confusion and uncertainty about what to do. Danielle had to decide what to do quickly in order to respond to this school’s loss.

At the intrapersonal level, appraisal theory provides a useful model with which to consider EPs’ stress reactions to being informed of CIs. Lazarus & Folkman’s (1984) concepts of primary and secondary appraisal could be applied to each of the examples of receiving calls about CIs related to me by

participants and their actions could be reviewed using this framework with a view to professional development and reflective practice. Primary appraisal refers to the individual's assessment of the potential harm an event may cause them and secondary appraisal refers to his/her assessment of their ability to cope with the event. If EPs were encouraged to reflect systematically and as a matter of course on each CI to which they are called to respond and their capacity to respond, it is likely that the risk to their personal wellbeing could be mitigated. Engagement in this process prior to agreeing to respond to CIs could, arguably, avoid the stress response described by participants because being informed of the CI would not imply an automatic need to agree to respond. It is acknowledged, however, that the EP's appraisals may not accurately reflect the reality to the situation encountered when responding to the CI: It may happen that aspects of the CI that cause stress or strong emotional reaction are not immediately apparent in the description provided when informed of the CI. In such cases, other actions may be warranted, including asking one's colleague to be the main responder when emotional reactions emerge.

Another potential barrier to EPs engaging meaningfully in primary and secondary appraisal of the threat of CIs to their wellbeing is the propensity of some professionals to accede to requests to respond to CIs out of a sense of duty to their schools even when it may be ill advised: for example, five participants reported that they had responded to CIs alone despite the guidelines clearly stating that this is not advisable. Moreover, two EPs responded to CIs in the immediate aftermath of close family bereavements. Honor provided a very interesting account of her dilemma when faced with a CI that was very similar in circumstance to her recent loss of a close family member that illustrates the compunction some EPs feel when called upon to respond, even when it may be not in their own best interests:

*"I could have said, 'Not me', (laughs) but then, em, it wouldn't really be in me to say, 'Not me'. I know that option is there, do you know? ...To...the option is there to say look 'I'm not at a point where I can respond'. There had been a time interval, em, but it wouldn't be in my nature to say 'No', em, particularly where young people are involved or where it's challenging for the adults involved."* (Honor)

In addition to EPs taking responsibility for appraising the threat of each CI to their own wellbeing, it is incumbent on colleagues and line managers to provide advice and if necessary, intervene to prevent EPs responding to CIs where there is evidence of particular vulnerability or risk, such as when they are recently bereaved; Fiona was emphatic on this point:

*“I don’t think you should go. I don’t think you should go because I definitely would make a call on it myself. I definitely would. You know, like...there are loads of NEPS psychologists. Like I’ve stepped in for people and you know, you’re not...the value that we bring is that we can be objective and that we’re not emotionally involved.”* (Fiona)

Overall, there is need for EPs to reflect on their appraisal of the threat of CIs to their wellbeing and evaluate the extent to which they are in the right place to be able to respond professionally, bearing in mind that part of the emotional and physical reaction is the body and mind preparing us to act: Honor’s account is instructive in that regard:

*“I think the day that you don’t get that knot in your stomach when you get the phone call is the day that you should hand over the...what’s the thing in the relay race?”*

***The baton.***

*The baton, yeah, because I think you need that level of empathy at a certain level, you know, at an optimum level. You need that adrenaline stress, not to the extreme degree but, you know, you need a certain amount of that...”* (Honor)

#### **5.2.4 Exhaustion following CI support work**

Six participants reported that they found CI support work exhausting. The exhaustion was clearly communicated both in what the participants said and what I sensed in the intersubjective space created by the free association methodology. In my post-interview notes, I often commented on how tired participants appeared during the session and, interestingly, in each case where exhaustion was reported, I, myself, felt an uncharacteristic sense of exhaustion. Madeleine’s account of her tiredness following CI support work is particularly memorable to me:

*“...that’s the other thing I didn’t say, you are exhausted in a way that nobody can describe to you.*

**Yeah.**

*In a way that even pregnancy (laughs) didn’t do to me.*

**Hmm...**

*You are so wiped. You are fit for nothing except sleep.*

**Yeah.**

*If you’re lucky enough to get to sleep and lucky I’m a good sleeper, thank God.*

**That’s right.**

*But yeah the exhaustion of it is... there’s no point saying ‘Oh well I was in the school till seven so I’ll take two hours in lieu’. It’s a whole other spectrum, the fatigue that comes with it, yeah, yeah.” (Madeleine)*

When I looked again in detail at the interviews of the six who reported particular exhaustion there were some commonalities between them. In most cases, the exhaustion was in the aftermath of particularly traumatic and unusual events such as murders or suicides involving possible contagion. Moreover, broadly speaking, the participants who reported most exhaustion definitely evidenced close emotional involvement with the school community as it was coming to terms with these particularly tragic circumstances. Howard’s account of working in a school following the suicide of a student on the school grounds exemplifies this close involvement with highly traumatic circumstances:

*“Hmm... We stayed the whole day in the school and we would have gone through the whole thing of... ...because press releases and talking to the Principal and talking to media and trying to make sure that children were maintained in the school; because there was an initial reaction to maybe leave kids go and we were, em, maybe... sort of... there was bit of pressure for us to talk directly to children but I think in the initial visit we managed to encourage the school really to work with the kids themselves, em and that’s, I suppose they’re my main memories. I remember coming away and it being a fairly exhausting, emotionally exhausting piece and a sense that it*

*was by no means finished as well because this... we were going to have another few days of this really..." (Howard)*

In analysing why three participants (myself included) reported that they found CI support work not to be excessively taxing, there was evidence that all three of us managed – in most instances- to distance ourselves from the CI and maintain focus on the task in hand. Fiona explained her approach clearly and she consciously ‘switched’ (avoided close emotional involvement with the CI):

*"You see I do switch it. I do switch it. I would say I do switch it. Like I worked in [redacted] (very disadvantaged setting) for, well I suppose because I was in the [redacted] (another disadvantaged setting) as well so I worked, you know, for ten years as [redacted] [redacted] (dealing with trauma) and the stories you hear like they're...but you're at a distance to them. Now I'm not saying that but I do switch off. I see it as, eh, you don't know the people and I would be very much going through the guidelines in my head, you know, okay this is what we do." (Fiona)*

In analysing my own *modus operandi*, I found that my tendency to focus on the task was a defence acquired in childhood: focusing on tasks could be viewed as a form of intellectualisation:

*"When I go in and in the midst of the maelstrom or whatever I look around me and I've tried to find somebody who was like minded and can say 'Right this is what we need to do. Let's do this. Who are we concerned about? Let's look after them. Blah, blah, blah" (Richard)*

The rest of this quote reveals a less admirable quality: impatience with school staff members who express emotional distress following the CI:

*"...and what I find annoying- and I do find it annoying- are the drama queens, the ones who get caught up in it and who get into this kind of... (And I call them drama queens in my head, obviously), em, the ones who are, you know: 'Oh this is an awful! Dreadful', catastrophising; and of course it's awful. Of course, it's dreadful but, em, but we have to get on with it..." (Richard)*

My understanding of this tendency on my part to feel impatience is that it is transferred annoyance with members of my own family who, from my perspective, did not respond adequately to crises in our home during

childhood. My tendency to respond immediately in a crisis, without hesitation is something I have always done. Margaret adopted a similar approach:

*“I’m not one for, oh God, you know, will I, won’t I? Can I? Can’t I? Do I? Don’t I?”*

**Okay.**

*Just get in and do it. Worry about it later.*

**Yeah.**

*You know?*

**Okay.**

*I could be wrong.”* (Laughs) (Margaret)

It is interesting and possibly relevant that the three participants who reported not finding CIs taxing adopt similar approaches, focusing on task, getting in without delay, eschewing close emotional involvement. Whether this is sustainable in the long term is debatable: Margaret’s assertion that she could be wrong followed by a laugh was telling. Moreover, it is noteworthy that both Fiona and I said that we had not encountered CIs that had close personal significance or that resonated closely with our own lives and the attendant potential to threaten or overwhelm us:

*“This is, yeah, so I haven’t been involved in an incident where, you know, it’s close to me or anything like that so, you know...?”*  
(Fiona)

As a gay man, I envisaged that the suicide of a gay young person- which I have not encountered- is something that I could not respond to, speculating and feeling that such a CI would possibly evoke emotions that I could not contain:

*“That hasn’t come up, that hasn’t come up; em and I think if it was put to me that this was the reason or that there was a question about that this kid couldn’t cope and was mercilessly bullied or whatever it was, that I don’t know if I could cope with that.”* (Richard)

Exhaustion was a common response of participants to CIs and this is consistent with previous research with EPs regarding the self-reported effects of CI support (Bolnick & Brock, 2005). There was evidence that a number of particularly harrowing events in succession that necessitated prolonged exposure to deeply affected school communities caused most exhaustion. The psychoanalytic intersubjective processes of transference and countertransference provide a useful conceptual framework with which to understand this phenomenon. Another psychoanalytic concept: containment (Bion, 1962) whereby the helper contains the projected emotions of the client is also apposite in considering the exhaustion EPs feel following CI support work. EPs are called upon to contain the emotional effects of CIs and this can overwhelm and deplete energy, particularly in unusually traumatic CIs that require ongoing interpersonal engagement, support and containment. Participants who reported that they did not find CIs taxing tended to be action focused and avoid immediate engagement with emotion. The long-term viability of such an approach was questioned, particularly if an EP is faced with responding to a CI that has particular resonance with his/her own life or history.

### **5.2.5 Vulnerability to being affected by CIs: personal characteristics of EPs**

Each of the participants was known to me as a colleague and in some cases as a friend. I noted that very few of the accounts provided or their reactions to CI support work surprised me a great deal and I attributed this realisation to my familiarity with their temperaments and personalities from years of personal and professional engagement with them. Eight participants in different ways suggested the idea that certain personality types, temperaments and demeanours are more suited to CI support work than others. In this section, I describe and analyse the traits, characteristics and demeanours of EPs when responding to CIs that were highlighted by participants.

### 5.2.6 Personality

Danielle opined that certain personality types are suitable for CI support work and others are not. She communicated that she did not consider herself to have the personality type that is suited to it:

*“I think you have to have some kind of, em, a temperament or personal demeanour or a way about you to be able to engage in that type of work. So for some reason I must have thought I would be able to do that work but I think it’s not probably something that an organisation should assume they’ll train everybody up and then everybody will be trained up and be appropriate to do that type of work.”* (Danielle)

While I did not administer personality tests to the participants in the study, aspects of the descriptors on the ‘Big 5 Personality Traits’ were immediately apparent in the descriptions provided in the narrative interviews. For example, conscientiousness is linked to liking order and following a schedule (Sur & Ng, 2014). Some participants’ dislike for the unpredictability of CIs was immediately apparent:

*“I find if I don’t have time to plan and prepare and if I’m thrown in at the deep end without having thought about it, I find that really difficult because I like to prepare. I need time and that’s one of the things about critical incidents it’s so unpredictable.”* (Dawn)

Extraversion was another trait that seemed more apparent in some participants than others. Traits associated with extraversion, such as a tendency to be energetic, openness to experience, being talkative and seeking stimulation were apparent in some participants and in these instances there was a general air of not finding CI work very difficult:

*“It’s interesting to look back on the variety of the incidents and do you know what I find interesting that it has had such little impact on me. (Pause) I mean I find that interesting that, em, that I’m so kind of matter of fact about it, em, yeah I find that interesting because I’m a very emotional person.”* (Fiona)

There was a sense that some of the participants were unaffected by being asked to respond to unexpected requests from schools, such as being asked to address the groups following CIs. Howard’s account of he and his colleague being brought unawares into an assembled year group following a tragic death and being asked to address them exemplified for me the type of

psychologist who can respond to CIs without preparation and appear unaffected by being placed in difficult situations. I would consider both Howard and the colleague to whom he referred in the following account to be extraverts:

*“So we went in, em, we had a bit of a chat beforehand and the colleague said that he was going to take the lead. Well no, it was kind of agreed, he was the psychologist for the school so it was the natural thing that he would take the lead on it. So we arrived in and there was a lot of, em, a natural kind of hubbub of kiddies around in little groups and we were brought into a kind of a hall, PE hall and the Principal gave a little talk, probably a pretty inadequate talk actually.*

***To the whole school?***

*To the whole school? Now, no sorry to the sixth years.*

***Sixth years, okay.***

*The target, the kind of class group and she gave a little talk. Now as I say it probably wasn't brilliant by any means.*

***Okay.***

*But she did what she did and that was what she was...em... she didn't ask us for any advice to be honest. (Laughs). So she did it and then she said and now [REDACTED] (EP colleague) will talk to the group. So [REDACTED] was a bit, em, taken aback and I could see [REDACTED], I could see him actually going 'Oh my God we've been thrown in here straightaway', you know. So anyway look he was brilliant. He didn't say an awful lot. He just said very, the kind of very straightforward, very honest pieces and then, em, then that finished..." (Howard)*

About half of the participants who presented to me as likely to be introverts, on the other hand, spoke about how difficult they found CIs because of their inherent unpredictability:

*"...It's an aspect to the job I don't like and I've never liked it and it's just, em, the unpredictability of it and knowing what to do and then it's very demanding..." (Dawn)*

Danielle, who stated numerous times that she needed time to prepare before responding to CIs, provided a vivid account of being put on the spot without time to prepare:

*“We were brought into the hall where there was all the students assembled and all the staff and we arrived in and the Principal said, ‘Now the psychologists are here. They’re ready to talk to you’. So there was no preparation. That was not what we had anticipated at all and again that’s what we were presented with. So sometimes you just have to respond. .... So it is demanding work.”* (Danielle)

It was evident to me throughout the narrative interviews that at an intrapersonal level, personality is a significant factor in how EPs approach, and are affected by CI support work. I was struck, in particular, by how those who I would broadly consider extraverts appeared less affected by the unpredictability of CIs than those I considered introverts, who expressed dislike for their inherent unpredictability.

### **5.2.7 Resilience**

Counter intuitively, participants rarely mentioned resilience as an important trait/characteristic of EPs in supporting schools following CIs (two participants referred to resilience in children). However, uniquely, Dennis was emphatic in his belief that EPs should possess resilience:

*“I just was looking somewhere and I just, yeah, that an emotionally resilient psychologist can have a very different effect on our clients in these cases than a more pessimistic or emotionally stressed psychologist.”* (Dennis)

I noted that Dennis had done some reading and written down his thoughts about CI support work in advance of the narrative interview and given that resilience is *au courant* in psychology research, he referred to it.

Danielle referred to the need for team leaders to be resilient since CIs are often relayed to psychologists through those in that role.

In light of the trend in professional educational psychology to emphasise the importance of resilience, I considered it noteworthy that the vast majority of participants made no mention of it in their narrative interviews. Resilience

building is now an area of intervention in EP practice with programmes such as FRIENDS (Barrett *et al*, 2000) widely promoted by NEPS as a means of building resilience. Intuitively, of course, participants would be unlikely to describe themselves as lacking in resilience: EPs generally would prefer to present as resilient in the face of professional challenges. I can only speculate that the lack of reference to resilience speaks to an apparent difference between the rhetoric and reality of its usefulness as a concept in the context of EP practice.

### **5.2.8 Empathy and the ‘wounded healer’**

Six participants referred to empathy as an important emotion in supporting schools following CIs. Honor provided a useful and instructive account of how she balances demonstrating empathy and maintaining a distance to avoid being overwhelmed by the emotional reactions of those she is helping in CI support work. She had referred to ‘innate’ ability to get the balance correct and I had asked her to elaborate:

*“So I suppose when I’m talking about ‘innate’ I’m talking about being logical, practical and having an appropriate level of detachment but not completely detached so that you can act as a professional while still having a great deal of the concept of the...you know...empathy for what the individuals are coping with at that time; but being the rational support, em, when you’re at that kind of coal face if you know what I mean? When you’re actively, em, facilitating the responding of the adults in the context. Now that’s my perception of it.” (Honor)*

I noted that Honor’s perception was in line with my own: I consider that if an EP does not demonstrate empathy for what the people affected by the CI are experiencing, they will be less inclined to work with him/her because it implies disconnectedness or a lack of understanding.

Elsewhere, Honor expanded in the ‘innate’ balance of empathy and professional skills that allow EPs to maintain focused and contain emotion. She argued that experience, training and innate qualities are all important in this regard:

*“So it’s an amalgam of things. It’s the training, the experience and part of it is an innate quality, I think, but that’s just my opinion.”* (Honor)

Too much empathy can have negative consequences for the EP. Charlotte spoke about her beliefs about how important empathy is in CI support work but cautioned that she was paying the price for being overly empathic:

*“...if you are good at the job and if you care that you must be wounded by it because if you’re empathising you’re taking it in, aren’t you?”*

**Yeah.**

*So it’s difficult because I think I’ve done a lot of critical incident work in quite major incidents but had my own bereavements and I do feel that I am now- when I hear there’s a critical incident-I feel I can’t do this again.*

**Okay.**

*It has definitely taken a toll.”* (Short pause. Tears welled up)  
(Charlotte)

The toll of Charlotte’s ‘taking in’ of emotion from a succession of ‘major’ CIs was immediately apparent in the interview and was consistent with research that identified a strong link between burnout and empathy (Figley, 1995; Krasner *et al.*, 2009; Decety & Ickes, 2011). It is noteworthy that she referred to bereavements in her own life that had an added impact on her own wellbeing but I was struck by her belief that to be good at the job, one has to be “wounded” by it. I immediately thought of Carl Jung’s concept of the ‘wounded healer’ (Jung, 1951), which posits that helpers/therapists are compelled to help others because of their own ‘psychic wounds’ and only a wounded healer can help effectively. I see and appreciate the value of Jung’s concept but when one’s own wounds repeatedly encounter others’ wounds, as Charlotte implied, there is a danger of damage to the helper. Perhaps burnout in empathic helpers could be explained as a result of when their wounded nature is overwhelmed and there is insufficient opportunity or conditions for healing. Empathy operates at the intrapersonal and interpersonal levels and supervision and the support of peers and managers

would appear to have a role to play in avoiding overempathising and developing a sense of being unable to respond again as in Charlotte's case.

### **5.3 CI Practice Issues requiring clarification**

The most common, recurrent theme regarding lack of clarity in the present research was confusion regarding role clarity. Huebner (1993) found that issues related to role were commonly raised organisational factors related to burnout in EPs. Half the participants reported encountering difficulties in supporting schools following CIs because they were called upon to meet with children who were distressed despite the fact that this is inconsistent with NEPS guidelines. The general consensus was that familiar adults (teachers known to the students) were the most appropriate people to help and support children following CIs. However, some participants did see this as part of the role of the EP in limited circumstances.

Another area requiring clarification that emerged from the interviews was a perceived lack of clarity on the part of schools regarding what constitutes a CI. In this section, I describe and analyse these themes.

#### **5.3.1 Counselling students following a CI: need for clarity**

Half the participants stated that schools need to be informed more clearly that EPs do not meet individually with students because there is confusion about this issue. Fiona was clear that she did not consider it appropriate:

*“And it's, em, yeah I don't think it's useful. I definitely don't think it's useful seeing the students on a one-to-one. I think you can give them the same information in a group and I think a teacher can give them the same information...”* (Fiona)

Margaret was also clear about this issue:

*“I'm, you know, 'If you're worried give me a ring' and I think it's about trying to reassure people that there is a normal course to grief and to a reaction through a traumatic event and you don't need counselling on day one or day two. I don't think you do.”* (Margaret)

The importance of role clarity and consistency regarding the issue of individual counselling following CIs was apparent when Howard capitulated to

pressure from a school to meet with students. His account also demonstrated the pressure EPs can come under to meet with students following CIs:

*“So there were identified three or four girls that were identified as particularly vulnerable and I would have met them individually I think. Maybe it was three girls. Two/three. I can’t honestly remember and I would have done an individual kind of talk with them and debriefing and now I would freely admit I was on the edge of maybe of competency and of, you know, of where I probably, I was probably somewhat overwhelmed myself. Now having said all that the school appreciated I suppose that kind of I... ..because I had expressed reluctance around stepping in and they appreciated me kind of, it was probably as much to do with them having an ability to communicate that a psychologist was working now with these children and not just teachers and I think it was in the context of well teachers have talked twice to these groups and you know, maybe there’s a... Now it may not have meant any difference in terms of the power of what was happening but it might have (laughs) made a difference in terms of the power of how that communicated to the wider school community.*

#### **Perceptions.**

*Yeah, exactly. Perceptions exactly. So, em, so that was it now. I, the aftermath of that then was, em, now I’m not... You’ll have to forgive me in terms of the detail but there was some other incident following that again and I know another colleague had to go in, who was a [REDACTED] (regional) colleague and then there was a kind of perception I think that I had done some classroom based work and I think it, I had a sense anyway that I had muddied the water a little bit, em and I was definitely conflicted myself in terms of Jeekers was I right? Was I wrong? You know, where was I? You know, like nobody was giving out or people were very supportive and all that but just on my own evaluation or reflection on it I’m certainly conflicted as to was I right or was I wrong?...” (Howard)*

In the interview, Howard communicated a sense that he regretted giving in to pressure and that he had “*muddied the waters*” for colleagues by confusing expectations regarding the EP role in such circumstances.

Despite general consensus that EPs meeting students individually was not best practice, two participants reported meeting with very distressed students on exceptional grounds. In both cases, school staff had deep and immediate concerns for the welfare of students:

*“...a young girl opened up and she had a plan herself and we got mum in and so on and she definitely, I feel we have saved some lives by hearing their story because sometimes they will not tell that to a teacher, em, we encourage them to talk to teachers. There’s no doubt about that but in that particular once instance that I recall she trusted me to tell me that she had a plan and she was going to die by suicide and that girl is still living today...” (Danielle)*

Fiona was called upon to carry out a suicide risk assessment following a CI in one case where a student whose parents could not be contacted had evinced suicidal ideation:

*“She’s written suicidal notes. We’re trying to contact her mother. Her mother is a [REDACTED] (Profession) She’s on a course up in [REDACTED] (location). What do we do? Can you see her?’ and I said, ‘Yeah’. But that’s the only time it’s ever happen to me. I said, ‘Absolutely, yeah’.*

**You’d almost have to wouldn’t you in that case?**

*Yeah and I did a risk assessment. I said, ‘Do you have a plan?’ you know? ‘Do you have the means? Have you tried it before?’ Dah, dah, dah, all that. The basic questions so it wasn’t even, I wouldn’t say that it was, you know, I wouldn’t say that it needed a lot of skill for me to do that questioning. I do think the guiding thing, but I felt that I had no difficulty doing that because I was concerned about her and I felt if they, if I needed to make the judgment that, em, if I needed to say to the school ‘You need to bring her to the GP now’. I felt that I needed to stand over that in the absence of the parent and not being able to contact the parent. I felt the school, that, you know, I just felt that the school needed someone else involved with that.” (Fiona)*

There is a need for CI guidelines and communications from EPSs to ensure schools understand the role of EPs in supporting schools staff to support students following CIs and that EP direct engagement with students in the immediate aftermath of a CI is not best practice and only necessary in very rare circumstances where there is an urgent need for mental health expertise and safety concerns about students exist. Role ambiguity and role conflict are causes of stress (Huebner, 1993) and some participants expressed frustration and evidenced stress at this lack of clarity. There was an instance where a participant tried to ensure that the EP role was clearly communicated but was

frustrated in her efforts: Honor ensured that the EPs' role was made explicit in a press release during a tragic CI to which she was called but 'counselling' was still mentioned in radio reports about the incident:

*"...The other thing was about the misrepresentation of what NEPS do and we thought we had that dealt with through the press office very clearly and I think my colleague went to the car and heard the radio news at one o'clock to discover that it had completely... it had been repeated about us providing a counselling service which we don't provide although we had thought that we had, that it had been discussed in some of the talk radio programmes. What NEPS' role was." (Honor)*

As can be seen in the next section, some of the role ambiguity is a function of lack of clarity around the roles of the various agencies in supporting schools following CIs.

### **5.3.2 Role of external agencies: lack of clarity**

The National Institute for Clinical Excellence (NICE) (2006) names the EPS as the most appropriate agency to coordinate the provision of social and psychological care to children during a school crisis in conjunction with partner agencies such as Child and Adolescent Mental Health Services (CAMHS). NEPS provides training and guidelines to schools about how to manage and respond to CIs and in most cases, NEPS is the first agency to be contacted when CIs happen. However, half the participants in the present study reported encountering personnel from external agencies in schools following CIs and that there was confusion regarding the respective roles of the various agencies. Margaret's account of confusion following the suicide of a student on school grounds was reflective of the chaos that can ensue when well-meaning professionals arrive to help following a CI and there is poor coordination of services:

*"...we got the notification of that very quickly and were in the school at eleven because I got the call I think at, you know, ten o'clock and I said 'Right. Okay I'm on my way. I'll be there'. So myself and this psychologist for the school went out to the school to be greeted by chaos. It was particularly difficult in that we arrived at about eleven thirty let's say and within a half an hour, ten counsellors arrived from all the neighbouring schools because the word had gone out and I, the one thing I do, do in a*

*CI is I always put on my nametag, always and I always have who are you and you just show it. 'I'm with the Department or I'm with NEPS' and it's a, I think they're brilliant things, you know, to have a photo ID that you just whip it out because these ten people were standing around the principal at one point and it was like as if she was being mobbed and I felt like shouting, 'Stop!' you know. (Laughs). Who is everybody?" (Margaret)*

I was struck by the fact that Margaret's experience was far from unique despite that fact that I considered NEPS' role as coordinators of CI response in schools to be well established. Margaret provided a valuable insight in this regard:

*"I think that sometimes it's the customer or the school's fault that they don't know what they want and they think that what they do want is a clinic in the school, and the clinical psychologist who has all the answers and they don't..." (Margaret)*

This insight was consistent with a CI described by Heather whereby a principal sought additional advice from clinical (health-based) staff without informing the EPs who had already responded. The clinical staff initiated a group therapeutic intervention, which was carried out in the school leading to additional difficulties and complications:

*"...as the Principal said to me, 'All Hell broke loose!' There would be a lot of conflict in the neighbourhood, em, a lot of tensions between families and different groups and it would be a school with a very high number of kids with challenging behaviours and emotional needs, difficulties, whatever and this all came to the surface and so they had faction fighting in the playground." (Heather)*

The Principal meant well in contacting the external agency despite already receiving support from NEPS but it was inappropriate to do so because the students were not ready to undertake such an intervention in the immediate aftermath of the CI (suspected suicide of a student). The Principal was overwhelmed by the CI in the context of an already very difficult and demanding school population and, understandably but mistakenly, thought the support of clinical staff would help. The notion of schools expressing a wish for interventions above and beyond what EPs consider prudent and necessary- particularly individual counselling- was described by Dawn when she recounted a principal's dissatisfaction that NEPS did not provide

counselling following apparent suicide contagion in his school when an external voluntary body had provided counselling following a previous suicide:

*“...I rang him then because I was ready to ring him then and when I rang him he wasn’t really interested in what we had to offer because it was going to be the same stuff we had done the last time and I suppose I know there are things about that I would have done differently if I had the opportunity again because I think there are things that I could have done that would have supported the school, em, but he was looking for people to counsel the students and he wanted people on the ground...” (Dawn)*

What this and Heather’s cases highlight are the needs of schools that are stressed due to socioeconomic factors or due to an accumulation of CIs. In these cases there is a need for a multiagency approach, coordinated by the EPS and the school needs to be informed of the scale and scope of the response, the order in which agencies will respond and the rationale for the approach adopted. Clinical interventions should be planned and follow a period of adjustment where school staff are supported in supporting students and trained in watching out for those not recovering as expected. This requires liaison and joined up thinking between the various agencies with EPSs taking the lead. Fiona described the need for clarifying our role:

*“You know, we really need to say what NEPS’ role is. What we do and what we don’t do and give clear guidance to psychologists?”*

***Really important, yeah.***

*And get people to adhere to that. Anyway...sin scéal eile”*  
(That’s a different story in Irish). (Fiona)

In referring to the need for getting people to adhere to guidance, Fiona acknowledged that there is variation in practice and that some psychologists meet with students following CIs. She went on to give a persuasive argument for EPSs coordinating CI responses in schools and discouraging individual counselling in the immediate aftermath of a CI:

*“Now that’s what we are, you know, I would see that they, you know, that we have the expertise in knowing... ‘Do this, do this, do this. This has worked’, you know? ‘This is, these are the*

*things to cover', em, so I think the more agencies that are in, the harder it is to be very clear because you're dealing with other personalities. You're dealing with people who feel that they want... who think that the right approach is to see groups of students or individual students. I don't agree with that. I really don't. If I'm bereaved tomorrow I do not want a stranger coming to me to ask how I am..." (Fiona)*

In contrast to the foregoing cases where external agencies' involvement appeared to undermine NEPS' approach to the CI by taking over the response, two participants recounted CIs where they considered the response from external agencies was inadequate and NEPS shouldered a disproportionate level of responsibility. Charlotte's account of NEPS' response to a murder suicide in a rural community was an example of this: Charlotte felt that NEPS was supporting the whole community beyond the school and that this was beyond the EPSs remit:

*"It felt to me as if there were no boundaries to the work and it felt to me as though the NEPS role got very unclear and because there was no other agency on the ground...that NEPS did way more than the remit was according to my understanding. Now I also understand that when you're there and you've got people who are distressed, of course, you respond and you want to be helpful and they did a magnificent job but I think the cost to them was huge and I think, em, I think it's only afterwards you realise that, em, so that was the first bit that was difficult was I suppose kind of trying to be clear what the NEPS role was on an ongoing basis because there was then an expectation... and it was trying to pull the [REDACTED] (clinical services) into it. I did do and the [REDACTED] did come and they did drop-in clinics which was good..." (Charlotte)*

It is important to point out that this tragedy occurred during the school holidays and the school was the focus of response in the community. Therefore, EPs encountered people from across the community in the school setting and roles blurred as they responded to the grief expressed by people from the community who arrived for support. Interestingly, another EP who I interviewed who responded to this same CI also recalled that NEPS had taken on too much:

*"Certainly we should have got the [REDACTED] (clinical services) involved earlier because we found we were picking up things that definitely weren't ours." (Madeleine)*

### 5.3.3 Clarity about the definition of a CI

It was noteworthy that some participants pointed out that we were fortunate not to have had to respond to a major crisis, such as a terrorist attack or school shooting, which are CIs without any doubt or debate. By comparison, four participants expressed some frustration about what they perceived as uncertainty in some of their schools about what constitutes a CI and a tendency to contact NEPS because they feel they have to rather than firstly considering whether or not the system is overwhelmed by the incident. Heather described what she called the CI “industry”:

*“...I think I’ve seen colleagues who do the opposite. Who run in at every little blip that happens and have fed this whole industry, you know, around critical incident management and every bad thing that happens is a critical incident and we’re all overwhelmed and I don’t agree with that kind of ideologically or whatever. That would go against the grain for me, em, so I’ve probably swung too far the other way where I used to say jokingly, you know: ‘It’s going to take a plane flying into the wall of the school (laughs) before I’ll come in’. You know? Em, not to schools can I say just to my defence. Only in here, em, but that’s kind of where my thinking was. I want to see real overwhelmed people here (laughs) before I come in (laughs), you know...” (Heather)*

I understood what Heather was saying here and concurred with it. I have received calls from schools that were coping well following an incident (for example, the death of a parent from natural causes) but telephoned because they thought it was what they were supposed to do. In such cases, I clarify that the system is not overwhelmed and, therefore, by definition, it is not a CI. Interestingly, Wendy described the opposite phenomenon whereby some schools covered by her service were, tragically, so accustomed to suicides that they no longer considered them to be CIs:

*“...everybody tends to think of suicide as a critical incident, em and we don’t. Well the psychological service we don’t actually typically see it as being a critical incident for our schools.*

**Okay.**

*Mainly because most of our schools have or most of our principals have had some experience of dealing with the*

*aftermath of a critical, of a suicide, em, so like even though recently it is still one that's very emotive for them so they don't, em, so they're constantly asking well how to deal with it but actually they're very adept at dealing with those.” (Wendy)*

The definition of what constitutes a CI is relative: some schools with little experience of CIs are overwhelmed by events that others take in their stride. Heather's observation that some colleagues respond to “every little blip that happens” is something I also have observed and it has implications for policy and training: EPs should assess the extent to which an incident overwhelms before going to schools and undertaking CI work. Moreover, schools require clarification that they do not need to contact the EPS unless there is a sense of being overwhelmed and a need for support.

#### **5.4 Training, supervision and supports to mitigate the effects of CI support work**

Participants had interesting and instructive comments and beliefs about the training and supports from colleagues required to prepare EPs for CI support work and also to mitigate the effects – emotional and physical – of the work. Distancing or dissociating was a method suggested as a way of dealing with the emotional effects of CI support work. Supervision emerged as a theme that was raised by many and the unique effects of multiple suicides on schools and on EPs who support them were raised by a number of participants. A number of participants had suggestions about how the organisation could better support EPs in responding to CIs in schools.

##### **5.4.1 Training and mentoring**

The majority of participants described their preparation for CI support work as a mixture of in-house training, reading and on-the-job experience. Nine participants opined that it was impossible to train someone in a pre-service course but that EPs need to experience CIs at first hand in order to acquire skill in this area. Wendy advocated for joint training between school leaders and EPs. Honor considered innate qualities to be important also:

*“You see I think that there’s only a certain amount of preparation training can give you, em, a part of life experience contributes to that so training in isolation is never going to be sufficient, em, in facilitating your response in schools to critical incidents because I believe that you rely on some innate skills as well as your professional training in order to respond or not respond, I suppose to facilitate a response, which is our role as far as I see it, em and you only gain some of that through experience and not training.” (Honor)*

Six participants identified a deficit in counselling training and skills in the EP training they received that they thought would be useful in supporting schools following CIs. Charlotte said that her professional training in counselling helped her with the containment of the emotions of those affected by CIs:

*“...I think it’s that I really felt that my counselling training endorsed the idea of being in it with somebody obviously not overwhelmed yourself, obviously not bringing your own stuff into it but that idea of the importance of listening, the importance of that kind of emotional containment that you can provide...” (Charlotte)*

Fiona expressed the opinion shared by the others who had counselling training that it helps her to maintain emotional distance and avoid being affected:

*“...not to say that it doesn’t impact you and you don’t feel sad for people but I definitely block myself, eh, I definitely, em, can separate it, you know? Definitely can and I don’t know whether that’s the counselling...I think that’s the counselling training because I’m a very emotional person. Like I mean I would cry most days at the news and stuff even though I probably don’t come across like that.” (Fiona)*

Having the support of a more experienced mentor when one is unused to CI support work was viewed as important by over half of the participants. Howard reported learning a lot from his first CI because he accompanied a very experienced colleague:

*“...So, em, once, I mean I had a partner for the very first critical incident and I suppose that was, so I suppose I didn’t feel overwhelmed because I always felt there was a more senior*

*person there, em, but if I had been in, if I had been on my own, eh, I would have been overwhelmed.” (Howard)*

Madeleine gave the perspective of being the more experienced mentor where she accompanied a number of newly appointed colleagues in responding to CIs and pointed out that getting the balance between supporting and taking over requires care and consideration:

*“... We just had a succession of things where relatively inexperienced staff asked for me to go and work with them and they weren't overly complex or difficult, em and the bigger part of the role there was actually supporting the colleague, you know, helping them to feel confident and like, you know, letting them do what they think is the right thing to do and supporting them in doing that and not holding back from taking over and not leaving them sink either. You know, it's actually quite delicate that.” (Madeleine)*

#### **5.4.2 Support from colleagues**

The NEPS CI guidelines stress the importance of responding to CIs accompanied by a colleague and the majority of participants agreed with this. However, five participants stressed their need to work with partners they trust and get along with: Dawn described the thought process she went through when called to a particularly difficult CI that affected her deeply:

*“...you're trying to focus on this very serious thing that's going to happen tomorrow or the next day and em, so I suppose doing, going through that and then deciding who's going to be the person; who's going to support me so that's another hard decision to make, em, so I remember thinking I'd like someone I suppose that would work well with me.” (Dawn)*

Heather stressed the need for someone whose approach to CIs was similar to one's own: she recalled ringing me:

*“...I'd have huge faith and trust in your sensibleness in a school, you know, I'd have a lot of confidence and I probably would feel that I could have leaned on you quite heavily, you know, but I think we probably come from the same, em, the same viewpoint maybe.” (Heather)*

Margaret spoke about the need for one person to take the lead in CI support and the person who is the named psychologist for the school should take the

lead, if possible. She recounted an instance where a colleague expressed a feeling of being undermined by another colleague during a CI in the former's school:

*"...I think the person that she was partnered with at that particular time had a particular idea in her head as to what she wanted to do and she wanted to do a group debrief and I think she arrived in to this young psychologist's school and issued instructions.*

**Okay.**

*'And you do this and I'll do that' and it wasn't a collaborative exercise and I think for something like that if you are playing support, if you're the support role you say to the person, 'Okay you tell me what you want me to do. I'm here to do what I'm told'. (Margaret)*

Margaret went on to describe what she termed a "perfect dance" where two EPs work well together:

*"...my colleague was taking the lead and I just sat in behind her and supported her, em and again I think that she handled the situation very well and we just, we were kind of, we were doing a perfect dance as it were. We were supporting one another; em and she handled the situation very well..." (Margaret)*

Two participants described how having a colleague with whom one works well allows for support if one is at a loss as to how to respond or in danger of becoming overwhelmed. Others described the uncharacteristic silence of schools following a CI and how this affected them. Heather recalled beginning to become upset and tearful while supporting a school following a CI and the colleague who accompanied her provided appropriate support and allowed her to recover composure:

*"... [redacted] (colleague) spotted it, which was really good, and she just came over and patted me on the arm and she said 'Look I think we'll go for a walk and think through what we've done' and whatever and we went out and we walked around the estate and talked about other things completely. Gossip." (Heather)*

Five participants recalled responding to CIs alone despite being aware of the importance of support from a colleague and all regretted it. Typically, when I

asked participants who attended CIs alone if there was anything they would do differently with hindsight, they would not respond alone:

***“Is there anything else you could have done with that looking back, the [REDACTED] (place name) one?”***

*The [REDACTED] one was one of my better ones. (Laughs). Hmm... I shouldn't have been by myself. I really should not have been by myself.” (Fiona)*

Consistent with Maslach (1982), at the interpersonal level, there was ample evidence that peer support for a trusted colleague can mitigate the emotional effects of CI support work, allow for consultation and avoid being stumped. Moreover, if one is becoming overwhelmed, the colleague can provide assistance, support or respite.

### **5.4.3 Support from management**

Some participants referred to the role of senior management in supporting EPs in CI work. Three participants referred to the practical support senior management could provide. Dawn opined that EPs should be compensated with commissioned external assessments to replace work the EP has had to cancel because of the CI:

*“You know, it should be there as a matter of course that you're given maybe...whatever...one assessment and you're told not to go out to schools for about two days or three days.*

***Yeah.***

*Even that much alone and that there is and that someone checks with you and to see well and talks it through. Maybe just the team leader makes sure they do that or you know I suppose that's I think a bit more around that from the organisation most definitely would be important.” (Dawn)*

Dennis described what he considered to be a mixed message from management:

*“...part of our critical specs this year our management, senior management have put care, self-care as being very, very important but yes okay that's hugely important. But yet you're being given extra schools or whatever and then you're expected*

*not only have you to carry that but maybe at times then you have to do other things. (Laughs). (Dennis)*

Dennis was pointing out that in the context of CIs, self-care involves taking time to process what has happened and this is difficult when working in an already over stretched work setting.

Many participants referred to the support received from their team leaders (middle management) but three team leaders referred to the extra demands placed on them when a CI occurs and they are contacted because the EP for the school is unavailable or cannot be contacted. Danielle summed up what is often required of the team leader:

*“So I think that is a difficulty, em, again looking at support for the psychologists who are responding that comes mainly through colleagues and the team leader and when the team leader’s school or the team leader is always impacted by the tragedies in the schools because even if it’s your own school you’re responding, you’re organising but equally if it’s one of your team members’ schools it filters through you. You’re responding. You’re supporting. You’re consulting. You’re organising. So all tragedy comes through the team leader. So you’ve got to be quite resilient. You’ve got to be able I feel for this type of work. You’ve got to be organised. You’ve got to be able to manage your own personal lives and separate that from your response into these schools when they need you. You’ve got to be ready to give the best you can to them, em, so if you are depleted of resources as a team leader because some of your team members may not be available to respond you definitely need support from your organisation, from your Regional Director to get things together but unfortunately tragedy demands pretty much immediate responses so often you are left with your own resources to draw from...” (Danielle)*

All three team leaders who referred to this issue communicated a sense of frustration at the demanding nature of this extra, unforeseen, stressful work; Danielle saw a need for senior managers to provide more support in this regard. She also spoke about the Critical Incident Coordination Team, which is comprised of regional CI coordinators who meet to form policy and oversee CI response nationally:

*“...I suppose the critical incident organisation group; whatever they are we don’t see them. We don’t hear from them and maybe there has to be some kind of, em, three monthly review*

*that they sit and they sit somewhere and they do something but I'm not quite sure what they do (laughs) but they don't come and ask us our experiences and how are we doing and what have we learnt and what we can bring to the table so I think that's probably a challenge for them but maybe it's from us that we have to demand it, you know. So it's kind of, em, it's isolating work really because there isn't a forum that you can sit with and em, bring your concerns to..." (Danielle)*

The two senior managers I interviewed provided an interesting perspective about the sense of responsibility they felt for all the EPs and senior EPs (team leaders) and the toll it took on them. Both described having hands-on involvement in supporting schools following very demanding CIs and both demonstrated a sense of being deeply affected themselves, but also understanding how difficult this work is for their staff:

*"I was devastated in a way I never was after a critical incident before and I had to take a day off work literally sitting at home crying and I phoned a colleague. I phoned [REDACTED] (colleague) but like everyone was on leave. That was really difficult. There was nobody to even get in touch with. I didn't want to approach [REDACTED] (another colleague) in a meeting because I felt we were all carrying our bit and you know I certainly had nothing to offer them in terms of supporting them. I was just completely wiped. So and [REDACTED] (colleague) came in from leave and came and saw me at home. It was fantastic and that was really helpful but I knew I needed that. I was...I was... I had to ring and I've never asked somebody (laughs) to come in off leave, you know." (Madeleine)*

Not all senior managers respond to CIs and I did not interview one who does not, but I had a strong sense that Wendy and Madeleine had an appreciation of the uniquely stressful nature of the work and I ascribed this to their ongoing direct involvement.

The supports – practical, professional and emotional- management can provide require careful consideration because there was a sense from some of the participants that current supports are inadequate. There was evidence that management behaviours for preventing and reducing stress at work as described by Yarker *et al.* (2007) (such as listening to experiences, arranging for extra staff and showing understanding of the demands of the job) were missing in some of the accounts provided. The additional pressures

experienced by team leaders (middle management) resonated with me. In terms of the two senior managers who participated in the present research, I was convinced that their continued direct involvement in CI support work made them alert to the demanding nature of the work and the need for the aforementioned supports.

#### 5.4.4 Distancing

Four participants spoke about the need to maintain professional distance to avoid being overwhelmed by the emotional effects of CIs:

*“I suppose it is the whole area of I suppose keeping your professional distance that we don’t want as it’s called, isn’t it, em, vicarious trauma. That, em, yes we are there to support but we’re not kind of the victim in this either and to be objective and that’s really, really important that we have to keep, as I myself... I suppose... just psychologically preparing for any type of traumatic event or anything like that it’s, I kind of say to myself ‘I’m going to polish my invisible shield’, so okay we’re there but I try and not take that in as it were; because you have to... that as I say... (and) you have to dispassionate... to be objective... you have to try and be as distant, you know? I mean obviously we’re supportive but we’re not part of that dance as it were: we shouldn’t get involved in the actual trauma and it would be very important as well...” (Dennis)*

This resonated with me and it is what I try to do. In my interview, I referred to those who cannot distance themselves as “drama queens”

*“...and what I find annoying- and I do find it annoying- are the drama queens, the ones who get caught up in it and who get into this kind of -and I call them drama queens in my head, obviously- em, the ones who are, you know: ‘Oh this is an awful! Dreadful’, catastrophising and of course it’s awful. Of course, it’s dreadful but, em, but we have to get on with it; we have to get on with it...” (Richard)*

Dennis maintains distance by avoiding delving too deeply into the details of a CI and, in my interview I described how I consciously suppress mental images of what has occurred:

*“...I remember saying to myself ‘Don’t picture the chap jumping in front of the train. Don’t let that picture in your head because if you get that picture in your head it might somehow... it might*

*stop you being able to function if you really thought about the reality of it or you pictured it', you know, so I consciously stop thinking about it and think about what we have to do but sometimes during those meetings that reality dawns or something or there's a group sense of the horror of it.*

**Yeah.**

*And you kind of have to then go back to tasks and what do we have to do? Practically, what do we have to do?" (Richard)*

Suppression is the voluntary form of repression proposed by Freud in (1892). It is the conscious process of pushing unwanted, anxiety-provoking thoughts, memories, emotions etc. out of awareness. While, for me, it is a useful strategy in distancing myself from strong emotions, the long-term use of conscious suppression by helpers in traumatic circumstances is strongly associated with physical and psychological stress symptoms (Wastell, 2002). I consider it important to *defer* allowing the images into consciousness rather than blocking them forever. The role of supervision in 'processing' such deferred images and emotions is described and analysed in the next section.

#### **5.4.5 Supervision**

Four participants spoke about seeking supervision from a colleague but this supervision was not formalised and there was no evidence that it was based on any specific model of supervision. Nor was there evidence that it was scheduled and regular. However, all reported discussing what had happened to someone with a listening ear. Heather reported needing to talk about CIs until she has "processed" them and her description was instructive and interesting:

*"I would talk and talk at people a lot and I would, it's almost like a half-life, you know, like nuclear decontamination, you know.*

**Hmm...**

*The first person that gets hit with it gets the full whack...*

**(Laughs).**

*..unprocessed, or, whatever. The next person to get it gets it a little bit more managed and I'll work my way around until it has dissipated, until I'm spent, you know.*

**Hmm...**

*So that's what I do and I'll keep talking about it, em, I'll talk about it at home. I'll ring [redacted]. (Colleague and friend) You get the brunt of a lot of it." (Heather)*

For some, it was only necessary to seek to discuss it if the CI impacted on them: such discussion was not pursued as a matter of course:

*"...And if something did upset me I'm well able to say to a colleague, you know? 'I really found that..' you know? 'I don't want to...' you know? 'I find that a little too...' you know...?" (Fiona)*

In this instance, I was struck by how Fiona actually avoided using the words that she would use when seeking support/supervision from a colleague: it seemed that she was avoiding/not allowing herself to recall those CIs that she found upsetting and where she had required support. She repeatedly said, "You know?" to me and I did indeed know what she meant, that she was protecting herself from painful memories.

Only one participant had an external (to the organisation in which she works) supervisor whom she met monthly for formal supervision. Interestingly, that psychologist was Wendy, the senior manager from an EPS whose main role was supporting psychologists who work for her. Wendy met with her supervisor on a monthly basis and she described her discussions with him about CIs as supervision.

Apart from Wendy, participants who reported talking about their CI experiences only generally did so when they felt they needed it; it was *ad hoc* and unstructured and usually involved the psychoanalytic approach of remembering, repeating and working through (Freud, 1914). It was interesting that none of the participants seemed to want to analyse or seek guidance about the approach they took to a CI but they wanted to 'process' it. This approach seemed to be helpful to participants and a statement Danielle made about not having spoken about or processed CIs struck me as significant

because I had a sense that she had been deeply affected by her CI support work:

*“...I don’t, em, don’t talk about it much. And that in itself makes me sometimes wonder have I really processed all these tragedies that I have dealt with. An odd time it will hit me like one day I wrote all the names of the young people down on a page in the office...one day from these books and the fact that I have those books there does that mean I’m holding on to them and that I’m not ready to get rid of them. I’ve no idea. I’m not going to psychoanalyse myself but they’ll be going.”* (Danielle)

The effects of the CIs had on Danielle were apparent; she was “holding on to them” and I formed the opinion that supervision could have mitigated these effects. The supervision needs of EPs following CI support work requires consideration by management and the CI Coordination Group in NEPS.

#### **5.4.6 CI support documents and aides memoire**

The majority of participants referred directly to the NEPS CI Guidelines for Schools and Psychologists and said that they were very useful; some said they provided structure and they often referred schools to them in the midst of a CI. Others said that the guidelines gave them confidence because they are clear and structured. Charlotte summed up their importance and usefulness to her when she started CI support work:

*“I think when I came to NEPS and NEPS did the critical incident guidelines and we had training. I would say I was better prepared.*

***Hmm...***

*Certainly the counselling training gave me more confidence but I think the training that we had in NEPS and those guidelines I have to say I think they’re very good, very good.”* (Charlotte)

Dennis, on the other hand, noted that the guidelines neglected to provide advice on self-care for psychologists:

*“The manuals are quite useful. They are quite useful in that, I suppose, it gives you an approach that we should use but it’s just: How do we do and how do we answer questions? That type of thing, but I don’t think it looks very much at the care needs of the individual practitioners as psychologists. I don’t think that’s really covered very much there and I think that’s a key piece that probably needs to be done. It’s more, you know: How do we deal with schools? What type of support should we give them? Rather than maybe more, em, more supports, I suppose, for ourselves dealing with these issues?” (Dennis)*

This was an important insight that was apposite in terms of the present research: many participants were deeply affected by CI support work but there was a dearth of guidance in the CI support documents about how EPs should deal with this.

Three participants had prepared their own summary documents (template or cue cards) – usually one page- that they used as an *aide memoire* when responding to CIs:

*“...I’ve a template that I use myself in order to guide me to assist in gathering all the information. I don’t necessarily fill it all out but it guides me, em, through the process of what, you know, so that all the areas are covered and the template is useful as far as I’m concerned because in a situation where everything is very tense, just to have something to refer to...” (Honor)*

I found this idea of preparing a short reminder to which one can refer in the midst of a CI very attractive. Indeed, Wendy’s service prepared a one-page template for psychologists and schools designed to remind CI support teams what needs to be done in a CI and she received very positive feedback:

*“Now we have just done a review of a number of critical incidents that came up this year and there was one particular sheet, it’s funny because, you know, it kind of comes down to one little leaflet at the end of the day.*

**Hmm...**

*Hmm... That we all found very useful and it was just a very simple table that you fill out that identifies your target, em, groups or individuals. What the intervention was going to be for that person and who was going to be responsible for it and by what time is it meant to be completed.*

**Okay.**

*And that was that. One sheet of paper so even though we'd been kind of, we'd been given instruction on things like the defusing and debriefing and all these kind of jargon terms around critical incident and who, you know, who delivers what piece of the news to who and when....*

**Yeah.**

*It is that one page that even when I speak to the principals they found most useful as well.” (Wendy)*

#### **5.4.7 Alleviating stress following CI support**

I asked all participants how they alleviated stress, if any, following CI support work and all responded that they talked it through with a colleague, either the person with whom they responded to the CI or a colleague in the office (see 5.4.5, above). One participant (Rebecca) discussed it with her line manager. Another participant (Howard) reported that his team discussed CIs that occur at their monthly team meetings and he found this helpful.

Other stress relief methods were: watching TV (3); walking the dog (2); sleep (2); read fiction (2); reflect on practice in silence (2); eating out (1); eating healthily (1); exercise (1). These strategies were consistent with those reported by Bolnick & Brock (2005) when they researched the self-care strategies of EPs following CI support work.

#### **5.5 Beliefs about schools' responses to CIs based on experience**

Almost all participants considered CI support to an important aspect of the EP role in schools and some said that CI support work builds a relationship of trust between the EP and the school community. Eight of the participants were of the opinion that schools really value and appreciate this support from their EPs. All participants demonstrated a tendency to reflect on their practice and think about how they could improve their responses to CIs. Madeleine's observation was typical of the majority:

*“I always look back and feel I'm happy with what I did for the school and the schools are hugely appreciate and send you*

*cards and buy you presents and are really, really delighted. So I suppose because you're getting such good feedback, you feel like you're probably doing all right. I don't for a moment think that I couldn't do better but I don't yet know what that is."* (Laughs). (Madeleine)

Throughout the narrative interviews interesting, instructive and important insights and opinions about the effects of CIs on school communities emerged that I now briefly report and discuss. Firstly, the exceptional needs of schools following suicides are discussed. Then, important tips and observations related to CI support work in schools, gleaned by participants from experience, are described and analysed.

### **5.5.1 Effects of suicides on schools**

By far the most common CIs described by participants were suicides (42 in all, including suicides of students, staff members, parents). The effects of multiple or serial suicides where there is a suspicion of contagion were raised by four participants as being particularly deep and far-reaching. Moreover, some opined that our response to suicide is inadequate:

*"I think we need guidelines around suicide. A separate set of guidelines for our psychologists and for schools because other countries seem to have them.*

***Yeah.***

*And it's only when I went looking around the last incident that I realised they're very comprehensive and that's the one that scares the schools and the psychologists and everybody really let's face it. It's a big issue.*

***It is.***

*And I think we need more guidelines definitely."* (Dawn)

I concurred with this opinion, particularly when I considered the many accounts of the devastating effects of suicides on schools. Some participants reported sensing that levels of anxiety in some schools were very high following suicides and this anxiety was related to the possibility that another student might take his/her own life. The need for a wider community response was considered appropriate by some and three participants described cases

where there was a multiagency, community response to multiple suicides: The EPS focused on supporting the school and collaborated with other agencies in organising community supports and preventative work. I noted that this approach was available to participants from certain parts of the country whilst others did not have access to such an approach.

## **5.5.2 Supporting schools following CIs: observations and practice tips**

I considered the following observations and tips as useful and instructive and I briefly describe and discuss them in the following sections.

### **5.5.2.1 Supporting schools: getting the balance right**

All participants had something to say about the amount of direction EPs should give when supporting schools following CIs. Six participants observed that CI work is different from most other EP practice because, depending on the responses and competency of the school, it is sometimes necessary to take the lead and be directive. Most other EP practice is consultative in nature and negotiated. Heather described this clearly and expressed discomfort with being called upon to take control in this way:

*“...I would always have been very careful when I go into schools and I’m a guest, ultimately they have control over what they do. I’m there in an advisory or supportive capacity and so on but they will make the decisions about what happens and they take responsibility for that, em, when it comes to critical incidents I think you’re forced to take a little bit more control sometimes particularly if you’re sent for because they’re overwhelmed, you know. The very nature, your raison d’être is to take control and that’s difficult for me. I find that hard, you know, em, I don’t like really taking control of anything (laughs), you know...?”*  
(Heather)

I reflected that the discomfort expressed by Heather about having to be directive was characteristic of her personality and consistent with what I know of her approach to EP practice. In my own interview, I expressed views on this issue that differed to Heather’s: I was speaking about the need for EPs to support principals in a CI:

*“And the leader is going to lead us through this and we’re going to get through this and life will go on, em, and I think my role is to be there for that person (The Principal).”*

**Yeah.**

*And to support that person and that relationship is crucial.*

**Yeah. Do you think at times you have to be that person? The one who copes?**

*Sometimes you do. Sometimes you do, yeah.*

**Yeah.**

*Sometimes you do, em, when nobody can cope somebody has to, you know and take control and I would have done that sometimes, I’d be very, very directive and said ‘Now come on this is what we’re going to do folks because’, now I haven’t, I would never say I’ve gone in to a school where there was kind of complete chaos. There’s always some semblance of somebody, what I’d call a kindred spirit who I can connect with because, you know, who has authority within the school, you know, that I find somebody but sometimes you have to be that person, you do, yeah, yeah particularly.” (Richard)*

My psychoanalytic supervisor later pointed out the relationship between my early childhood history of taking the lead in family crises and the tendency to take over from those I consider weak leaders in a CI. On reflection there is a happy medium to be struck between supporting and guiding a school through a CI and taking over or disempowering the leadership. Three participants made this point: Howard described a senior, experienced colleague with whom he worked and from whom he said he had learnt a lot and I found his description of his colleague’s practice to be an example of having the ideal balance:

*“Hmm... Now I’ll say ██████ (senior colleague) is a bit of a master at the whole area of critical incident management so I was probably, you know, I think ██████ has a very easy hand and actually he’s a very good man to watch in operation because he has this ability to make the school feel like they’re making all these decisions.”*

**Hmm...**

*And he guides, he's very much a guiding hand, not a directing hand.*

***Hmm...***

*And so I couldn't actually fault that in terms of... that's and the mastery of that is very much a...it's almost like a people skill. It's like...it's not in the handbook.*

***Hmm...***

*It's not that kind of skill. It's more...em... I suppose it's an interactive skill, which is and of course you're in control. You're dealing with your own emotions and all the emotions around you and people are in crisis and you're trying to maintain this calm and this kind of controlling kind of... and trying to communicate a sense of control both in what you're saying and what the school are doing and giving them a sense that they're in control...." (Howard)*

Notwithstanding participants' valid and instructive observations about the need to guide and not direct, some participants referred to CIs where there was a definite need for EPs to step in and take control. Wendy described an instance where a school was in the midst of a CI (three separate traumatic events on one day) and the Principal was away but those in charge did not want the EPS's support:

*"... Now there is... I deem that school to be in a state of a critical incident. Anyone of them (the three events that day) I probably wouldn't have deemed it a critical incident. They would have probably been well able to manage all those but those three incidences with the principal absent from the building with no deputy principal. (That's right: they hadn't appointed a deputy at that point). I deemed it a critical incident. I don't think they ever deemed it a critical incident, which I think is really interesting. In fact, it's always the opposite. In fact what's interesting is that school offered to help the other school (an adjacent school that had had a CI that day) and I was like, 'You've got all this other stuff!' (Laughs).*

***(Laughs).***

*You have staff who are very much overwhelmed here so, em, that was really interesting for me to see that, em and, eh, I found that quite difficult in fact kind of you'd love to... ..because sometimes I think in a critical incident, it's much easier to kind of look elsewhere and go 'We're all grand but look how bad they have it over there!' you know?" (Wendy)*

I concurred with Wendy that it was incumbent on the EPS to intervene in this case and be directive.

### 5.5.2.2 Importance of 'being there'

An interesting and insightful observation of four participants was that EPs often feel 'surplus to requirements' in supporting a school following a CI when they remain in the school (as is usually the case) while teachers go to class and school management goes about the business of running the school. This work is unusual because one is often sitting with one's EP colleague in the empty staffroom while the school is uncharacteristically quiet (referred to by three participants) as the school community comes to terms with the CI. Yet, the value of the EP presence relates to being there to provide advice or guidance should the need arise.

*"...there are times in the critical incident when you feel maybe you're superfluous to the event and then times but if you don't stick with it you're not there then for maybe when something comes up so they're the bits that I find hard, when I'm sort of on a periphery a little bit and feeling that maybe they're coping now and but do I stick with this because obviously there's waves of emotion and waves of reaction and waves of, you know, in that case again media would have become involved and so as different challenges come to the school I suppose it's useful for you to be there and certainly being on the end of the phone isn't the same as being a voice in the school itself..." (Howard)*

Interestingly, Danielle spoke about feeling pressurised by management to withdraw from schools more quickly than she considered appropriate when, in her experience, they wanted her to remain for longer:

*"...I constantly feel a tension between, that's a 'tension' (interviewee spell out tension) (laughs), a tension between, em, the needs on the ground in schools and perhaps... ..and their expectations of us and then the message that I'm getting from our organisation not to spend much time in schools, pull back, draw back. If they're well prepared, if they're well organised, if they're functioning well, it's almost give them less and if they're in chaos, give them more and then it sets up, em, as schools talk amongst each other maybe some talk as to how come the response in this school was x amount or came along, gave such a type of response and in the other school it wasn't similar? So there is a tension always with me in the Service almost saying*

*‘Get out as quick as you can from schools’ and sometimes the needs on the ground not dictating that and that’s a difficulty to carry with you I think when you’re in a school, when you know sometimes that the most appropriate thing to do maybe just to be present for a bit longer. Being present in my view is very important for schools, just being there, em, is sometimes just what they want for that while ...’ (Danielle)*

In addition to providing advice and guidance, therefore, the schools value the physical presence of the EPs even though the EPs may feel “superfluous.”

### **5.5.2.3 Review of CI responses**

Participants had suggestions regarding how current CI guidelines and practices could be improved. In addition to those already reported in previous sections (e.g. short *aides memoire* for use by schools and EPs in CIs; the need for guidelines for schools following suicides), another important suggestion emerged in the course of the narrative interviews: reviews should be conducted in schools following CIs. Five participants opined that there should be a review of each CI to ascertain if there are things that could be learned by the school and/or the EPS. Dawn reported feeling that some mistakes or misunderstandings that occurred in her region could have been avoided if reviews had been conducted:

*“...I suppose what’s lacking in all of these is a review.*

***A really good point, yeah, yeah.***

*And it’s something now going forward I think I definitely will, even if it’s a phone call.*

***Yeah.***

*And I know [REDACTED] (colleague) would have always rang them afterwards to check to see how it went but even having a review of sitting down and reviewing everything. A proper formal review, I think, is worthwhile and we haven’t really done that.*

***It should be done almost as a matter of course, shouldn’t it really?***

*Yeah, definitely, definitely.*

***Yeah, yeah.***

*Because then, you know, it means the next one will be handled better, do you know?" (Dawn)*

The idea of reviewing schools' and EPSs' responses to CIs is professionally desirable in terms of reflecting on practice to inform future practice. Moreover, it provides an opportunity for schools to move on from what happened: Wendy's EPS carries out reviews as a matter of course:

*"It's just allowing the school I suppose, an opportunity to reflect on it and in some way when we put it down on paper and you file it away it's kind of an act of saying 'right that's done', you know, and that's kind of what my impression was that it allowed the school to put a kind of a full stop on the end of it and move on." (Wendy)*

#### **5.5.2.4 Class and cultural considerations**

Some participants raised the need for schools and EPs to be sensitive to class and cultural differences affecting individual responses to tragedy. For instance, in a religious school, it is necessary to be sensitive to the ethos and beliefs that are influenced by faith.

### **5.6 Summary**

The cross case analysis revealed the effects of CI support work on EPs as the first super ordinate theme: In terms of the effects of CI support work, seven participants described how this work intruded into their personal lives and exhaustion was an effect reported by six. Personality characteristics and personal histories affect how EPs respond to CIs and also how they are affected by this work. Empathy was considered to be an important emotion by half the respondents but only two referred to resilience as an attribute necessary in CI work. There was evidence that over-empathising was not in the EP's best interest.

Practice-related issues that participants viewed as requiring clarification emerged as a second super ordinate theme. A lack of clarity regarding direct engagement with students following a CI was raised six participants and a some reported coming under pressure to do so despite best practice dictating

that a familiar adult such as a teacher is best placed to provide to students following a CI. Two mentioned exceptional circumstances where the expertise of an EP was required to engage with vulnerable students. Lack of clarity vis a vis collaborative work with external agencies, such as professionals from the health sector, was raised by half the participants; some reported confusion and lack of coordination causing added stress and tension in schools and complicating the work. Others reported that health agencies were remiss in some cases leaving the EPS to shoulder a disproportionate amount of the work. Adherence to the NICE guideline (2006) regarding the management of PTSD in children and adults, which recommended that the EPS should coordinate services working in schools following a CI would address this concern.

The third super ordinate theme covered training, supervision and supports that can mitigate the emotional and physical effects of CI support work on EPs. There was a majority belief that while pre-service training was important, most of the necessary skills for this work are gained in practice. Most of those with professional training in counselling reported that it helped in mitigating the effects of dealing with students in emotional difficulty and half the participants stated that the counselling training they received in EP training was deficient. Half the participants viewed the support of a more experienced colleague when one is new to the work as important. When experienced, some saw working with a like-minded colleague as helpful and responding on one's own was often regretted. Some mentioned practical support from the management of the EPS in terms of assisting with planned casework deferred because of CIs and others referred to a lack of appreciation from management of the demanding nature of this work. The two senior managers interviewed expressed understanding and demonstrated that they took action to support staff. Middle management (senior team leading EPs) were viewed as supportive but these team leaders expressed frustration at the demanding nature of CI support work and opined their experiences and insights were not sought by the CI Coordination Group. There is a need for management to provide a forum for such feedback.

Strategies employed by EPs in preventing emotional and physical effects, such as emotional distancing, emerged in the narrative interviews. Many praised the CI guidelines and support documents but others prepared their own short, one-page *aides memoire*, for their own use and that of schools, which they found useful. There was evidence that although all participants elicited support from colleagues following CIs, it tended to be *ad hoc* and not professional supervision as generally understood. The need for planned, appropriate supervision was evident in the accounts provided by some in the narrative interviews and in their emotional presentation.

The final super ordinate theme consisted of observations of participants in relation to CI support work. Four participants viewed the EPS's response to multiple suicides in a school or discrete geographical area as inadequate and demanding a multiagency approach. All participants spoke about balancing being directive with being a "guiding hand" although there were instances recounted when schools were overwhelmed and in need of direction. The importance of providing a physical presence on the ground in schools was raised and the need for reviews of CI responses in schools in order to learn from them and assist the system in moving forward were suggested. These observations and opinions were instructive, considered and highly relevant. Some participants highlighted the need to be sensitive to the culture and faiths of those affected by CIs.

## **Chapter 6**

### **Conclusions**

#### **6.1 Introduction**

The belief of participants in the value of CI support work was evident in all the interviews and a commitment to excellence in practice was also prevalent. The following section revisits the research questions and then summarises the conclusions reached based on the data analyses conducted before considering their implications for EP practice. The strengths and limitations of the research are then outlined. Recommendations for future practice in CI support work are then presented aimed at EPs and their colleagues before suggesting future research in this area of EP practice.

#### **6.2 Conclusions**

##### **6.2.1 The first research question**

Based on the present research, the answer to the first research question (Why are some EPs negatively affected by CI support work?) is that there are numerous factors at play at the intrapersonal, interpersonal and organisational levels: at the intrapersonal level, there was evidence that certain personalities are more suited to CI support work than others: those who like predictability and dislike change found CIs stressful. Also, there were some who found being directive to school staff inconsistent with their way of working while others had no difficulty in taking control. Some appraised the risk of CI work very negatively, particularly when it intruded into their personal time outside work hours, and this effect appeared to be cumulative and based on previous, negative experiences with CIs. The personal history and life circumstance of some EPs exerted an effect on their response to CI: having a child the same age as a child involved in a tragedy, for example, appeared to cause particular anxiety for some. Some participants employed mature defence mechanisms to positive effect when faced with CI work, such as humour or suppression. Others demonstrated signs using less healthy defences such as repression or somatisation and those who used the latter defences appeared

not to have fully worked through some of their CI experiences. Participants who purposefully focused on self-care strategies such as taking time out to rest or exercising appeared to be less affected than those who did not employ such strategies.

In terms of the interpersonal level, there was evidence that those who availed of supervision, even informally from the partner with whom they responded to the CI benefitted from it and those who did not appeared to experience more lasting negative effects of the work. Some stressed the importance of support from a colleague when responding to CIs, but the quality of the relationship between the EPs was considered relevant: they have to get on in order for it to be helpful and protective. However, responding alone was considered unadvisable and those who did regretted it. Relationships with school staff were generally thought to be enhanced by CI support work but CIs also caused strains in some schools and EPs suffered the brunt of projected anxieties in some cases. The effects of these negative experiences with schools were discernable in some cases. Another interpersonal factor affecting EPs in CI support work was the degree to which they allowed themselves to empathise with those immediately affected: some were better at distancing than others and there was evidence that those with a background/training in counselling/therapy were better at distancing themselves from the pain of others.

At the organisational level, there was evidence that issues around role clarity had negative effects on some EPs in responding to CIs: some felt pressurised to engage therapeutically with students despite general guidance that this is not advisable. The ambiguity was partly caused by the involvement of other agencies that do engage with students in this way following CIs. Some criticised a lack of clarity in schools that the EPS is the agency best placed to coordinate CI response.

### **6.2.2 The second research question**

What can EPSs do to mitigate the negative effects of CI support work on EPs? EPSs should ensure that newly qualified EPs have adequate

continuous training, shadowing opportunities and mentorship before they are expected to take on a lead role in CI support.

EPS management has a duty of care to its EPs: EPS Management should if they are coping with the demands of the role. If there are concerns that an EP has been negatively affected by a CI and is demonstrating signs of VT, management should encourage him/her to avail of psychotherapeutic support. For example, the manager could gently and discreetly suggest the Employee Assistance Service (EAS) as a source of support.

EPSs have a responsibility to arrange for additional support/appropriate time off for EPs who are fatigued after CI support work. Moreover, when EPs have had to rearrange appointments, additional practical support such as locum cover should be facilitated.

The fact that CIs often occur outside normal working hours and intrude into their EPs' personal lives with consequent stress responses requires an appropriate response from EPSs. EPs' entitlement to free time from work should be respected. The possibility of organising a voluntary out of hours service whereby schools call a central number which is redirected to on call EPs should be explored. Those EPs who volunteer to be on call should, of course, be compensated with, for example, time in lieu. Such an arrangement would ensure that EPs would not be in a state of hyper vigilance when their phone rings out of hours as was described in some of the FANIs.

The possibility that some EPs' personalities/life histories or current circumstances may make CI support work too challenging or inappropriate requires a flexible approach by EPS management. EPs should be allowed to opt out of this aspect of the role either temporarily or indefinitely depending on individual circumstances.

The accommodations and supports recommended for EPs above should also be provided to senior EP team leaders who are called upon to respond to CIs more frequently than their EP colleagues.

EPS management should ensure that the systematic review each CI response becomes standard practice and that evaluative feedback from such reviews informs future policy, practice and procedures in CI response. Moreover, such reviews would assist in identifying risks to EPs from CI support work and mitigate these risks in the future.

The role of EPs in supporting schools requires further clarification and a public information exercise would be useful in this regard. The fact that EPs do not counsel students following a CI should be clarified and the very limited circumstances where EP engagement with distressed students is indicated should be clearly defined. This would help alleviate stress caused by role ambiguity.

The leadership role of EPSs in coordinating the various agencies that respond to CIs in schools should be clearly explained to schools and other agencies that support schools following CIs: this would alleviate stress caused by confusing approaches in schools that are inconsistent with the our CI guidelines and a cause of stress for some EPs.

The exceptional effects of suicides and serial suicides in particular demand a more adequate response from EPSs involving collaboration with other agencies supporting communities in coming to terms with such tragedies. EPSs need to be more proactive and supportive of schools that experiences suicides because of the fear of contagion. Moreover, the effects of serial suicides on local EP teams should be kept in mind by EPS management with a view to providing extra support/resources/respite for those EPs directly involved.

### **6.2.3 Effects of CI support work on EPs**

- There was much evidence in the case studies that CI support work had deleterious effects on the wellbeing of some EPs. A majority carried residual concerns/effects long after the work was completed. The effects were evident to a degree in what the participants said but more so in the intersubjective communication that occurred in the FANIs. Some participants described and manifested emotions associated with

vicarious trauma, such as emotional exhaustion, intrusive thoughts/feelings and heightened arousal (Adams & Riggs, 2008).

- Those most affected by CI support work spoke of the intrusion of this work into their personal lives and free time. There was evidence that some EPs were in a constant state of low-level readiness to respond to CIs when they were not working. Some described a visceral stress reaction to their appraisal of a CI when they were supposed to be off duty. Naturally, this feeling resulted in resentment toward CI work.
- Those EPs who responded to particularly harrowing CIs such as murder suicides and participants who had responded to a series of related suicides on a discrete geographical area were more inclined to evince emotions and behaviours associated with vicarious trauma.
- CI support work places unique demands on the energy reserves of participants resulting in unusually high levels of exhaustion unlike other aspects of the EP role.
- Based on my knowledge of the participants, there was evidence that certain personalities were more affected by CI support work than others. Generally speaking, people who I would gauge to be introverts found the unpredictability of the work and the fact that it is not conducive to planning caused them stress. Extraverts, on the other hand, appeared to respond immediately (often alone) and seemed less depleted of energy following the CIs.
- A tendency to over-empathise was noted in some participants and this resulted in more sustained negative emotional effects of CI support work. Where EPs had a personal connection with school staff immediately affected by CIs (e.g. death of a staff member) their ability to distance themselves emotionally was compromised.

#### **6.2.4 CI Practice Issues and their effects on EPs**

- A lack of role clarity caused considerable stress to participants. Confused expectations on the part of schools regarding whether or not EPs engage directly with students affected by CIs has caused significant stress to participants. There was evidence that some came under pressure to provide “counselling” to distressed students despite its inappropriateness in the immediate aftermath of a traumatic incident.
- Confusion regarding the role of other agencies that offer support to schools following a CI was another source of stress to EPs. There were reports of other agencies offering services inconsistent with NEPS CI guidelines (counselling) thereby causing confusion in schools and creating demands for EPs to engage in what is not best practice.
- Despite CIs being defined clearly in NEPS guidelines, some EPs reported that schools contacted them when there was no evidence of being overwhelmed. Some opined that the guidelines and propensity of some EPs to respond immediately to all calls from schools without assessing the effect of the incident on the school has led to expectations of support when it is not indicated.
- Some participants opined that suicides, and multiple suicides in the same area/school in particular, require a different, more multiagency response because of the feelings of helplessness and anxiety they leave in their wake.

### 6.2.5 Training, professional supports, supervision and self-care

- CI support expertise is largely acquired in practice because the demands placed on EPs are only truly understood *in vivo*. The opportunity to learn from observing an experienced practitioner is recommended
- Participants with professional training and experience in counselling were more adept at distancing themselves emotionally from CIs thereby avoiding becoming emotionally overwhelmed in the midst of the response.
- The importance of ensuring that one has the support of a colleague with whom one works well was evident in participants' accounts of CI responses. A supportive colleague will allow the EP who normally provides a service to the school to take the lead. He/she will spot distress on the part of the EP they are accompanying and step in when he/she needs respite/help with a difficult situation. EPs who responded to CIs alone often regretted doing so.
- The CI support guidelines and documents produced by NEPS were widely viewed as very useful and of a high quality. Some participants prepared their own short, summary documents (checklists), which provided a sense of security because they could refer to them to ensure all required tasks were completed.
- Supervision received by participants largely consisted of discussing the CI with the EP who accompanied them in responding. Others sought out support from colleagues "*with a listening ear*". Participants rarely mentioned formal supervision.
- There was evidence on the part of some participants that they were reluctant to talk about their experiences of CI support work and,

consequently, they had not processed the experiences. Few discussed it with their manager or team.

- A variety of post-CI self-care strategies were reported including resting, engaging in relaxing activities, exercise and healthy eating.

#### **6.2.6 Support from management**

- The personally demanding nature of CI support work necessitates additional practical support from senior management in the EPS according to some participants: help with work rescheduled because of CI response was suggested. Moreover, there was a sense from some participants that in the context of the Service being overstretched, advice to prioritise self-care in general and following CIs was placing undue responsibility with EPs rather than providing practical support in this regard.
- The extra demands placed on team leaders as the person through whom news of a CI often comes and the person often called upon to coordinate CI responses was viewed by some as requiring support from senior management.
- The senior managers who participated on the present study demonstrated a keen understanding of the effects and demanding nature of CIs because of their continued direct involvement in responding to them. I am aware that not all such senior managers respond to CIs and, therefore, the sense of not being heard/understood expressed by some EPs and team leaders was viewed as pertaining to regions where managers do not respond.
- The need for management to remain cognisant of the importance of EP presence in schools and the value of 'being there' for school staff was expressed. Pressure from management to get out as quickly as possible was viewed as misunderstanding the value and supportive

effects of EP presence even if there seems to be very little visible intervention happening.

### **6.2.7 Supporting schools: best practice**

- EPs should balance being directive in their support for school staff and being a “guiding hand”. Depending on the degree of being overwhelmed of staff by events, there may be a need to take a more or less directive approach.
  
- The need for a systematic review of each CI response in schools was viewed as being potentially of benefit to the school affected and the EPS. In the event of another CI happening in the same school (a series of suicides was mentioned as an example) it could lessen the risk of misunderstandings of the EPS’s role in the future and it is an opportunity for all involved to learn from the experience thus improving practice.

## **6.3 Strengths and Limitations of the Study**

### **6.3.1 Strengths of the Study: Method and Contribution to EP literature**

One of the strengths of the Study was the method: FANIs allowed me, as researcher, access to the emotional presentation of participants while other possible methods I considered using would have allowed much less access and exploration of affect. Specifically, given that much of the effects of CI support work results from the unconscious communication of distress from those affected by CIs to EPs, the narrative interviews afforded me access to the reactions that participants experienced even when their spoken communication provided a different account. Moreover, the unstructured nature of the interviews meant that emotion rather than logic drove the content and unforeseen insights were gained, such as when EPs recalled the way CIs intruded into their personal lives.

Another strength of the study, again related to the method, was the variety of experiences related by participants when they were given free rein to talk about CIs: valuable tips and ideas about best practice were gleaned.

Having moderation of the analysis of the data by a psychoanalytic psychotherapist was another strength of the Study. His insights brought expert psychoanalytic knowledge, conferring added richness to my interpretations. As an expert in psychoanalytic theory, he also brought valuable knowledge of theorists in that tradition to the supervision sessions. His knowledge of Lacanian theory, of which I had little knowledge, was especially useful and enriching. Moreover, he validated my findings and final conclusions adding trustworthiness through the moderation he provided. Further, this was a novel enhancement of the FANI method that compensated for the lack of a committee to conduct group moderation, thereby making this method accessible to future lone researchers in the field.

A further strength and novel innovation of the Study was the valuable insight afforded to me by being researcher *and* participant in the research: My motives for undertaking the research were laid bare in this process, adding openness and transparency. My motives only became clear to myself when I participated in the Study. Attention to possible unconscious motivations and biases that may have influenced my interpretation of the data and conclusions demonstrated the limits of neutrality. It also allowed the reader of the research to form their own conclusions about my motivations and possible biases. This is a novel contribution to psychosocial methods and consistent with their underlying principles, particularly the idea of researcher as ‘defended subject’. I also gained greater understanding and empathy for other participants whose narratives initially caused me annoyance: By uncovering the source of my impatience with “*drama queens*” my tolerance for each person’s unique reaction to CIs was enhanced.

In addition to the aforementioned methodological contributions, the Study also made substantive contributions to the EP literature in the area of CI support. Firstly, it provided first hand comprehensive insights into the experiences of EPs in supporting schools following CIs. Rather than survey-based or written

accounts of experiences, the study design afforded rich, experience-near accounts that included access to emotional and physical effects. Secondly, the Study gave voice to EPs: participants were given free rein to speak about all aspects of this aspect of their role and I ensured that their concerns were represented in the write up. I also hope that the recommendations that follow will lead to some change in policy and practice and address concerns expressed by participants.

### **6.3.2 Limitations of the Study**

A weakness of the Study related to the generalisability of the research. Although commonalities were identified through systematic comparative cross case analysis there is a possibility that these findings only hold true for these participants. A further step of carrying out focus group-based discussion of the super ordinate themes that emerged from the interviews would have added further trustworthiness to the findings.

Another weakness of the study related to a criticism sometimes levelled at psychosocial research, that its focus is less on the social or societal than on the psychological/psychodynamic (Hollway & Jefferson, 2013). It strikes me that I listened to accounts of countless suicides and how they affected communities and those assisting without references to social, political and economic factors that have relevance in explaining, at least in part, this disturbing phenomenon. Therefore, it could be argued that this criticism holds true for the present research.

A further limitation of the Study was related to the constraints and sensitivities inherent in researching colleagues' concerns and experiences as professionals. It was because of such sensitivities that I did not conduct second interviews to test and validate my initial interpretations of first interviews: I had a concern that my findings could cause upset or embarrassment. I acknowledge that Hollway & Jefferson recommend conducting follow-up FANIs notwithstanding inevitable disagreements between researcher and researched because of the unconscious nature of

some of the communication. It struck me that analysing such disagreements could bring added insights and validation to interpretations and, perhaps, participants may have benefited psychologically and professionally from discussing my analysis. However, it is important to remain cognisant of my role as researcher: I was not providing therapy or professional development experiences to participants but researching an aspect of the EP role. I was accessing emotional responses, some of which were painful but it was not my role to help or heal the effects of participants' experiences.

## **6.4 Implications for practice and recommendations**

In this section, I explore possible implications of the present research that could be considered by EPs, those involved in the training of EPs and EPSs.

### **6.4.1 Implications for EPs and recommendations**

- EPs have a responsibility to assess the effects of CI support work on their wellbeing in general and their ability to respond to subsequent CIs in particular.
- Those experiencing the long-term effects of CI support work should seek appropriate psychotherapeutic support (see 6.2.4 above: the responsibility of EPS management to facilitate same).
- EPs should not respond to CIs that have resonance with their own life histories and are likely to cause them distress. Nor should they support colleagues in schools with whom they have friendships.
- EPs should engage in appropriate self-care strategies following CIs.
- EPs should ensure that they access appropriate professional supervision during and following CI support work in order to mitigate its effects. An example of an appropriate supervision setting from EPs could be Balint groups, which are founded on psychoanalytic ideas about the dynamics of human relationships and used increasingly with

non-medical professionals who interact with distressed clients (see Appendix N: *A Very Short Introduction to Balint Groups*)

- Certain personality types may be more affected by CI support work than others. There may be a case to be made for such EPs limiting their involvement in this aspect of the EP role and taking extra responsibilities for areas for which they are more suited.
- Those with a tendency to over-empathise should consider seeking further training in distancing themselves from the emotions of those affected by CIs.

#### **6.4.2 Implications for training and professional supports**

- Pre-service courses for trainee educational psychologists (TEPs) should provide training in counselling skills such as containment of emotions, distancing and self-care strategies.
- It is likely that TEPs would benefit from observing experienced EPs supporting schools following CIs while on placement. However, they should not be called upon to respond unless they demonstrate competence and readiness to do so.
- Newly qualified EPs should also be afforded the opportunity to accompany more experienced colleagues and learn from observation and discussion.
- EPs should not respond to CIs alone if at all possible.

#### **6.5 Future research**

As mentioned above, further insight and increased trustworthiness could be achieved by facilitating discussion of the present findings by EPs in focus groups. Moreover, the usefulness and validity of the implications of the

findings and recommendations could be explored and enhanced in such a setting.

Another area of further research is the perceptions and experiences of schools staffs regarding EP support during CIs. In addition to getting an understanding of the effect of EP approaches to supporting schools, it would also afford an opportunity to evaluate the efficacy of the various ways in which EPs practise in these events. The use of the FANI method in such research has the potential to assess the degree to which EPS support mitigated negative effects on school staff and also inform future practice in this important aspect of the EP role.

## **Appendix A**

### **Role of psychoanalyst as moderator**

The purpose of the supervision meetings with the psychoanalyst supervisor is to ensure trustworthiness by seeking external moderation of my analysis of participants' narratives.

#### **Suggested procedure:**

I will play at least two salient extracts from each interviews and ask the psychoanalyst to note his/her responses to them. The extracts will consist of at least two complete descriptions of critical incidents (CIs) i.e. an uninterrupted narrative.

In line with Hollway and Jefferson's suggested steps in analysing the data, I will provide a template for the supervisor that elicits the following responses:

1. What are your first impressions of the extract, the participant and his/her narrative?
2. What are your feelings on hearing it?
3. What are your reflections on any contradictions, false starts and inconsistencies you noticed?
4. What themes, if any, can you ascertain from the narrative?

I will have completed an identical template and after the supervisor has completed his/hers, we will compare notes and tape-record the discussion. I will bring all my field notes to these supervision sessions.

Towards the end of each session, I will ask the psychoanalyst to give his/her overall impressions about:

1. The accuracy of my analysis;
2. The manner in which I conducted the interview, in terms of ethics;
3. Any discernible bias/unconscious communication they received from me during the session.

Notes from these supervision sessions will be included in the analyses.

## Appendix B: Ethics Certificate

MSc, PhD, EdD & DEdPsych theses.



Graduate School of Education

### Certificate of ethical research approval

MSc, PhD, EdD & DEdPsych theses

To activate this certificate you need to first sign it yourself, and then have it signed by your supervisor and finally by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications> and view the School's Policy online.

**READ THIS FORM CAREFULLY AND THEN COMPLETE IT ON YOUR COMPUTER** (the form will expand to contain the text you enter). **DO NOT COMPLETE BY HAND**

Your name: Richard Joseph Hennessy

Your student no: 610044231

Return address for this certificate: 140 Seamount, Stillorgan Road, Blackrock, Co. Dublin, Rep. of Ireland

Degree/Programme of Study: EdD (Educational Psychology)

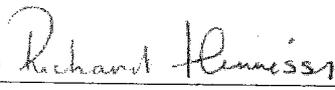
Project Supervisor(s): Professor Brahm Norwich

Your email address: rjh223@exeter.ac.uk

Tel: +353 87 4158857

I hereby certify that I will abide by the details given overleaf and that I undertake in my thesis to respect the dignity and privacy of those participating in this research.

I confirm that if my research should change radically, I will complete a further form.

Signed  date: 02/06/2013

Chair of the School's Ethics Committee  
updated: March 2013

# Certificate of ethical research approval

**TITLE OF YOUR PROJECT:** Educational Psychologists' responses to supporting schools following critical incidents: a psychosocial analysis

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**1. Brief description of your research project:**

Using free association narrative interviewing (FANI), 8 educational psychologists (EPs) working in the National Educational Psychological Service (NEPS) in Ireland will be interviewed in order to investigate their reactions – psychological, emotional and physical – to supporting schools where critical incidents (CIs) have occurred. I am an EP employed by NEPS. In EP practice, a CI is any incident or sequence of events that overwhelms the normal coping mechanisms of a school, such as the death by suicide of a student or a road traffic accident involving students. Such work is a core role of EPs and some report negative after effects whilst others do not. My research question is: why do some EPs appear to experience less emotional, physical and psychological stress in supporting schools following CIs than others? Pioneered by Hollway and Jefferson and drawing on psychoanalytic theory, FANI is a psychosocial method that endeavours to access emotional and unconscious responses of participants. In *Doing Qualitative Research Differently*, Hollway & Jefferson (2013) provide detailed guidance regarding how data are gathered and analysed and much well considered ethical guidance is also provided. In preparing the following, I had regard to the Code of Ethics of the Psychological Society of Ireland (PSI, 2012), of which I am a registered psychologist and the Code of Ethics of the British Psychological Society (BPS, 2009) since I am conducting this research under the aegis of a United Kingdom university.

**2. Give details of the participants in this research (giving ages of any children and/or young people involved):**

8 qualified EPs from NEPS of varying age, geographical location and level of experience will be interviewed twice, voluntarily. I will approach colleagues whom I will select on the basis of their experience and expertise. Given my research question, I have to obtain a research sample reflecting the relevant dimensions of difference i.e. the sample must include EPs who report experiencing negative after effects of CI work and those who do not. Moreover, it is my intention to approach colleagues who have qualifications in counselling/therapy in addition to EP training; my rationale being that these additional qualifications are likely to affect these EPs' approach and response to CI work.

**Give details (with special reference to any children or those with special needs) regarding the ethical issues of:**

**3. Informed consent: Where children in schools are involved this includes both headteachers and parents). Copy(ies) of your consent form(s) you will be using must accompany this document.** a blank consent form can be downloaded from the GSE student access on-line documents: Each consent form **MUST** be personalised with your contact details.

Consent form is attached. I will ensure that all participants are fully informed of the research question and I will provide each participant with an information sheet on psychosocial methodologies and the FANI method, in particular, in advance of seeking consent. Moreover, I will elicit and address any questions participants may have about the study before their signed consent is sought. The consent form alerts participants of their right to withdraw from the study and, if they wish, to withdraw their data at any time.

**4. Anonymity and confidentiality**

I will ensure the anonymity of participants by deliberately constructing alternative demographic and biographical details; this is necessary because all participants are colleagues of mine who work in

a relatively small national organisation. Otherwise, individual EPs would be readily recognisable to readers from NEPS. In this way, I will avoid any damage to the professional reputation of participants.

In writing up the study, I will redact any identifying information in quotes cited as evidence. This includes any accounts of CIs provided by participants that could lead to the recognition of schools or students. Moreover, participants will be offered an opportunity to read a transcript of their interviews and remove anything with which they are dissatisfied or wish to have clarified/rephrased in the write up.

The confidentiality of all records resulting from the interviews and correspondence from participants will be carefully safeguarded.

**5. Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:**

FANs are based on psychoanalysis, which holds that wellbeing depends on making unconscious causes of distress conscious in a contained, safe environment. The psychosocial paradigm argues for raising painful and distressing experiences in research that, while causing some degree of discomfort do not cause harm. I will be asking participants to provide accounts of their experiences of CIs in free associative narrative form with the goal of gaining an intersubjective understanding of their feelings and physical sensations through transference. This necessitates a degree of reliving past experiences in their accounts; this is the only route to the truth and the only means of addressing my research question. Given that I am a trained psychologist, I will be alert and responsive to their discomfort and provide appropriate support, if required. Moreover, if I feel that there is a potential for unreasonable stress or harm, I will stop the interview and provide debriefing, in which I have training. Further, if revelations emerge that suggest the participants are suffering ongoing negative effects of their experiences of CIs that are likely to require therapeutic intervention, I will advise participants of employee welfare supports, including counselling, that are available and offer assistance in accessing these supports.

A sensitive issue that I have considered at length is the inevitable dissonance between my interpretation of interviews and that of participants. Hollway & Jefferson (2013) argue that if the researcher's interpretation is accurate, it is to be expected that participants' defences will work against his/her version of events: disagreements are to be expected. They argue that ethically, you have to take participants' objections into account, if only implicitly, in writing up the study. Bearing in mind that all my participants are psychologists, they will have some understanding of psychoanalytic theory and concepts and I will inform them, in the information sheet, that the interviews and my reactions are being viewed through this lens prior to obtaining consent.

**6. Give details of any other ethical issues which may arise from this project - e.g. secure storage of videos/recorded interviews/photos/completed questionnaires, or**

My voice recorder and transcriptions will be stored in a locked filing cabinet in my work office, which is served by a security company when workers are in the building. Audio data will be downloaded from recording devices at the earliest opportunity then deleted from those devices. Electronic data will be stored on a password protected hard drive (the University U-drive).

**7. Special arrangements made for participants with special needs etc.**

All participants are practising EPs without discernable special needs. If any special needs are disclosed to me, I will make the necessary special arrangements.

**8. Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):**

As outlined in 5 (above), disagreement in terms of interpretation between participants and I is inevitable whilst working within the psychosocial paradigm. I must envisage an ethical solution in the event that participants are not willing to accept my analysis as being in any way valid or

representative of their perception of the truth and object to its inclusion in the write up. In that event, I will omit this analysis in order to avoid unnecessary distress.

---

**This form should now be printed out**, signed by you on the first page and sent to your supervisor to sign. Your supervisor will forward this document to the School's **Research Support Office** for the Chair of the School's Ethics Committee to countersign. A unique approval reference will be added and this certificate will be returned to you to be included at the back of your dissertation/thesis.

*N.B. You should not start the fieldwork part of the project until you have the signature of your supervisor*

---

This project has been approved for the period: May 2013 until: Sept 2015

By (above mentioned supervisor's signature): B. March date: 3/6/13

*N.B. To Supervisor: Please ensure that ethical issues are addressed annually in your report and if any changes in the research occur a further form is completed.*

---

GSE unique approval reference: D/12/13/25

Signed: ABMC date: 6/6/13  
Chair of the School's Ethics Committee

## Appendix C

### Pilot Interview Pro forma

#### Free Association Narrative Interview Draft Pro forma

1. Please tell me about your training and experience as an educational psychologist (EP). Please tell me about any training in counselling/ therapeutic interventions you received as part of your EP training or apart from it.
2. Please tell me about any training you received in supporting schools following critical incidents (CIs). What aspects of the training were helpful? Were there gaps in the training? How well prepared, in your view, were you to undertake this type of work?
3. Please tell me about a CI support piece of work that you feel went well. Begin by outlining the nature of the CI and briefly describe the school. Then tell me what your work entailed.

4. Could you describe your feelings on hearing of the CI and how you felt throughout the piece of work and after?

5. Is there anything you would do differently, in hindsight?

6. Would you like to tell me about another CI where you feel your support was helpful? Again, describe the nature of the incident and the school. Then tell me what the work entailed.

7. Could you describe your feelings on hearing of the CI and how you felt throughout the piece of work and after?

8. Is there anything you would do differently, in hindsight?

9. Are there other CIs where you felt you supported a school well? If so, please describe as above.

10. Please describe your feelings on hearing of the CI and how you felt throughout the piece of work and after.

11. Is there anything you would do differently, in hindsight?

12. Now, I want you to describe a CI that you found challenging or stressful. Please describe the nature of the CI and the school. What was challenging or stressful about this CI?

13. Do you remember how you felt on hearing of the CI? Please describe your feelings throughout and after.

14. Is there anything you would do differently, in hindsight?

15. Did you do anything to alleviate your stress after this CI? If so, please give an account of it.

16. Is there another CI that you found challenging/stressful?

17. Do you remember how you felt on hearing of the CI? Please describe your feelings throughout and after.

18. Is there anything you would do differently, in hindsight?

19. Did you do anything to alleviate your stress after this CI? If

so, please give an account of it.

20. If there is another CI that you found challenging/ stressful, please give an account of it, how you felt throughout and afterwards.

21. Would you handle it differently, with hindsight?

22. Describe what, if anything, you did to alleviate your stress following this CI.

23. Is there anything else about your experiences of supporting schools through CIs that you would like to tell me?

24. How do you feel? (Debrief)

## Appendix D

### Pilot Interview Reflections and Lessons

The following is a reflection on a pilot free association narrative interview (FANI), which was conducted to elicit an Educational Psychologist's (EP's) response to supporting schools following critical incidents (CIs).

Based on *Doing Qualitative Research Differently: A Psychosocial Approach* (Hollway & Jefferson, 2013), I approached the pilot interview schedule endeavouring to adhere to the following basic principles of FANI:

1. Use open ended not closed questions: Allow the respondent to free associate: free associations follow pathways defined by emotion motivations rather than rational intentions;
2. Elicit stories;
3. Avoid why questions;
4. Follow up using the respondents' ordering and phrasing.

Reflections on interview:

1. Most of the questions were sufficiently open-ended to elicit the participant's recollection of CIs and I was acutely aware of efforts to avoid anxiety by joking, changing the subject, pausing, minimizing the significance of events, dissonance between the content of answers and emotional expression. I am convinced that the open-ended nature of the questions allowed access to these unconscious communications. In my analysis of the interview, I noticed that the longer my participant spoke uninterrupted, the more likely she was to have long, telling pauses or 'laugh off' quite serious situations. In the following section, for example, the participant unconsciously communicated a need to maintain control and deny the potential for emotional impact on herself whilst stating the opposite:

***.....So if there were, I mean just based on that if there were things that could be done organisationally in a different way around this what would you suggest that might be?***

*Em... I don't know because I know within NEPS that there are differences in the way critical incidents are approached and, em, I mean my own view is that really it's very important that we don't sensationalise these things. That we only respond to what we're being asked to respond to. That we don't introduce factors into situations that maybe, you know, people haven't, worried and fears that people haven't thought of at that moment in time. That we don't introduce those. If they*

*arise you address them and I don't know. Organisationally I don't know because I suppose that comes down to what your researching is that everybody will respond to these things differently and, em, I've been very fortunate I don't bring any personal baggage to these situations and I'm using baggage loosely there.*

***Hmm... Yeah.***

*But I don't have, you know, I've been very fortunate and I don't bring anything to this that has resonance for me. So maybe that makes it easier for me to deal with than for people who have experienced significant trauma and that, em, a critical incident may trigger those thoughts you know and memories of their own so I don't know really. I mean I think...I certainly found the critical incident documents and that structure to be extremely helpful as a framework to go into a situation where you don't really know what you're facing but to actually have, you know, I have great relied on the book. You know start with the rules, start with the book and then see what you need to do beyond them but, you know, having that particularly in this last one, I found the critical incidents documents we have extremely helpful.*

***Okay.***

*They just got me going rather being overwhelmed and thinking I don't know what to do.*

***Okay.***

*I just did what it said in the book (laughs) well for right or for wrong, you know, and I think at an organisational level that is extremely important to have that structure around people that it allows you in. It allows you to look in control and look because I think that's part of our role is that if everything is falling down around people that somebody has to look and say look this is, you know, we can do this. Let's do this, let's do that, let's do that. You know, where's your policy on this. Oh you said you were doing that yes, now you've got that and you're actually empowering people. So I think if you can go in with a framework people will look and say well look feel that somebody is under control even if I'm not and maybe that's a little bit contagious or it's containable. I don't know.*

My psychoanalytic supervisor suggested that in the case of each CI, rather than asking a series of questions about each CI beginning with the participant's response to hearing about it, it may be better to say, *"Please tell me everything and anything about the incident"*, thereby providing less structure and allowing the participant's unconscious to form the answer.

2. The questions succeeded in eliciting stories: I tended to allow the participant to go where she wanted in her answers and note where she changed direction in her narrative. However, if I felt the change of direction was a defence, I tended to bring her back to complete the attenuated narrative. My psychoanalytic supervisor advised that this was appropriate. The following was a striking change in narrative where the participant introduced a new critical incident before finishing her description of another:

*.....And I did talk to my Team Leader about it and he was happy that I would do that on my own until a point. If I felt I needed support it was there but, em, that I think went very well. Em... And I mean one of the things I have found about that one and the other critical incident I've been involved with which was a very dramatic one and very difficult. The second, the other critical incident I'd been involved in was I'd reassigned to a school, em, in the inner city and the critical incident happened within two or three weeks of me being assigned the school.*

**Yeah.**

*And it was a suicide of one of the pupils but it was a very young pupil and it was just, it was very sad and they were all very shattered because nobody had any idea that this girl was at risk. I had no relationship with them whatsoever, em, but I do think that both those incidents have defined the relationship I have with the school now.*

**Right.**

*And they've had a huge influence on my relationship with the school. Certainly with the second school. It was very interesting because I'd only met the Principal for about half an hour before the incident. You know, I'd gone in and we'd had a brief meeting. Well half an hour, maybe an hour.*

**Yeah, yeah.**

*You know we'd gone in and had an introductory meeting. We hadn't even done a planning meeting.*

**Sure.**

*And she, I actually got the phone call at home from the Psychologist who used to have the school and she rang me to say you need to contact the Principal. There's been a suicide in the school. So that was a bit interesting to sort of land in a school with no connection with them whatsoever.*

**Right. A big contrast with the previous one.**

*Totally, em, but I did, you know, I had a colleague come with me on that.*

**Yeah.**

*And, em, which was very necessary.*

**Oh yeah.**

*And she worked with me. We spent a long that was a long process working on that critical incident. It went on over probably the whole term.*

**Oh gosh, right.**

*On and off, well, you now, not as intensely but on and off.*

**Could I ask you to go back to the previous one again?**

*Hmm...*

**Em... It was one you feel that was very effective and you knew the person.**

*Hmm...*

3. I asked at least one 'why question', inappropriately. I also gave opinions that, in hindsight, interrupted the flow of the interview and probably stem from my own unconscious defences. I must be careful to stick to the interview schedule in future and avoid being sidetracked by my own or the participant's anxieties. In the following section, I felt the participant was denying grief while her presentation and voice suggested a strong sense of grief. Listening back, I realise that I was feeling her grief and unconsciously attempting to assuage it by providing reassurance, thereby cutting off further exploration that could provoke her and my own anxieties about loss.

*And that's why I suppose the, you've got a relationship with the people so they know you. They know you're not some cold, detached person coming in. You have to have empathy and its being able to, you know, demonstrate that empathy and I suppose that's what I was, you know, in the other, in the school I didn't know being able to identify with their grief and I suppose that's a skill in it in trying to identify and empathise for their grief without colluding or, em, contributing to the amount of emotional distress. So there's something there and I don't know that you can ever train people to do that because it is about acknowledging people's grief and acknowledging that it's the right thing to have that grief and that grief is appropriate and you know I can stand beside you but I am not taking your grief and I acknowledge your grief and I will support you in that grief through that process.*

**Yeah.**

*But it isn't my grief.*

**Yeah, absolutely.**

*If that makes any sense.*

***It does, it does. It makes sense and that's how I view I suppose. I do think though I suppose as well that there are certain things that make me respond.***

4. I did not follow up with the participant's ordering and phrasing enough, in hindsight. In fact, there were times when I gave opinions that 'fed' her next statement, for example:

*But then somebody posted that she had killed herself because she'd been bullied and that the police had taken away a diary and that she'd kept a diary and so somebody else said that she'd kept a diary with the names of all the people who bullied her. The difficulty was that, so the impact on that in the school was that anybody who'd been unpleasant to her thought they were now going to be, em, in big trouble or had been involved or were a causal factor in this death. As it turned out there was no diary. It was malicious which added to the whole messy piece.*

***Right. It was really complicated.***

*It was really complicated. I mean what was very interesting was because there had been this cluster of suicide, I was under a lot of pressure on that particular case because the school is an inner city school in a very deprived area and its very central and very focal to this community and the parents of other children were coming into the school looking for me to talk to them about suicide.*

***Hmm...***

*And I didn't see that as my role and so I contacted the HSE and we ended negotiation with the HSE around supporting the community. I certainly wasn't taking on the role of supporting the community.*

***Yeah, yeah, okay.***

I provided reassurance that this was not her role by saying, "Yeah, yeah, ok" whereas if I had used her own phraseology: "You weren't taking on the role of

supporting the community?" I would have elicited more about her motivations and anxieties.

Apart from the four aforementioned principles of FANI, other aspects of the pilot interview emerged from my own analysis and in supervision with my psychoanalytic supervisor that require consideration:

5. I tended to ask questions designed to elicit emotion directly by asking the participant to describe how she felt at various stages, beginning with how she felt on hearing of the CI. Rather than asking how she felt, it may be better to let the emotion emerge in the telling of the narrative. My psychoanalytic supervisor referred me to the Lacanian analyst, Bruce Fink (2007), who advises against what he terms "affect hunting", which refers to repeatedly asking the analysand how they feel. The affect should be discernible from listening to the interview.
6. My questions were phrased in such a way that allowed distance between the participant and the event e.g. *"Is there anything you would do differently, in hindsight?"* It may be better to ask: *"Is there anything else you could do with this?"* thereby bringing the event back to the present and reengaging with emotion in the here and now.
7. My psychoanalytic supervisor pointed out my tendency to respond to mannerisms or figures of speech, all of which have significance in psychoanalytic theory. For example, the participant had a tendency to say, *"You know?"* to which I nodded or provided verbal acknowledgement. It would be better not to respond or, alternatively, to ask, *"What do I know?"* In many instances where she used this phrase, she was successfully eliciting support for her position/actions. It would probably provide more information if this support was not forthcoming.
8. I found the psychoanalytic supervision very helpful for a number of reasons:
  - It provided increased trustworthiness by endorsing my observations and analysis of the participants responses; I was struck by how similar our analyses were;
  - It addresses a nagging doubt I had about conducting psychoanalytically informed research without psychoanalytic training on my part. Some commentators criticise Hollway and Jefferson for their similar shortcomings in this regard and I am satisfied that having this supervision lends additional trustworthiness of the analysis of the data. Moreover, as demonstrated above, it provides access to current psychoanalytic theory and research which provides richness and authenticity to the research;

- It allows for the exploration of my own defences and anxieties by a trained ear. I am considering asking my psychoanalytic supervisor to interview me, using the same format as I will use with participants so that I can explore my motivation for choosing this topic, thereby affording increased transparency to the research;
  - Hollway and Jefferson (2013) advocate committees of researchers listening to recordings of interviews whilst simultaneously reading the transcripts and discussing content. This is an unrealistic option for me as I am a lone researcher working away from a university setting. Having a psychoanalytic supervisor is a more realistic option for me. The fact that this supervisor is also an academic familiar with qualitative research is an added advantage because the distinction between therapeutic and research interviewing is clearly understood.
9. I noticed that the consent form I had prepared made no mention of the psychoanalytic supervisor, so I made the necessary amendment to include this information.

#### Summary and Conclusions:

1. The interview schedule will be far shorter than the pilot. Instead of asking a number of questions about each CI, I will ask the participant to tell me everything and anything that comes to mind about the incident.
2. I need to adhere to the interview schedule to avoid 'why questions' and being sidetracked into areas dictated by my own or the participant's defences.
3. I need to be careful to use the participant's ordering and phrasing when seeking clarification.
4. I will avoid questions that are 'chasing affect'.
5. The questions will be designed to bring CIs back to the present by being based in the here and now e.g. *"Is there anything else you could do with this?"* as opposed to *"In hindsight, is there anything you would have done differently?"*
6. I will be vigilant for mannerisms or phrases that elicit responses from me that reduce the participant's anxiety.
7. I will participate in an interview with my psychoanalytic supervisor to explore my motivations/unconscious anxieties/defences regarding my own CI work in order to add objectivity and transparency to the research.
8. I have amended the consent form for participants to inform them that an additional supervisor will have access to their interviews for supervisory purposes.

## Appendix E

### Revised FANI Interview Pro Forma

1. Please tell me about your training and experience as an educational psychologist (EP)
  - 1.1. Please tell me about any training in counselling/interventions you received as part of your EP training
  - 1.2. Please tell me about any training you received in supporting schools following critical incidents (CIs).
    - 1.2.1. What aspects of the training were useful?
    - 1.2.2. Were there gaps in the training?
    - 1.2.3. How well prepared, in your view, were you to undertake this type of work?
2. Please tell me about a CI support piece of work. Tell me everything and anything about the CI.
  - 2.1. Is there anything else you could do with this incident?
3. Please tell me about another CI support piece of work. Tell me everything and anything about the CI.
  - 3.1. Is there anything else you could do with this incident?
4. Please tell me about another CI support piece of work. Tell me everything and anything about the CI.
  - 4.1. Is there anything else you could do with this incident?
5. Please tell me about another CI support piece of work. Tell me everything and anything about the CI.
  - 5.1. Is there anything else you could do with this incident?
6. If you have another CI piece of work that you could tell me about, please do so.
  - 6.1 Is there anything else you could do with this incident?
7. What do you usually do to alleviate stress, if any, following CI support work?
8. Is there anything else about your experiences of supporting schools through CIs that you would like to tell me?
9. How are you now? (Debrief and expression of gratitude for participant's time).

## Appendix F

### Interview with Danielle

December 2014

**File duration:** 67 minutes

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**Now, em, first of all Danielle can you tell me about your training experiences as an Educational Psychologist, just generally?**

Yeah. I suppose that came with my first, em, entry into psychology was when I did the postgraduate psychology diploma in [REDACTED] and then I follow through with a one year Master's Programme in Educational Psychology, em, in nineteen, well probably between [REDACTED] and maybe [REDACTED]. In and around that general period of time, yeah.

**And could you tell me about any training you had, em, maybe in counselling or interventions you received as part of EP training?**

Well given that it's a long-time ago Richard, em, it's difficult to recall. I suppose I would have had the theory of counselling and I remember a book by Egan and so it just really broad, general, underpinning principles around counselling but no specific training in counselling methodologies. I would say just broad reading and a few lectures maybe.

**Can you tell me about training you received in supporting schools following critical incidents?**

That would take me to our own organisation NEPS then. Whatever training I've received in our own service and I recall going to training from someone from the United States. Was there a man [REDACTED]? He worked with the fire department I think in the United States and I definitely did a two day training programme with him, em and he responded a lot to very big traumatic events like perhaps, em, he might have been, you know, sort of, em, psychological first aid after maybe huge disasters, earthquake disasters and things like that, so some of that wouldn't have been hugely relevant to perhaps the type of work we do at the moment but nonetheless he would have done stuff around debriefing and I remember he gave me little cards that I have at home, you know, to take, em, personnel through a series of questions following a traumatic incident but certainly his traumatic incidents were of the bigger, em, events in life like the New York disaster. That type of one but I suppose it did again, it's so far back now it probably would have, em, given me quite a good grounding on understanding, em, the psychological

responses that people would present with, you know, following traumatic incidents and I think he talked about post traumatic stress disorder as well. Now that was one training, em, that I did and then I remember there was another lady from Northern Ireland who came down. I can't remember her name, em and I think I did a day or two day's training with her but it's interesting that now it's in the recesses of my mind I can't even recall actually the lady's name. Oh, I think she might have been [REDACTED] That might have been her name but she did another day's training or two and then in the more times I suppose our own, em, service training of the most recent one being about two weeks ago here in our own office. Again mostly a revision of our own materials, etc. Now just at this point that's all I recall in terms of training.

### **What aspects of the training were useful?**

Hmm... Again given that it's quite far back, I would imagine for me that the more the general information around, em, reactions to grief and loss would have been important for me to revise, em, looking at I suppose, em, the stages of grief and reactions but from our more recent one I suppose the revision again, looking back at some of our own materials that might prove useful in the school setting. That's the most important given that the trauma and the grief we're dealing with is in relation to schools. So I suppose our own materials, an opportunity to look at them again because when you are faced with a tragedy and you go to that tragedy, you need to be able to locate materials to refreshen your mind. If I'm responding to a tragedy and I've been notified of it, I will never immediately go out without having, em, without preparing at some level for myself. I will take the materials of our own organisation and I will take a book and I will write down questions, anticipate questions that perhaps the school personnel, the Principal might need answers for. I'll mark-up some of the pages that I feel might be useful, that I can refer them to. So it's always in my view a very useful thing to do. Don't respond immediately even if a phone call comes in, I will listen very carefully. I will always have a page and a pen with me. I jot down some of the concerns and then I'll ring back again with some helpful information. So I think it's really important not to rush into it but just to take some time to prepare, revisit the materials, em and see what's useful in them. Yeah I have some materials that I consistently revisit that I find very useful but it's something that... ...because it's not in your general daily practice you do have to refamiliarise yourself I think, em, when tragedy happens and when you're called to respond, yeah.

### **Were there gaps in your training do you think?**

Well I suppose I don't see it as training. I've never thought of it in terms of training around responding to traumatic incidents although that's I suppose what it is. I would have done it as professional development to help me to

respond should I be needed, em and I suppose even in that sense somewhere I was willing and happy to respond because I voluntarily undertook those particular trainings or professional development courses. So I kind of felt maybe somewhere within myself that it would be good and would be helpful and would be useful in those, em, in responding, em, so it was definitely undertaken as professional development to prepare me should these tragedies occur but training is a word I wouldn't have thought of as such. To be trained to respond because I think you have to have some kind of, em, a temperament or personal demeanour or a way about you to be able to engage in that type of work. So for some reason I must have thought I would be able to do that work but I think it's not probably something that an organisation should assume they'll train everybody up and then everybody will be trained up and be appropriate to do that type of work. I'm sure that skills, yes, are important but it's more the interactions and the relationships and the management of it all I think that's probably important rather than specific training.

**How well prepared, in your view, were you to undertake this type of work?**

I'm not sure that you're ever fully prepared but certainly, em, I recall huge nervousness and before you've engaged in the work you'd always have an anticipation and therefore you'd always be very, very nervous maybe or fearful before you actually engage in the work, em and you have to dip your toe into it, em, so I don't really think you're ever really prepared but you get more experienced at it, em and so you have to have the courage, em and it really is courage maybe to dip your toe into the water and to undertake this type of work. I'm sure there are some who may never feel that they will undertake this because it's the fear of the unknown is worse than actually doing it. So it is, it's useful to go along with someone who might have experience to get you to begin the process of responding in these situations but I do recall back in the early years, yes there would be a nervousness and an anticipation and I suppose you'd carry some worries with you that, em, how will I manage the unknown? How will I manage the unexpected? But actually when you're in the situation you draw on your own resources and the resources of your colleagues and you do manage to the best of your ability but taking... For new colleagues to our service that piece of just responding the first few times I'd say is difficult. So if they feel reassured by their companion or the person that they're with, I'd say that would be a great grounding for them. It's probably better than any professional training you get. It's about who you go with and the skills you, em, see happening and how much you draw from that really I'd say is a great, great grounding for you.

**Okay, I'm going to ask you now to tell me about a critical incident support piece of work that you did. Tell me everything and anything about the critical incident that comes to your mind.**

Okay, so I've dealt with an awful lot of, em, deaths by suicide in the last number of years, em that came in quite quick succession to the team, my team. [REDACTED] So, em, to pick anyone of those, they're all unique and yet there's common responses I suppose in all of them. I'll take...which one will I think of? The most recent one. It's difficult to separate out any single one because for me they're all, even this most recent one is an accumulation of a whole lot of them, so they all kind of sit on top of each other as opposed to any one in isolation and in the mix of the tragedies through suicide there's also other tragedies intermingled with them. So, em, I'll talk about the last one probably which only happened maybe about two to three weeks ago and taking you through it, [REDACTED]

[REDACTED] it was a tragedy that, em, that affected a number of schools and maybe a number of psychologists and I suppose that's one of the issues that we deal with when tragedy hits, that it isn't just confined to a particular school, to a particular cohort. It spans a number of schools generally, em and puts increasing demands on team members, etc. So it's not a little contained piece of work that you have to do. So in thinking about that last one, the first mention that I, no, again I'm thinking. I have to unravel it because it was intermingled with, em, a previous tragedy. So I'll go right back to the start and just for context say a young girl died tragically in a school outside my region. You responded to that particular school and because that young girl, em, attended two schools in my region of which and two schools of which I am the [REDACTED], those two schools in my region, in my locality should I say. [REDACTED] my locality were impacted and because the young girl who died outside my locality and was attending a school outside my [REDACTED] she lived in this locality of where I work so the impact was felt hugely within my cohort of schools and my team's cohort of schools. So that brought some work to our team even though the young person, em, resided and attended a school outside my team's area. So following on from that tragedy, that involved some work in our schools through phone support and em, visits to schools and involved some work on my part as team leader in supporting my psychologists in responding to the school's request. It impacted two schools in particular where there were two cohorts of young, em, friendship groups and one school was particularly impacted where the young girl had attended for two years. Then following on from that a week later which was the starting point of all of this, [REDACTED]

[REDACTED] a young man had died tragically by suicide, em, who was an ex-

boyfriend of the first tragedy that I'm after speaking about and it was a Sunday when I received the call [REDACTED] and it wasn't good news and that was the case. So it took me a little bit by surprise, so I had to ground myself when I was out walking, thinking a little bit about it. How would I respond? Who would I respond to? I knew it impacted another school where this young man had been a student, so I felt following the phone call, I felt, I suppose, maybe a little bit lost, a little bit alone, not lost. A little bit alone in my thinking because I was out and about and so I was thinking who do I need to phone? Who do I need...? Who needs to hear about this? How will I plan for, it was Sunday, how will I plan for Monday morning? Where will the impact be greatly felt? So I was doing a lot of thinking as I was walking and I had the school principal's phone number by this stage [REDACTED], so I needed to be in a place that where I was grounded. I didn't need to be out walking and phone somebody while I was out. I needed to get to a place where I could gather my thoughts and I knew that wouldn't happen until about a few hours later that evening, so I texted the school principal to say I would be in my own home at such a time that evening and I would contact him. So when I went home I got my pen and paper and grounded myself and thought of a few, em, questions that maybe appropriate. The immediate plan that might be needed for the principal, a number of question that I would ask him. Had he, had all of the members of the school staff been informed? Were they all informed together? What was...? Had he met with any of them? Had he his critical incident team in place? What was his plan for the next day?... and so on but I had my pen and paper with me. I suppose thinking back now there was a little bit of groundwork done in relation to this tragedy the previous week when I happened to be in that principal's school and he had known about the death of the partner of this young man and he had asked me a few questions in relation to tragedy while I was at a planning meeting and when that happens, when you're asked questions out of context it's a little bit difficult. He had asked me questions about, em, managing the cohort of friends, etc. but I was in a school on a different piece of business so I think that creates challenges for you if you're asked questions when you're out of... ..when you're not prepared but anyway this time I phoned him back and asked him some questions and he had a plan, an immediate plan and a medium term plan and I told him that I would be there the next day at a certain time, so again following on from that I would have read my materials that night. I spoke with a colleague. I phoned a colleague in the office and notified her of the tragedy and she agreed that she would come with me and I had a plan that I would come to the office the next morning and brief the team in relation to the wider impact of this tragedy. So then the next day I went to the school and em, with a colleague and did the best to deal with questions and manage the situation as it arose but there were bereavement counsellors in there. No there were not bereavement counsellors. There were support

counsellors in there. No, support workers. They're not counsellors from a bereavement agency, support workers, so we dealt with what we could, em and the school was very well managed and following on from that I stayed in contact with the principal every single day, phoning him to check in to see how were things going? Were there any issues, etc.? So in this particular incident I spent one day in the school with my colleagues. Associated with this tragedy was a community response that began, was operationalised in response to this tragedy in our local area run by the Health Service Executive (HSE) and in relation to that, em, their objective really is to be proactive and to seek out, em, amongst all of those impacted by the tragedies to seek out what supports were required or needed? So their methodology really is where they convene, em, key members of a steering group, a community response group, the steering group that would, em, give information, internally in relation to where help was needed such as the families of the bereaved school settings whether counselling was required, etc. So that brings another dimension into responding to tragedy in our area here whereby there are teleconferences with key personnel from the Health Service Executive and the educational psychology, the gardaí, ambulance men, etc. and the, em, in trying to be proactive I suppose in providing services, em, to those impacted and also, em, seeking out, em, information I suppose preventative, that may prevent another whether, in the case that a cluster of suicide might emerge and the reason for that is because of the high incidence of tragedy that have occurred over the last five years of young people. I mean if I were to count up I could count very quickly on my hand nine or ten young school aged, em, pupils who have died by suicide. So there is certainly, and they would have been connected. So I think that's why I probably see any work now with tragedy as an accumulation of the responses to all of those particularly because they occurred, em, in a small locality. They impacted the same team, the response team continuously over the last number of years and so that, em, work has been I suppose, em, draining on members of the same members of the team for which now I have requested some respite and perhaps, em, that we look differently at the response mechanism that has been, em, designed within our service whereby if it is always the first responder is generally the psychologist of the school. So where the tragedy has happened or impacts most that's the first responder and where there is a continuous, em, number of tragedies to the psychologist in the school, for example, the schools that were all impacted in the last tragedy all drained from the team, my own team of three or four and that makes it very difficult to respond, to have the personnel to respond to phone calls coming in and to be on the premises and to link with your Regional Director or link with colleagues and link with the HSE (Health Service Executive) and so it brings, em, the question as to whether we have sufficient personnel to deal with tragedies when they are frequent and when they impact the same psychologists' schools. So I think that is a difficulty, em, again looking at support for the

psychologists who are responding that comes mainly through colleagues and the team leader and when the team leader's school or the team leader is always impacted by the tragedies in the schools because even if it's your own school you're responding, you're organising but equally if it's one of your team members' schools it filters through you. You're responding. You're supporting. You're consulting. You're organising. So all tragedy comes through the team leader. So you've got to be quite resilient. You've got to be able, I feel, for this type of work. You've got to be organised. You've got to be able to manage your own personal lives and separate that from your response into these schools when they need you. You've got to be ready to give the best you can to them, em, so if you are depleted of resources as a team leader because some of your team members may not be available to respond, you definitely need support from your organisation, from your Regional Director to get things together but unfortunately tragedy demands pretty much immediate responses so often you are left with your own resources to draw from and you know the locality. You know the teachers so, em, it's... yeah, while our organisation says that you may opt out of this type of work, my experience has been that, actually, I don't think you can because it comes to you whether you want it or not. It will be there. You will have to answer questions. You will have to be part of it. I don't know how it will work. We're looking for another system, say for example I've asked for, em, not to be available for a while to respond to tragedies, so it will be an interesting time now to see how not available I might be able to be or because I'm sure questions will still come my way and that I'll still end up being part of it, maybe not responding in the school itself but I can certainly see there will be phone conversations, they'll be a myriad of things to do. Another aspect of dealing with tragedy, em, that I have found as a team leader and maybe the more you respond..that when tragedies come of a similar nature, you also get queries from other staff members, so it's almost you're never without it because even if you're not responding to your own tragedy in a school of your own or to a team member's school, I have got so many calls from other, em, areas where there has been similar tragedies, deaths by suicide or clusters that they draw on you as a resource and of course you want to be able to be supportive and helpful, so I think it becomes a bigger part of your work than perhaps the organisational end of our service thinks it is, em, I'm not so sure how they view it, that there maybe a beginning, an active period and a total and final end but I wouldn't see it as that at all, em, while the end might be that the schools are no longer phoning you around some of the issues or you're not physically present in the school, I think that it goes on much longer in terms of your work, whether it's through phone call supporting, giving materials, em, etc., em, in fact just recently I was talking to a psychologist about another matter and then she said, "Oh Danielle you were involved in x, x and x. I wonder might you be able to me on this? We're responding to tragedies in another area in the country and I'm wondering is there any books that you

have or whatever?" And so, of course, I did organise materials and send them on or whatever. So... (long pause)

**Is there anything else you could do with this last incident that we talked about?**

Right now? I'm left with some feelings in relation to the last incident that I feel, em, the school, certainly the school where I spent one day, em, was not happy about the response. They were unsure around, he lacked clarity in relation to my particular role and I could see for myself on reflection that I did not clarify the role even though I've done x amount of tragedies, each tragedy, em, is different and in this instant I could, I reflected and thought: why does he feel that way? and certainly I know one thing was I did not clarify my role, em, at the beginning of the day when I arrived in the school because already there was a meeting in place and so I found myself arriving in, in the midst of a meeting. Normally I would outline our role as is stated, em, in our book that our role is to support the school really in organising and mobilising their own resources so I didn't clearly state that at the beginning of the day and because they already had a number of support services in the school and were well organised, em, at the end of the day, it was at the end of the day as I was leaving that I outlined our role, em, in supporting and helping them mobilise their resources and I think he was disappointed that that was our role as opposed to being present, to be present with students, to be present and em, perhaps take groups of students and groups of teachers, em, but that work was already being undertaken by the bereavement support service that were in the school, so he felt, em, that our literature from our organisation gave one message, em, that we would be available for supporting groups of students, individual students, teachers, etc. and that when I didn't provide that service for him he felt, em, he was unsure and lacked clarity around our role and was disappointed with it, em, so I suppose for me that made me reflect on things and talk through my manager around our publications. What we present to the public domain around our work, em and what our actual work should be? I constantly feel a tension between, that's a 'tension' (*interviewee spells out tension*) (laughs), a tension between, em, the needs on the ground in schools and perhaps... ...and their expectations of us and then the message that I'm getting from our organisation not to spend much time in schools, pull back, draw back. If they're well prepared, if they're well organised, if they're functioning well, it's almost give them less and if they're in chaos, give them more and then it sets up, em, as schools talk amongst each other maybe some talk as to how come the response in this school was x amount or came along, gave such a type of response and in the other school it wasn't similar? So there is a tension always with me in the Service almost saying get out as quick as you can from schools and sometimes the needs on the ground not dictating that and that's a difficulty to carry with you I think when you're in a

school, when you know sometimes that the most appropriate thing to do maybe is just to be present for a bit longer. Being present in my view is very important for schools, just being there, em, is sometimes just what they want for that while and em, in this instance I think I made a judgment given that they were so well prepared, organised, etc. to withdraw perhaps quicker than what they, em, may have valued. I think they would have valued my presence there even though I was in touch every single day by phone, I think they just needed my physical presence a little bit longer there, em and that it's not easy to leave a school knowing that they're somewhat dissatisfied as opposed to generally feeling that they've been very well supported by our service and our organisation but it's learning for me. Again, you know, I think timing is important when you arrive, setting out our role, em and having a clear understanding between, em, the school and ourselves as to what I can and will provide. Of course there are different expectations amongst staff members too as to what NEPS will do and won't do in terms of responding. In fact one, em, teacher said to me the other day when I explained that some schools just demand maybe, well demand may not be the correct word, might just feel the need for a phone support while others might want your presence there and others might want you to take students, em, she said, that they, she always thought and the staff thought that one *had* to absolutely notify NEPS when there was a tragedy and she was quite surprised to hear that that actually wasn't the case, that many schools do manage tragic, they respond to tragedy themselves but she thought that it was absolutely essential that we had to be informed. So I think we have work as an organisation to do to look, really look closely at our, em, critical incident response, em, you know, tragedy is becoming much more than in the start.... when I was in this service, when I came in. in 1998, I remember, like, it was anticipated a suicide would be an unusual event and it would occur infrequently and therefore this type of work would not be sort of, em, an annual occurrence or certainly it's not a six monthly occurrence but my experience in my area has been ...we've had double tragedies. We've had a triple suicide in a school. We've had, em, just the frequency of it and the fact that there was a cluster and it's ongoing means that it has become a huge part of our work and that I think our organisation needs to look maybe at statistics from the psychologists themselves. I mean I don't think that's done in our organisation. They're aware of there's been a lot of tragedy in such an area and such an area but they're not really sitting with the psychologists and checking how much time it has taken. Yeah we send a form back in but I don't know what happens that and we do give the time that we spent on it but I've only had one meeting with management in relation to... how many books have I got there in tragedy on my table, Richard? One, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen. I've fifteen notebooks there with tragedy and I see the top one is tragedy 2008, em, I've had one meeting with management in relation to dealing with all those tragedies and all those

tragedies were dealt with by my team and me and there's more. They're only, em, they're probably mainly the deaths by suicide. So I don't know is this unique for me? I don't know whether other regions have had a similar amount? I don't know, em, what does management know about what this means to me as a psychologist in my delivery of a service to schools. How it might have impacted me in my delivery of other services to schools apart from responding to tragedy, em, so I think there's work to be done in our organisation in relation to, em, having somebody really overseeing, over viewing, really being involved with the responders to tragedy in some way. There's... I've never had... Only one meeting. There was one meeting about a year ago where management came down but I think it was as a response to a request from me actually whereby I put this on the table, em, do they have the resources to do this or...? Now my manager is looking at a different system obviously. I don't think when the same team is impacted time and time and time and time again that it's possible to give what is needed to schools really, em, so yeah it's probably being dealt with. It's going to be dealt with, em, a different system just for this team at this point in time but then that's not, that's a local arrangement as opposed to an organisational, national arrangement. Hmm...

**Could you tell me about another CI support piece of work you did? Tell me everything and anything about the CI.**

Critical incident. Would you like me to take a different piece rather than say death by suicide which has been the main thing?

**Whatever comes to your mind? Whatever comes to mind, Danielle?**

Another piece of work, if I could try and focus on one. Okay I'll think, I'm thinking of a school where there was say two tragedies pretty much in quick succession. Hmm... Just I'll think of a school yeah where there was two, em, that came quite quickly because (someone enters room). She's gone.

**(Laughs).**

Where there was a double tragedy and I responded. Anything can happen when you're asked to respond to tragedy. Myself and a colleague went to respond in the afternoon to a tragedy. We knew there was a tragedy in the school and again I suppose clarity is so important because myself and my colleague travelling thought that we were going to go in to hear about the tragedy and the needs of the school and to prepare for the next day because the tragedy happened in the morning and we arrived in the afternoon and we were presented with, em, we brought into the hall where there was all the students assembled and all the staff and we arrived in and the principal said, "Now the psychologists are here. They're ready to talk to you." So there was

no preparation. That was not what we had anticipated at all and again that's what we were presented with. So sometimes you just have to respond. So we have to, em, talk to the whole audience in the hall and I was so glad we had some literature with us that we could open and just talk about, em, you know, normalising the general responses that they might be feeling and acknowledging the tragedy, etc. So it is demanding work. In that particular school then, I think it's very different when there's a double tragedy or three deaths by suicide because... ..and if they come in quick succession. Staff members are very tired. They've worked tirelessly over the first tragedy and to be hit with a second one maybe through suicide again it's extremely distressing for them, em, they're drawing on every ounce of their physical and mental resources. Equally if the psychologists who are responding have been responding to, have also responded previously it may, in our instance we attended open night sessions in the community. We would have been very tired and within three months a second tragedy to happen. You've got to gather your physical resources, your mental resources. You've been managing your daily work in the interim, em; you're faced with a school that are pretty much shell-shocked. They have to go through the whole process again and they're energy levels are low. Their, em, guidance counsellors have been overwhelmed. Parents are in a state of distress, etc. and that, em, getting them through that second tragedy, em, is quite demanding and difficult and again it's just, that's why I keep coming back to the cumulative effects of it all. It's the constancy of tragedy. They're responding to one tragedy and getting through that is okay, that's manageable but it's just the repeated nature of some of them, em, yeah and just having the resources and the wherewithal to continuously do this. I do know my husband says, "Danielle were you trained for this work?" (Laughs). That very word that you used and you know, how are you expected to be doing this? Because I suppose it does impact. It affects everyone when you come back from that tragedy, you know and you're constantly at this type of work, em, so no amount of training really is sufficient when you have a series of tragedies. You carry it with you and yet you've got to be resilient and you've got to, em, be able to manage and cope and I think really what makes that possible is your colleagues and it's experience. I really feel blessed that I have a team that are very steady and very willing and very able to do this work as well as get on with the daily management of their other work. It's not that the other work is suspended at all but I'll just go back to where there's a double tragedy in some schools. In that particular school I do recall a lot of distress with the young people and certainly it was appropriate to sit and ground the young students because the guidance counsellors were exhausted. There were so many cohorts of young people impacted by the second tragedy, em, because they would have been friends that would have died, so it's a double impact, em and parents then of course as well in the mix really concerned about, em, the school day and how their young people can overcome this. So I think that's the challenge. That's

the demanding nature of the work. You've got to be... ..suspend everything else for that period but then your regular work is still left sitting there. You have to get on with it but such is life I suppose, you just move forward and you get through, em, you get through it but it is tiring. It's exhausting I suppose. I do recall the physical, em, demand of it and the mental exhaustion and gathering your resources again to... You're fighting to gather your resources to go through the next day, em, so bringing food with you is really important. There's just so many little dimensions to it, em, remembering to eat, remembering to keep yourself healthy, em, when you have very sustained days, long days of work such as that. So yeah I think they're the most difficult ones when there's a double tragedy in a school or a triple one as we've experienced as well.

**Is there anything else you could have done with that last incident?**

In that last incident, em, see the school was just so well organised, very thorough, very well prepared. I think perhaps where I would have been, where I could have supported the principal by at the end of the day sitting down with him and giving him time on his own and to make, em and to affirm all the work that he had done, although I had said it but I think that's... Just to be present with him at the end of the day to help him understand that I knew he had done a very good job. That a little bit of time for him on his own, I think that's probably what he needed. At the time I didn't see it but looking back now I think that's important whereas I look back at some other schools where we would have a, whatever you'd call it, a gathering together of the days work and we would sit at the end of the day and go through some issues that would have emerged during the day and it would have happened at the end of each day, that, I think that would have been a major support for him and so therefore it's a learning thing for me that I've seen that the school who was so well organised and well prepared, etc. that the other schools I did that end of the day, em, gathering with the principal. I think that that is hugely important now looking back, Richard, that could have been the piece, my presence with the principal just to hear, just to listen. The phone listening and hearing wasn't the same.

**Hmm...**

I see that now, em, I thought it was okay checking in but I do think had I just got... just sat and maybe gone another day and just sat and listened with him.

**Are you talking about the most recent one, Danielle, there? Sorry, yeah.**

Yes, that's the most recent one there.

**Okay, yeah because I was asking about, you know, the one you mentioned the lad, the double, em...**

The double one.

**Yeah.**

Yeah.

**Is there anything different you could have done with that one?**

I think we really supported them hugely because that led into, em, that did lead into, em, support nights and we were present during all of that and when we saw and anticipated and saw that the guidance counsellors and the teachers were hugely exhausted and they needed our support in working with groups we did do that. I think we did respond well to the needs that were there. We were present longer in the school, em, they didn't have the personnel to deal with the impact of that tragedy to deal with the outcome for the young students so we were present much longer. Hmm... We supported I think the principal as well. They felt very supported by our presence in that school and we also, I think, spoke with staff members whereas in this, the latest tragedy, the principal took control, dealt with the staff. Did it all really well. Had made announcements over it all and so on and so forth but I do need to be mindful of the fact that even when things are going so well that actually the organisation of that needs to be affirmed that they still need our support and if our support is around helping the school to organise their resources and if the principal has done that and team members, isn't that important to spend the time and listen to them and be present with them just for a half an hour, just it might not be called 'debriefing'. I don't know what might be the appropriate word but there I think, in that particular school. I think in the first one or all the other ones, em, we were there much longer in the schools. We supported them after the event, you know. Now the last tragedy in my view isn't over yet because we don't know when the community response will be deactivated and again it's important and I was in the school recently to check in and I did have a conversation with the principal. So, em, yes I would see that that's still an active kind of, em, the response is very early yet. We haven't gone into the longer term plan or even the medium term I suppose. Yeah we'd be in the medium term now in that they're back at school and all of that but, em, so I think that's ongoing as opposed to finished supporting them around tragedy or critical incident, you know.

**Is there another critical incident you'd like to talk about, em, tell me anything and everything about the CI that comes to mind.**

I'm thinking of one where there was a tragedy of a drowning and again I suppose our service, another thing our service asks us to do is respond in pairs. I do think that's really important myself although sometimes because of lack of resources psychologists will choose to respond individually. I know each person, each psychologist has their own thoughts about that and often will say, "I can manage this and it's okay. I'll go on my own" but from my experience I really do think it is essential to have two if at all possible. So I'm thinking of a drowning right where a young lad drowned in the canal and there were six friends around and they dived in, many of them dived in to try and save the young student who died and it wasn't... actually I wasn't the psychologist of the school but I was the team leader of the psychologist of the school where the tragedy happened but it impacted a number of schools as well because the friendship groups spread out and there was actually the day that the response was needed there was critical incident training in our office here and so everybody was going to that so I undertook to visit the schools myself. The principal was on and the young lad who had dived in to save was in school and he was terribly distressed and couldn't cope so I undertook to go out to deal with that and spoke with the young boy and the principal but while I was there two other schools knew I was, they were on the same campus and they were phoning me to come into them as well. So by the end of the day I had done three different schools (laughs) in relation to that tragedy on my own and it made me reflect later on, you know, I would have been wiser had I asked for help and had gone with somebody else because you just don't know, em, where the demands will be and it's always great to have a second set of eyes and ears and even if you're dealing with something, the other person can be present either in the staffroom or they can be present somewhere else and you'll always be of assistance to someone, just in listening, having a cup of tea, hearing, em, so I would have learnt I think from that; that really (laughs) bring someone else with you and don't be a martyr and em, don't be thinking I will manage it even though it may not be the greatest, it may not come in as the greatest, em, need of response but I think we should follow that particular protocol of two visiting. I think it's a great support in the car talking to your colleague coming home, talking through the issues, planning for the next day. It's all supportive. If you haven't that you're all alone whereas I think the very presence of your colleague with you, em, is what's needed. So I think yeah I learnt that.

**So apart from the colleagues is there anything else you could have done differently or dealt differently with that or...?**

With that particular one (short pause), I don't think so, em, I'm visualising myself now in all three of the schools and the demand that was on me. I think it's just general advice that I was well able for in, from the schools in that particular incidence, em, I would obviously carry a lot of knowledge now I

think in my head having dealt with so many that I even surprise myself sometimes that I'm able to respond and remember things, em, so I was able to manage and give appropriate, I think, information, whatever was sought in that particular one. No, that was my, I'm happy enough with that, Richard, that it was just the... I should have taken a colleague with me in that particular instance, yeah.

**If you have another critical incident piece of work that you could tell me about, please do so.**

Hmm... For me it is difficult to separate them all out because now I suppose many of them are enmeshed. I can name the schools where they happened. I can see personnel that I've worked with but, em, I can't think of anything extraordinary that would have been different that was so demanding. I'm sure there is in the recesses of my mind that there are, there's, em, there's stuff there. I know our service doesn't encourage us to sit with young cohorts of students in the sense that it is the teachers know them best and it's best for the teachers to talk to them but another view and from working with a group of students one time (and when I say working all I'm doing is listening and affirming and letting them know that their feelings and their reactions are all normal, that's what I mean by working with them). I do know that with many of them, I absolutely believe we have helped..some of them in understanding where their grief is coming from and also understanding ways of, em, managing it and identifying ways of, em, being safe and managing it. I recall, em, one group that I sat with and certainly, em, a young girl opened up and she had a plan herself and we got mum in and so on and she definitely, I feel we have saved some lives by hearing their story because sometimes they will not tell that to a teacher, em, we encourage them to talk to teachers. There's no doubt about that but in that particular once instance that I recall she trusted me to tell me that she had a plan and she was going to die by suicide and that girl is still living today so I think again, I'm back to being present in the school that that in itself can be supportive, can absolutely help someone if you build that relationship, if you get a connection that you can have the potential to save other lives and certainly to be very supportive to others who might be experiencing personal difficulties because as you know, when a tragedy happens it brings to the surface an awful lot of other issues whether it's, em, self-harm, whether it's grief that has... Unresolved grief. I recall a little girl whose cousin had died in a Christmas fire and she was the most impacted in a school one day although she had nothing whatsoever to do with the tragedy, didn't even know the young person who had died but she was the most distressed that day and it was unresolved grief around, em, another, a cousin who had died and so we were able to get her to move forward. It was unresolved in the home. It was never spoken about and with, putting her in touch with the bereavement counsellors, that helped her to move on with her

grief and to manage that and her loss around that. So if we're not present there, how can these, sometimes these things may not be, em, supported when they're needed, em, so I think it's a hard one to call how long you should be present, etc.

**Anything else about a critical incident piece of work that you've worked on that you'd like to talk about?**

Hmm... Am I done? (Laughs). I don't know, em, I'm sure there is but just right now I've nothing in my conscious mind that, em, I can think of other than I think at an organisational level as I say the operationalising of our response: a system. Some kind of a system that won't continuously pull from the same psychologists because the same psychologists could in her catchment area or his have a number of tragedies and because the psychologist is the first responder in general, em, I think that really has to be looked at and I think maybe supports, some supportive mechanism for team leaders who will have all tragedies filtered through them because you're supporting your team to respond. That could be useful but what type of support I don't know. I suppose it's up to us as team leaders to get our heads together and try and see what is actually needed. If we don't, if we ourselves don't raise these issues how can I expect management come to me and raise these issues. I mean we do need out of our experience to bring back all, em, any issues to a critical incident little cohort or something. I suppose the critical incident organisation group; whatever they are we don't see them. We don't hear from them and maybe there has to be some kind of, em, three monthly review that they sit and they sit somewhere and they do something but I'm not quite sure what they do (laughs) but they don't come and ask us our experiences and how are we doing and what have we learnt and what we can bring to the table so I think that's probably a challenge for them but maybe it's from us that we have to demand it, you know. So it's kind of, em, it's isolating work really because there isn't a forum that you can sit with and em, bring your concerns to. I'll have to think about that. They're there and em, but, you know, what you're so exhausted at the end of the tragedies and the critical incidents that I suppose it's the last thing you want to be doing again is revisiting the stuff for management to improve. You're just tired and you're saying, "Give me a break".

**What do you usually do to alleviate stress, if any, following critical incident support work?**

Sleep I'd say. I've been very fortunate that thankfully my sleep hasn't been interrupted so I find I'm so exhausted I sleep a lot, em, I don't talk hugely at home about it again because of the physical exhaustion. It takes a few days for that physical exhaustion to just disappear so I think I'm so physically exhausted (laughs) I don't do much actually other than sit down and fall

asleep or, em, watch TV. I don't have a strategy, a planned strategy to do anything like: I will go for a walk. I will go for a swim because I've been engaged in a critical incident. So none of that. It's just very much what happens but maybe that's just the way I am and part of my demeanour that I - at my age now - that I can go home and just sit on the couch and fall asleep but I don't, em, don't talk about it much. And that in itself makes me sometimes wonder have I really processed all these tragedies that I have dealt with. An odd time it will hit me like one day I wrote all the names of the young people down on a page in the office one day in these books and the fact that I have those books there does that mean I'm holding on to them and that I'm not ready to get rid of them. I've no idea. I'm not going to psychoanalyse myself but they'll be going. [REDACTED] I've kept them there in case anybody came back asking me questions because they're, what I do in those books; it's my daily tasks when I'm working through an incident. That's my daily tasks. At the end of the day I write down what's the plan for the next day but that day that I did write down the names it did really strike me my gosh! There are thirteen young people in the space of x number of years, three/four years who have died by suicide in pretty much all of my schools. That is just horrendous. That is unbelievable. What can we do more than what we're doing to help stop this trail of death? Now we've got the community response in place so I feel I suppose I contributed to that and that has kept me going for a number of years: the development of that community response plan and I feel at least that's an action that was useful and perhaps that has been therapeutic for me: that I felt we've been trying to do something proactive in relation to this while I do know that tragedy continues, em and will continue.. so, stress... I haven't got time to be too stressed. Our job is so demanding (laughs) but I think my demeanour and I'm lucky at many levels that I don't worry about it. I see I've done the best I can. I don't carry guilt with me around what I could have done or what I should have done, what I might have done. I've done it. I've done the best and if I reflect a little bit on each one and bring something new or learn a little bit and I'm always reading and I'm always interested. I have a shelf there with all my stuff there on tragedy, it's there and I'm adding to it and I have resources and I feel I'm helpful in that I, even with some tragedies like even in that last tragedy where the principal didn't feel supported in the way that he thought he should be, I'm still staying connected. I sent him literature and even this morning when I came in I saw something else that I had that I thought might be useful for him. So I kind of try to, I'll still continue to support him and I've met him and we had a very fine conversation the other day around the tragedy, so but I don't carry with me, you know, it is what it was and that's the way it was and if I learn from it I'm happy so stress... it's up to me to manage my own stress and em, the way I... I just watch television. I like television. I'm a real home bird. I love a fire, sitting down with the fire and em, and I'll admit to cleaning. I'm very good at cleaning. If I'm stressed I'm inclined to do

stuff around the house, so and an odd film and picture. I like to go to the movies so but I don't plan any particular thing to de-stress as a result of anything. That would be just the way I am around everything.

**Is there anything else about your experiences supporting schools following critical incidents that you would like to tell me?**

Oh gosh I'd say we've covered an awful lot there, Richard. I've done an awful lot of the talking, em, which I suppose is good from your perspective that you've had to say very little but, em, I think it's very valuable work. I really do. I think it would be a shame if we weren't involved in this type of work but it's to define what we should and shouldn't do. I know there's varying views in our service around what our contribution should be in schools with tragedy, em and I know I would like to know a little bit more now about where, em, research is. That's why I'm delighted that you're doing this research in relation to tragedy and response in schools because it's important that we keep up-to-date with the current research and I would like that our organisation is guided by the most up-to-date research and that we can do the best job that we possibly can based on evidence that's out there, em, I'm not so sure now whether our books reflect the current, em, evidence base in relation to responding to tragedy and I'd hope that what, wherever we're guided with and our books which is the mainstay really of our responses. What we gather. What we do. We work from our response books that we are reflecting best practice as is brought to us in research articles, journal articles or whatever. So I would like that the critical incident co-ordinators and organisers draw from current research. I'd like to be reassured that that's where our books that we work from are located in the best practice and that we would not be in anyway, em, bringing, em, irresponsible practices into schools, for example, but then a lot of this work is about listening and is about attending and is about being present, I feel, em and so too we can do that without a huge evidence base but when we have to move outside the realm of that, em, that if we get engaged in activity with students or staff members that *it* is evidence based. I think that would be a great support to us to carry with us.

**How do you feel now?**

I feel really good, yeah. I think it's been good talking about it and I suppose I haven't had much opportunity to talk about it (laughs) so actually I feel quite good and in a way it was I suppose, is it debriefing or just talking about critical incidents is very therapeutic and helpful and I'm probably at a stage now that it is very helpful for me to do it. Had you come maybe a week ago or if I were in the midst of one and I was exhausted and tired, I think it mightn't have been opportune, just not the best tim..but I actually feel very good about it now, yeah. I feel very good now at the end of this interview.

**Thanks very much.**

And thank you for that opportunity, Richard.

## **Appendix G**

### **CONSENT FORM FOR INTERVIEWS**

#### **Title of Research Project**

Educational Psychologists' responses to supporting schools following critical incidents: a psychosocial analysis

#### **Details of Project**

This project is a qualitative study of the effects – psychological, emotional and physical – on educational psychologists (EPs) of supporting schools following critical incidents (CIs). The method employed will be free association narrative interviewing (FANI), which draws on psychoanalytic theory and attempts to use transference and countertransference to access unconscious, physical and affective responses in addition to conscious.

#### **Contact Details**

For further information about the research or your interview data, please contact:

Richard Hennessy, Graduate School of Education, College of Social Sciences and International Studies, Exeter University, Devon UK.

Tel 00 44 (0) 1392 263240/ 00 353 87 4158857, rjh223@exeter.ac.uk

If you have concerns/questions about the research you would like to discuss with someone else at the University, please contact:

Professor Brahm Norwich, Graduate School of Education, St. Luke's Campus, Exeter University, Devon, UK.

Tel 00 44 (0) 1392 724805, B.Norwich@exeter.ac.uk

**Confidentiality**

Interview tapes and transcripts will be held in confidence. They will not be used other than for the purposes described above. Two third parties only will be allowed access to them for supervisory purposes and no one else (except where required by law). The supervisors will not have access to your identity or any personal details about you. If you request it, you will be supplied with a copy of *your* interview transcript so that you can comment on and edit it as you see fit (please give your email below). Your data will be held in accordance with the Data Protection Act (see below): they will be held for five years and then destroyed.

**Anonymity**

Interview data will be held and used on an anonymous basis, with no mention of your name, but we will refer to the group of which you are a member.

**Consent**

I voluntarily agree to participate and to the use of my data for the purposes specified above. I can withdraw consent and, if I wish, may withdraw my data at any time by contacting the researcher.

**TICK HERE:**

**DATE**.....

***Note: Your contact details are kept separately from your interview data***

*Name of interviewee:*.....

*Signature:* .....

*Email/phone:*.....

*Signature of researcher*.....

2 copies to be signed by both interviewee and researcher, one kept by each

**Data Protection Act: The University of Exeter is a data collector and is registered with the Office of the Data Protection Commissioner as required to do under the Data Protection Act 1998. The information you provide will be used for research purposes and will be processed in accordance with the University’s registration and current data protection legislation. Data will be confidential to the researcher(s) and will not be disclosed to any unauthorised third parties without further agreement by the participant. Reports based on the data will be in anonymised form.**

## Appendix H

### 'Charlotte': data set

#### (i) Initial reflections on Charlotte's FANI

##### ① First Impressions

Important for her to appear competent but she has been deeply affected by her CI experiences - noticeable strong feelings of vulnerability to deep sadness communicated her tiredness + frustration also palpable.

##### ② My feelings

Sympathy for her great commitment to the job. Somewhat frustrated at her tendency to move outside the EP role as I see it. Is this because of her counselling training? I felt tired towards the end and wishes FANI to end.

##### ③ Contradictions / false starts / Inconsistencies

See above - wants role clarity yet goes beyond NEPS role. Got the impression she would do what she likes anyway.

##### ④ Exhaustion role ambiguity frustrating role of team leading when team member doesn't take direction. Personal connection with people in school can make CI response challenging

## Appendix H (ii)

### Main points raised by Charlotte and Reflections

- Standard EP training
- But has done counselling + psychotherapy training in recent years + now doing CBT with children + adolescents.
- ISPA training on CMIS in Prague very useful - circles of vulnerability - Basic Ph - Role Play v. useful.
- How lucky we've been not to have had major incidents.
- Gaps in training - after doing counselling degree I felt more confident in being able to be helpful - reassurance

↓  
counselling allows you to provide EMOTIONAL CONTAINMENT as well as PSYCHOEDUCATION

↓  
active listening, person-centred counselling skills

- Before NEPS I was inadequately prepared - counselling training helped - but the guidelines + NEPS approach is very good
- I wasn't there when it happened but the two psychologists who responded were quite affected by it.  
→ I took the school on

linking with HSE  
group work with groups of chn.

NEPS took a huge role even though the school was closed  
- role becomes confused  
↳ school was centre of community

ROLE CONFUSION  
↳ NEPS boundaries were unclear + went beyond remit  
→ COST TO PSYCHOLOGISTS WAS HUGE

↓  
Staff split + traumatised + care call weren't adequate in meeting teachers' needs.

Children had been told different things  
↳ parent briefing session  
↳ workshop planners  
↳ some parents didn't want their children told the truth.

↓  
workshop around loss and bereavement "generic"

"You can't please everybody"

Meeting mum: "How could I say 'no' to that?  
How could I possibly say 'no' to that?": "I'm glad I did it"  
- chance to normalise grief reactions

Met with student afterwards:

"It's very rewarding work but it's very difficult to see someone struggling"  
Met with boys' aunts.

"No time to process it. It just feels quite surreal actually..."

↳ I would have got HSE to deal with parents.

↳ Dealing with staff, risky, I've involved others in this:

↳ one-stepped the mark work with ch. but I feel it was the right thing.

SUICIDES Principal not coping, very emotional, not strong, not assertive.

↳ I was very directive  
Principal turned to us + I remember "taking that staff meeting"

"I was so glad to have the NEPS guidelines"

Sometimes staff can't do  
the psychoeducation piece -  
particularly when the management is  
weak - conflicted, divided staff

So I did the psychoeducation  
+ this year group had experienced  
suicide a year earlier + I

remember looking at a boy who  
killed himself 2 ~~years~~ <sup>weeks</sup> later

"Is it something I said or  
didn't say?"

↓  
People talking about school  
being "cursed"

If you're good at the job +  
you really care,

↓  
I do feel that now  
when I hear there's a CI  
I feel "I can't do  
this again"  
It's taken a toll

Found ~~it~~ excellent  
— Need for a break after  
this type of work.

"As team leader I felt responsible  
for NEPS's reputation in responding  
to Cls"

↓  
"Cls bring out the best in  
people + they really bring out the  
worst in people."

↳ Tension as team leader

↳ I'm left with a lot of  
questions as a practitioner +  
as a team leader

---

Staff intervention prior to  
confirmation

---

Sched completion officer —  
I know her well — so  
difficult when you've known  
someone —  
You now really know people

→ funeral was difficult

She's now talk ~~about~~ about her own reaction to this death.

↳ Personal loss

CAMHS kept away, should they be involved?

N.B. "People will contact people who they think will be helpful"



Boundaries, role constantly being negotiated + navigates

Murder of child by mother

"Textbook" - Principal was excellent - school knew me - met CI team

↳ CI team

↳ task focused

↳ sitting and "being in it with them"

↳ met individual chn

↳ It was easy (not @ the time)

people but we're all capable of anything - helpless

It's important work but it does change you.

↳ each time I've become a little less sensitive or a little more sensitive

↳ I cried with him because it was too soon after mum - I should have contained it

↳ I get a little more "cut off" from it & less tolerant of school things up with "trivial" incidents

→ COMPASSION FATIGUE?

Stress : "Good question"

I don't have a conscious recipe. Looking at DVD with happy ending + no trauma, avoid the news

"A dose of "happy endings"  
buy my kids  
Walk dogs

↳ I'll talk to several people if I questions around practice

↳ I don't do supervision

Increasingly important for us to work in a multi-agency way we need to know where the role begins + ends

People come to us + we get pulled into doing things HSE should do

"The more we do it the bigger the job becomes."

Role  
school  
boundaries

## Appendix H (iii)

### List of Charlotte's CIs

	<del>my</del> List CIs
→	Murder of 2 brothers by their father
→	3 suicides in the same school in a short period of time.
→	4 Students killed in a car crash.
→	Suicide of a parent.
→	Suicide of a school completion officer.
→	Murder of a girl by her

## Appendix H (iv)

### Charlotte: Psychoanalytic Supervision Notes

#### (a) Extract of Supervisor's annotated transcript

because what I know I should do is that I should, you know, give the same story to everybody. Make it factual. Give them kind of guidelines around respecting and not speculating and all of that and I couldn't do it and so it changed the session from a very specific intervention around the death of those two boys to a generic session on bereavement and grief and loss of anything special or anyone or any pet that was special and I think that's all I could do at the time and I did it with a colleague and I did it with two class groups, one before Christmas and one after Christmas. Even that caused problems because the older kids didn't have there's till after Christmas and there was kind of a feeling that maybe they weren't as important and that had to be dealt with.

**Okay.**

So the sensitivities around that time were immense and in a sense, em, very difficult again to know the role. You can't please everybody.

**No.**

And at the end of the day you've got to try and do what the kids need. I mean I think the session was useful actually. It was very psycho educational but there were opportunities to kind of normalise grief and for kids to talk about their feelings but it was made very clear to them that we would not be talking about any specific incidents and I think that was really hard for some of them.

**Hmm...**

So what we did do was we did say can you write on a piece of paper with your name any questions you have and I got those questions before the session and of course some of them were very specific questions about the murder and so what we did then was we met with individual kids who had certain specific questions and addressed those questions individually with them because we couldn't do it in the whole group. So amazingly actually it went well and people seemed happy and I was surprised by that because I thought we were bound to be just be seen to be disrespectful in one way or another. Also as part of that work I met the mum of the boys.

**Right.**

And again it's a really interesting school system because, em, the boundaries were all over the place, so I was asked would I meet the mum? Of course, you wonder is that my role. Why would I meet her? I'm the school psychologist and yet how could I possibly say no to that? How could I possibly say no to that? So I remember meeting her after a parent session at ten o'clock at night. She came into the school and I remember leaving the school at half past twelve, midnight. It was an extraordinary experience actually, em, I just think she, it was coming to Christmas and she was still in complete disbelief. I found that a very moving experience and I found her a very inspiring woman. I felt her strength completely incredible but it's very affecting. I

*Memorised  
of a difficult  
subject*

*reports to mother's  
session*

mean I'm glad I did it and actually one of the questions that one of the children had asked was how is she? How is the mum? So it was kind of nice to be able to say, em, I've met her and you know what she is surviving. She said it's really hard and she's very sad but she's surviving. So that phase finished around January. I had got quite a good relationship with [redacted] Regional Youth Services. They were very keen to support the community. They did a lot of work using 'Friends' actually that had been in 'Friends' as part of a post community critical incident. We had a suicide pact in [redacted] with kind of I suppose sixteen to twenty-four year olds being a very vulnerable group there and part of that and again I should have done it because its not in the [redacted] but I trained the staff in [redacted] Regional Youth Services in 'Friends' and they, em, then delivered 'Friends' in the community, in the [redacted] community. So that was good in that the community saw that agencies were working together and that their kids were getting supported and it wasn't just forgotten. The [redacted] came on board and they drop-in clinics. I think that was really important even though not many people attended I think it was important that they saw they weren't being left and then, of course, there was the first anniversary. That was okay and then, of course, there was the trial. (We got through that) and actually most recently, so this is eighteen months after the incident, one of the kids from one of the class groups asked to meet me individually. I got consent. I met him. He was a close friend of the older boy who had been killed. We had one session where we talked about grief and he talked about his feelings and again its very difficult. Its very rewarding work but its very difficult to see somebody struggling. A very articulate young man, em, I'm glad that I met him. I am glad he asked and was able to ask and then actually last week I met two mothers who were aunts to the boys who were killed, who have their own children. Again you can say why did you do that? That wasn't your role? What are you doing meeting parents of cousins? I mean okay the cousins are in the school. The parents want to meet to get advice about what do we tell our kids? That some of the cousins know everything. Some of the cousins don't know everything. Imagine being in that family. This family had come home from abroad. They'd been living abroad. They were living in the house with the mother and with all of the boy's things still around, the bedrooms exactly as they were.

*Stepping  
outside  
boundaries*

**Right.**

Bringing their two young children into that house and living their while the father started a new job and was away. So this wife who's an in-law was there with her two children trying to be really sensitive, you now, should I put the school uniforms out or will that upset the mum who's lost her sons?

**Yeah.**

And trying to support parents to think about what do we tell our kids? When do we tell our kids? How do we adjust that depending on their age and just again being confronted with the impact its had on people.

Hmm...

So its ongoing work. I think its important work. Its really difficult to do that and then manage twenty other schools with very different needs and go back and do team meetings or regional meetings or whatever. There's no time to process it and it just feels surreal actually but in another way its quite good to be able to compartmentalise it and move onto something different. I think that is quite helpful. Yeah that's it really. (Sighs).

**Is there anything else you could have done with it do you think looking back?**

*The criticism that she has been holding back*

If I, ah goodness, I mean with the value of hindsight, if I had been working when it happened and managing it as team leader I think I would have got the ~~idea~~ in on the ground early so that they were dealing with parents. Do I think I should have done anything differently in the school? I don't know if I should have worked with staff as a group. I think that would have been very difficult. I did think about it and I decided not to. I put them in touch with other people that could do it. They are better now. I don't know if that's my role or not and it was very potentially I think very risky work.

*This is an incident that needs to be dealt with*

Hmm...

Probably I've overstepped the mark with the work I've done with kids although I haven't done therapeutic work with them. I have done individual sessions. I have worked with parents quite a lot around it. Do I regret that? Absolutely not. I think it was really important work and I felt okay about doing it, em, I think the school feel supported. I think that the community is always going to be changed by it.

**Yeah, huge, yeah.**

Hmm...

**Can you tell about another piece of CI work you've done and tell me everything and anything about it that comes to mind?**

(Short pause). Different piece.

**Yeah.**

Any piece?

**Any piece that comes to mind.**

Hmm... Okay. Okay. This piece of work was em, quite a long-time ago now and it involved a boy's school. The first incident, I'm trying to remember how many there were? In a short space of time there were three suicides in the same school. So the first suicide I went in with a colleague. It was her school and the principal was, with great respect, completely clueless, really, really unable to manage it. I mean I think

*Another crisis to our principle*

that it is his general way of being. A very emotional man. Very easily overwhelmed, not strong, not assertive, not a leader. He had a very, very good deputy though who was really good to work with and that really helped but I remember going in and being very directive and in the end I remember going into the staff meeting first thing after we'd, you know, what had happened was that the young man had been disciplined by a year head. He'd gone home and shot himself in his bedroom, so, em, we got the call... It just happened after school. I got a call that evening, so we knew what we were going into that morning but I remember going into the staff meeting and I remember the principal turning to us and I remember having to take that staff meeting because he was not able to and did not know what to say and I was so glad to have the NEPs guidelines. The difficulty with that particular incident was em, the year head, the blaming of the year head. So a year later another suicide happened in the school and the year group was the boy who had died, his younger brother was in the year group and again (coughs) you're trying to get staff to do the group work sessions and the psycho education piece but some of them aren't able to. Particularly you've got a kind of a weaker management structure and you've got a very conflicted, divided staff which was the case and you end up where teachers can't go in, you end up going in to class groups and do the lesson plan, the psycho education piece, you know. There's no right or wrong way to feel. These are some common reactions, you know and then you move into coping. What can you do to help? What supports you? Who can you talk to? Its really important you talk to somebody and I did that with the deputy principal who was brilliant and I did that group and of course, the boys talked and they talked about the first guy who died by suicide and of course, his brother was in the room and there was a guidance counsellor in the school who was particularly, I don't know how to say it, em, had a very... Was she threatened by NEPs? I don't know. There were lots of issues around this guidance counsellor. A big conflict with the principal. She was in conflict with the local guidance counsellor group. She was, I think, the principal described her as a 'loose cannon'. She'd go off and do all sorts of things. She would, I noticed that if I walked into the staffroom she would walk out. She'd never engage with us. She'd disappear when we were in, em, but then I would be told afterwards that she had been negative about what we had done. So I did that piece of group work, about an hour long session and I heard then, em, that she had talked to the mother of the boy who had died a year ago and that basically the mother was really upset that her son had been mentioned and it was really difficult and then one of the boys who had been in the group and I remember him looking at me. I remember his face. He killed himself two weeks later. (Long pause). So you think I can't have done a very good job! Did I do the right thing? Was it something that I said or didn't say? (Short pause). And then the whole, em, the whole community were talking about the school being cursed because there had been so many deaths of students over the years. Before that a student had died suddenly. That sudden death syndrome on the football field. So there had been four or five students or ex-students who had died but these three suicides were again almost more than the community could manage and that idea of, you know, is the school cursed and looking for answers and I remember the priest coming in and I

took over  
manages

more diff  
with issues

very  
difficult

This is really  
fascinating for her

remember talking to him about that and I remember him talking then about how many tragedies he'd responded to as a priest and having to go in and see bodies, you know, of people after fires and things and I remember talking to him about the fact that he got no supervision for that and how hard that was and I wonder... I did my counselling degree and my thesis was on trauma, vicarious trauma. That if you are good at the job and if you care that you must be wounded by it because if you're empathising you're taking it in, aren't you?

*that interesting that you must*

Yeah.

So its difficult because I think I've done a lot of critical incident work in quite major incidences but had my own bereavements and I do feel that I am now when I hear there's a critical incident, I feel I can't do this again.

*distressed*

Okay.

It has definitely taken a toll. (Short pause).

Looking back on that last one, em, is there anything else you could have done with it do you think? I mean I'm not going to mention the exact... I really think is that little chap looking at you, you know. What could you, you know, its not, I don't carry that. You know, obviously that goes without saying but in general I suppose in terms of the school and the succession of events that happened, is there anything you think you could have done differently or might have done differently or...?

I wonder about, em, how much in that first critical incident. I mean we ran the whole thing. We scripted what he said in assemblies and I wonder about that. I wonder (sighs) and then I think but we couldn't have not been directive. He didn't know what to do. It needed a response. It needed to be managed. He was certainly better the second time, a year later.

Yeah.

Could I have done anything around the guidance counsellor and I don't know. I don't know. Maybe try to involve her more.

*yes*

Hmm...

Hmm... She was always very tricky. I mean that's what the school psychologist would say.

Yeah.

Do I think I could have done anything else or done anything differently? I remember actually and asking for, em, advice and I found her excellent.

## Appendix H (iv)

### Charlotte: Psychoanalytic Supervision Notes

#### (b) Extract of my annotated transcript

because what I know I should do is that I should, you know, give the same story to everybody. Make it factual. Give them kind of guidelines around respecting and not speculating and all of that and I couldn't do it and so it changed the session from a very specific intervention around the death of those two boys to a generic session on bereavement and grief and loss of anything special or anyone or any pet that was special and I think that's all I could do at the time and I did it with a colleague and I did it with two class groups, one before Christmas and one after Christmas. Even that caused problems because the older kids didn't have there's till after Christmas and there was kind of a feeling that maybe they weren't as important and that had to be dealt with.

**Okay.**

So the sensitivities around that time were immense and in a sense, em, very difficult again to know the role. You can't please everybody.

*voice breaking*

**No.**

And at the end of the day you've got to try and do what the kids need. I mean I think the session was useful actually. It was very psycho educational but there were opportunities to kind of normalise grief and for kids to talk about their feelings but it was made very clear to them that we would not be talking about any specific incidents and I think that was really hard for some of them.

*some sb exhaustion deep breath*

**Hmm...**

So what we did do was we did say can you write on a piece of paper with your name any questions you have and I got those questions before the session and of course some of them were very specific questions about the murder and so what we did then was we met with individual kids who had certain specific questions and addressed those questions individually with them because we couldn't do it in the whole group. So amazingly actually it went well and people seemed happy and I was surprised by that because I thought we were bound to be just be seen to be disrespectful in one way or another. Also as part of that work I met the mum of the boys.

**Right.**

And again it's a really interesting school system because, em, the boundaries were all over the place, so I was asked would I meet the mum? Of course, you wonder is that my role. Why would I meet her? I'm the school psychologist and yet how could I possibly say no to that? How could I possibly say no to that? So I remember meeting her after a parent session at ten o'clock at night. She came into the school and I remember leaving the school at half past twelve, midnight. It was an extraordinary experience actually, em, I just think she, it was coming to Christmas and she was still in complete disbelief. I found that a very moving experience and I found her a very inspiring woman. I felt her strength completely incredible but it's very affecting. I

*Repeat this with Ann*

mean I'm glad I did it and actually one of the questions that one of the children had asked was how is she? How is the mum? So it was kind of nice to be able to say, em, I've met her and you know what she is surviving. She said it's really hard and she's very sad but she's surviving. So that phase finished around January. I had got quite a good relationship with [redacted] Regional Youth Services. They were very keen to support the community. They did a lot of work using 'Friends' actually that had been in 'Friends' as part of a post community critical incident. We had a suicide pact in [redacted] with kind of I suppose sixteen to twenty-four year olds being a very vulnerable group there and part of that and again I should have done it because its not in the licence but I trained the staff in [redacted] Regional Youth Services in 'Friends' and they, em, then delivered 'Friends' in the community, in the [redacted] community. So that was good in that the community saw that agencies were working together and that their kids were getting supported and it wasn't just forgotten. The [redacted] came on board and they drop-in clinics. I think that was really important even though not many people attended I think it was important that they saw they weren't being left and then, of course, there was the first anniversary. That was okay and then, of course, there was the trial. We got through that and actually most recently, so this is eighteen months after the incident, one of the kids from one of the class groups asked to meet me individually. I got consent. I met him. He was a close friend of the older boy who had been killed. We had one session where we talked about grief and he talked about his feelings and again its very difficult. Its very rewarding work but its very difficult to see somebody struggling. A very articulate young man, em, I'm glad that I met him. I am glad he asked and was able to ask and then actually last week I met two mothers who were aunts to the boys who were killed, who have their own children. Again you can say why did you do that? That wasn't your role? What are you doing meeting parents of cousins? I mean okay the cousins are in the school. The parents want to meet to get advice about what do we tell our kids? That some of the cousins know everything. Some of the cousins don't know everything. Imagine being in that family. This family had come home from abroad. They'd been living abroad. They were living in the house with the mother and with all of the boy's things still around, the bedrooms exactly as they were.

framed

double  
question

**Right.**

Bringing their two young children into that house and living their while the father started a new job and was away. So this wife who's an in-law was there with her two children trying to be really sensitive, you now, should I put the school uniforms out or will that upset the mum who's lost her sons?

**Yeah.**

And trying to support parents to think about what do we tell our kids? When do we tell our kids? How do we adjust that depending on their age and just again being confronted with the impact its had on people.

Hmm...

So its ongoing work. I think its important work. Its really difficult to do that and then manage twenty other schools with very different needs and go back and do team meetings or regional meetings or whatever. There's no time to process it and it just feels surreal actually but in another way its quite good to be able to compartmentalise it and move onto something different. I think that is quite helpful. Yeah that's it really. (Sighs).

**Is there anything else you could have done with it do you think looking back?**

If I, ah goodness, I mean with the value of hindsight, if I had been working when it happened and managing it as team leader I think I would have got the in on the ground early so that they were dealing with parents. Do I think I should have done anything differently in the school? I don't know if I should have worked with staff as a group. I think that would have been very difficult. I did think about it and I decided not to. I put them in touch with other people that could do it. They are better now. I don't know if that's my role or not and it was very potentially I think very risky work.

Hmm...

Probably I've overstepped the mark with the work I've done with kids although I haven't done therapeutic work with them. I have done individual sessions. I have worked with parents quite a lot around it. Do I regret that? Absolutely not. I think it was really important work and I felt okay about doing it, em, I think the school feel supported. I think that the community is always going to be changed by it.

**Yeah, huge, yeah.**

Hmm...

---

**Can you tell about another piece of CI work you've done and tell me everything and anything about it that comes to mind?**

(Short pause). Different piece.

**Yeah.**

Any piece?

**Any piece that comes to mind.**

Hmm... Okay. Okay. This piece of work was em, quite a long-time ago now and it involved a boy's school. The first incident, I'm trying to remember how many there were? In a short space of time there were three suicides in the same school. So the first suicide I went in with a colleague. It was her school and the principal was, with great respect, completely clueless, really, really unable to manage it. I mean I think

that it is his general way of being. A very emotional man. Very easily overwhelmed, not strong, not assertive, not a leader. He had a very, very good deputy though who was really good to work with and that really helped but I remember going in and being very directive and in the end I remember going into the staff meeting first thing after we'd, you know, what had happened was that the young man had been disciplined by a year head. He'd gone home and shot himself in his bedroom, so, em, we got the call... It just happened after school. I got a call that evening, so we knew what we were going into that morning but I remember going into the staff meeting and I remember the principal turning to us and I remember having to take that staff meeting because he was not able to and did not know what to say and I was so glad to have the NEPs guidelines. The difficulty with that particular incident was em, the year head, the blaming of the year head. So a year later another suicide happened in the school and the year group was the boy who had died, his younger brother was in the year group and again (coughs) you're trying to get staff to do the group work sessions and the psycho education piece but some of them aren't able to. Particularly you've got a kind of a weaker management structure and you've got a very conflicted, divided staff which was the case and you end up where teachers can't go in, you end up going in to class groups and do the lesson plan, the psycho education piece, you know. There's no right or wrong way to feel. These are some common reactions, you know and then you move into coping. What can you do to help? What supports you? Who can you talk to? It's really important you talk to somebody and I did that with the deputy principal who was brilliant and I did that group and of course, the boys talked and they talked about the first guy who died by suicide and of course, his brother was in the room and there was a guidance counsellor in the school who was particularly, I don't know how to say it, em, had a very... Was she threatened by NEPs? I don't know. There were lots of issues around this guidance counsellor. A big conflict with the principal. She was in conflict with the local guidance counsellor group. She was, I think, the principal described her as a 'loose cannon'. She'd go off and do all sorts of things. She would, I noticed that if I walked into the staffroom she would walk out. She'd never engage with us. She'd disappear when we were in, em, but then I would be told afterwards that she had been negative about what we had done. So I did that piece of group work, about an hour long session and I heard then, em, that she had talked to the mother of the boy who had died a year ago and that basically the mother was really upset that her son had been mentioned and it was really difficult and then one of the boys who had been in the group and I remember him looking at me. I remember his face. He killed himself two weeks later. (Long pause). So you think I can't have done a very good job. Did I do the right thing? Was it something that I said or didn't say? (Short pause). And then the whole, em, the whole <sup>school</sup> community were talking about the school being cursed because there had been so many deaths of students over the years. Before that a student had died suddenly. That sudden death syndrome on the football field. So there had been four or five students or ex-students who had died but these three suicides were again almost more than the community could manage and that idea of, you know, is the school cursed and looking for answers and I remember the priest coming in and I

*Splitting*

*Highly emotionally affecting voice quiet and guttural*

June  
'Wounded  
healer'

remember talking to him about that and I remember him talking then about how many tragedies he'd responded to as a priest and having to go in and see bodies, you know, of people after fires and things and I remember talking to him about the fact that he got no supervision for that and how hard that was and I wonder... I did my counselling degree and my thesis was on trauma, vicarious trauma. That if you are good at the job and if you care that you must be wounded by it because if you're empathising you're taking it in, aren't you?



Yeah.

So its difficult because I think I've done a lot of critical incident work in quite major incidences but had my own bereavements and I do feel that I am now when I hear there's a critical incident, I feel I can't do this again.

Okay.

It has definitely taken a toll. (Short pause).

Looking back on that last one, em, is there anything else you could have done with it do you think? I mean I'm not going to mention the exact... I really think is that little chap looking at you, you know. What could you, you know, its not. I don't carry that. You know, obviously that goes without saying but in general I suppose in terms of the school and the succession of events that happened, is there anything you think you could have done differently or might have done differently or...?

I wonder about, em, how much in that first critical incident. I mean we ran the whole thing. We scripted what he said in assemblies and I wonder about that. I wonder (sighs) and then I think but we couldn't have not been directive. He didn't know what to do. It needed a response. It needed to be managed. He was certainly better the second time, a year later.

Yeah.

Could I have done anything around the guidance counsellor and I don't know. I don't know. Maybe try to involve her more.

Hmm...

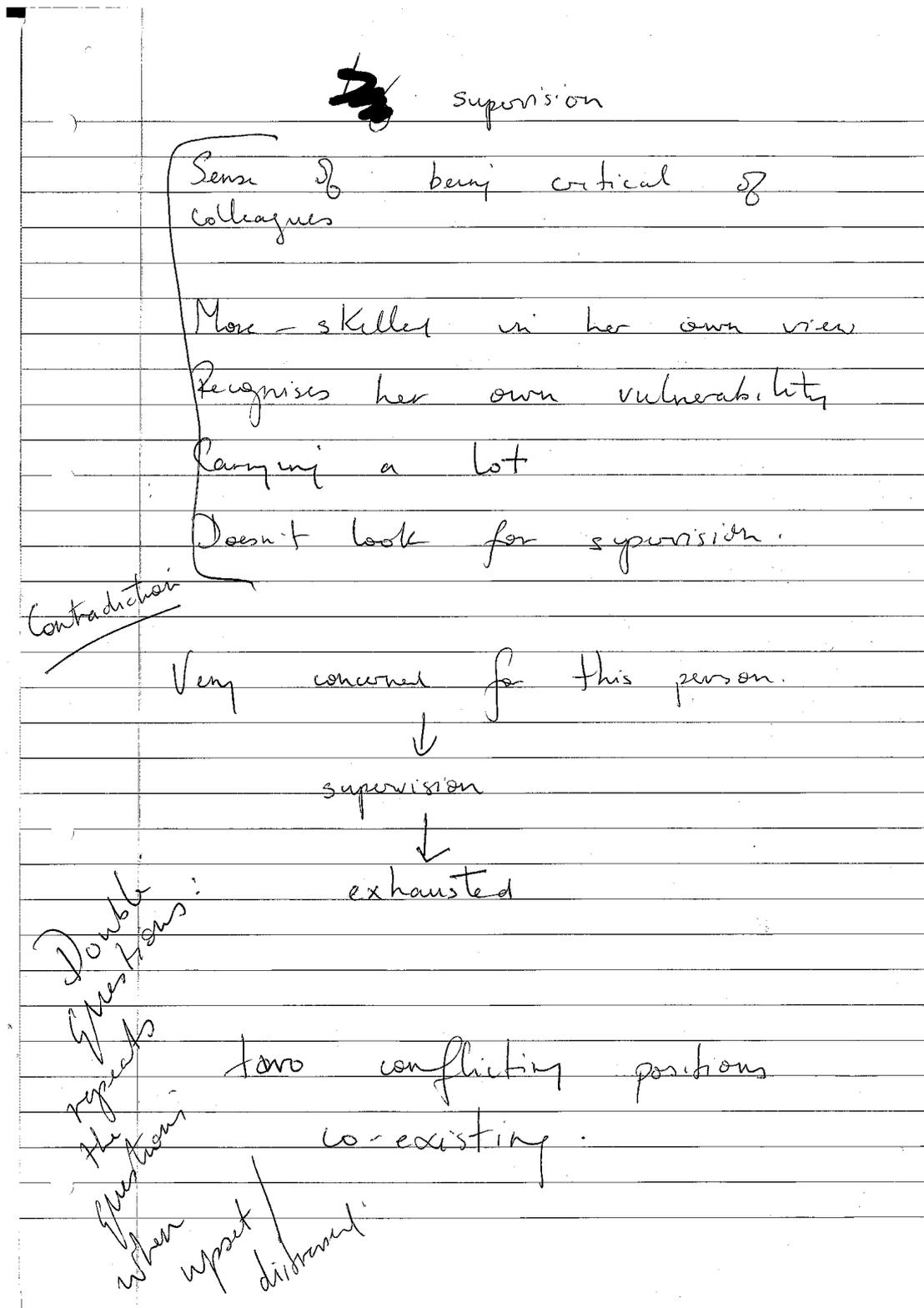
Hmm... She was always very tricky. I mean that's what the school psychologist would say.

Yeah.

Do I think I could have done anything else or done anything differently? I remember [redacted] actually and asking for, em, advice and I found her excellent.

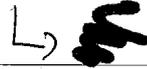
Appendix H (v)

Charlotte: Notes written listening to recording of supervision session



78.3%

Jung



Wounded - analysts  
have had wounded experiences

analyst's wounds  
similar to one's own

his  
was  
affecting  
me

Point that therapists  
after carry wounds that  
can be opened through therapy  
with clients



she expects to be hurt

defense - intellectualism

Long-term  
support for  
Long-term  
incidents

She could be coping  
better if she engaged in  
supervision

## Appendix I

**Frequency and Types of CI to which participants responded** (each tick ✓ represents a CI described by a participant)

Suicide (Primary school): ✓✓✓✓

Suicide Secondary school: ✓✓✓✓✓✓✓✓✓✓✓✓✓✓(✓ 2 EPs respond to same CI) ✓✓✓

Attempted suicide (secondary school) ✓✓

Series of suicides (suspected contagion) ✓✓✓✓✓

Suicide (Secondary School- on school grounds) ✓✓

Suicide (school staff member): ✓✓✓✓✓✓✓

Suicide (parent) ✓✓✓

RTA: ✓✓✓✓✓✓✓✓✓✓(✓ 2 EPs, same CI)( ✓ 2 EPs, same CI)

Murder in family: ✓

Natural (expected death) of a student: ✓✓✓✓

Sudden natural (unexpected) death of student ✓✓✓✓✓✓✓(✓ 2 EPs, same CI)

Sudden natural (unexpected) death of school staff member ✓✓✓✓✓

Student found parent dead (natural causes) ✓

Missing student found dead (misadventure or suicide not determined) ✓✓

Serious assault of teacher by student ✓

'Gangland' shooting (non fatal) ✓

Student injured by pipe bomb ✓

Accidental death of child (choking) ✓

Accidental death of a child (drowning) ✓✓

Accidental death of children (house fire) ✓

Accidental death of a child (bouncy castle) ✓

Accidental death of a parent ✓

Death of student abroad in terrorist attack ✓

Bomb scare in a school ✓

Student miscarried child in school ✓

Murder suicide in family ✓ (✓ 2 EPs, same CI) ✓✓

## Appendix J

### Transcript of Interview with Richard

August 2015

**File duration:** 98 minutes

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So we're in business, Gerry.

**Good to go that's great. Well I'll be very formal now and say good morning Richard.**

(Laughs). Good morning Gerry.

**Now what I hope to do Richard here this morning is to interview you about your experience of critical incidences and obviously you're very familiar with this interview and because you've conducted it but having said that I'm going to treat it like a normal research interview. So throughout the process if you want to stop at any point, tell me and we can stop and we can finish the interview at any stage. Likewise if there's something you don't want to talk about tell me. That's fine. We'll move on very quickly from it and/or if there's something additional you want to say and I'm just not picking up on it, interrupt and say, you know, this is what I want to talk about here.**

Okay.

**So even though I'm interviewing you, you're in charge of this.**

Okay.

**Okay.**

Thank you.

**Of course you know that you're using this interview for your own research. (Laughs).**

That's alright.

**So at the end of the day it's all yours. You're going to own it.**

Yeah.

**So the interview will probably take about an hour or may be a little bit longer or may be a little bit less depending on how much you have to say.**

Okay.

**I'm going to start with something fairly basic, fairly straightforward and it's could you give me a little bit of your background in terms of training and experience as an educational psychologist. So what I want you to do there is may be tell me about any particular training in counselling interventions you received as part of that kind of educational psychologist background?**

Okay, well I was a primary school teacher first and studied psychology, did a degree in psychology with the Open University out of interest. I had no intentions of using it or changing career. I started it because I thought it would bring an understanding to my job as a teacher with kids with behaviour problems and emotional problems and stuff like that which, it did to a degree, em and then I heard of a course in UCD for educational psychologist trainees. At the time in order to do it you had to have a teaching qualification and a degree in psychology. I applied- not even thinking much about it -and was successful and that was back in the late '90s. Was it '98/'99?

**Okay.**

And then as part of that training we did what would be considered I suppose counselling skills and basic kind of Rogerian principles, em and we would have done I suppose the various, he looked... this lecturer who did the counselling skills with us looked at various models of counselling and therapy. Things like he'd have a lecture on reality therapy or a lecture on psychodynamic approaches and that kind of stuff so that was it. I've always been interested, reading around it. I suppose as well prior to training as an educational psychologist I worked as a volunteer with [REDACTED] em, and that was I suppose again just, I would have had training in basic counselling skills and telephone counselling skills and that. Then after that I would have, mostly from my own reading after that and not much practice, I suppose, you know in practice as a ed psych you would have maybe times when you come across a child who presents as distressed or whatever and your role as I see it is to contain that and ground them and then if to make the

call to either refer on whether it's to a counselling service or if it's more, if your more concerned may be CAMHS service or whatever so that's kind of I suppose the degree of my counselling and therapy training or involvement. A lot of reading I have to say.

**Yeah, of course. Can I just re-track a little bit there?**

Yeah.

**You set out doing primary school teaching?**

Yeah.

**So was that Saint Pat's?**

It was.

**Yeah and did you work then for a period of time as a primary school teacher?**

I worked for thirteen years as a primary school teacher.

**Oh right so quite a while.**

Quite a long-time yeah, yeah and then I went to, as I said, the Open University part-time out of interest and then UCD for the MAEP, the Master of Arts in Educational Psychology which is a training course. At the time if you had a teaching qualification it was a one-year, it was a twelve-month training.

**Full-time.**

Full-time and then it became a two year training course and now it's going to a doctoral level. So it's become a longer more, em, I suppose, more involved training process than it was.

**Okay, yeah. So when you switched then like yeah okay you'd done primary teaching, you do your Open University. You go to UCD and when you came out of UCD then where did you wind up? Did you get into educational psychology or did you wind up back in the kind of primary school teaching?**

Good point. I went back for a year. At the time the Department... there was always a psychological service in the Department from may be from the late seventies maybe, maybe mid seventies to late seventies and in the year '99

they decided to set up a national educational psychological service. They were expanding it and the plan was that they would have a service to all schools in the country. At that stage they were only servicing secondary schools and certain disadvantaged areas of Ireland.

**Yeah.**

So I went back teaching for a year and then in the year 2000, the first cohort, I was in the first cohort taken in, in the new NEPS as it was then set up, em, so...

**So you were in at the ground level of NEPS?**

At the very beginning, yeah, yeah. Now the people in the Department transferred of course but there was a very small number, may be forty odd people and it grew to, now we're up to a hundred and seventy-two. So when I started there were fifty of us in all.

**Yeah.**

So that will tell you how it has grown.

**So it's four times the size it was.**

Absolutely, absolutely, yeah, yeah. So that's my training and background in counselling.

**So when you went into NEPS then did you go into NEPS knowing what you were going to be doing do you think?**

I suppose like the training would have been, yeah, we would have had training around, em, the basic core competencies, I suppose, of an educational psychologist which would be assessment, em, intervention, a knowledge of the basic, I suppose, difficulties that kids present with. It would be around consultation with teachers. How to do an in-service programme. It would be about, em, yeah a lot of, I suppose yeah we would have been pretty well prepared for the model that was in place at the time; but educational psychology has changed and the role has changed and it's become much more of a consultative role. Much more, that we're not engaged in as much assessment as we used to be. It's far more about advising teachers about how to help kids.

**Yeah.**

Which is a lot more, I suppose, a lot more challenging in many ways because the assessment work is easy enough, you know, it's kind of...?

**Yeah use your assessments and you do the report.**

Exactly and you write them up and so it's become, I think, more challenging and I think as a result of that, the training now has changed. I think the training is a lot more broad-based. It's a lot more about being able to provide a kind of consultative service to schools, to being able to problem solve and that kind of stuff and far less maybe direct contact with kids than there used to be.

**Yeah.**

Whether that's a good thing or a bad thing I'm not sure but that's the way it seems to be going and whether that's a function of economics and trying to make a very small service stretch further is another question, you know.

**Yeah. So your experience then within NEPS is kind of fourteen/fifteen years kind of in duration?**

It's fifteen years yeah.

**It's a good length of time so within NEPS then have you experienced kind of any further education or any additional trainings to kind of enable you to do the work?**

Around critical incidents, in particular, I suppose I did, I was, I did what was called Crisis Management in Schools. It's a training; I went to Prague to do it one summer. It was a week-long course and it was very much about when the school is in the midst of a crisis and you're called and what do you do, you know, and what were the concerns and again it's very much a kind of an expert model. We come in, em, it's about supporting the staff in the school to cope with whatever happens. Now it came out of things like Oklahoma City bombing. It came out of things like the Dunblane, those awful incidences in school which thankfully we haven't had, where maybe a student who's very isolated decides to bring a gun to school and shoot people or, em, where was, say, a bomb or a big natural disaster and thankfully we haven't had any of those but I think the principle is still the same in that we look at how to try to maintain normality in the face of awful tragedy for kids so that... and it's supporting schools in supporting them.

**Yeah.**

And looking at the circles of vulnerability: we talk about. Like who's immediately kind of impacted? Who's secondly impacted and then it's the wider community and that kind of stuff and looking at the various ways you intervene at the various levels. So that was one training I did and why, to be honest I can't remember why? I was asked to do it and I went and did it.

**Right, yeah so you were actually in NEPS happy enough doing what you were doing.**

Oh yeah, yeah.

**And then you're asked to do this.**

Yeah, yeah.

**Yeah, yeah.**

And prior to that like I would have been seen as somebody who was good in a critical incident. I would have done the basic; we have, as you know, documents. I would have read the documents, em, I would have been the type of person who would be good in a crisis I suppose or perceived as such and so em (pause) that was why I think I was chosen to go and do that, em and I did it and I found it very interesting. I found it very actually enjoyable in a strange way and they had things like, there was a lot of role play, for instance, you were asked to provide a press statement on the hoof and that kind of stuff and may be I like that kind of challenge. I like.. kind of.. being put on the spot and being able to respond. Maybe there's an adrenaline junkie aspect to it, I don't know.

**Yeah.**

So I did that and I would have been on, for a while, the critical incident group, there's a special group: a committee who meet a couple of times a year in NEPS and I would have done that and then I suppose that was it. So then when I came to, I was doing the...and I suppose I'm coming around again here.

**Yeah.**

When I was doing the EdD in Exeter. I did it because I like study and I like reading and I like writing and stuff like that so and when I started it, I had no plan to do anything with critical incidents. First of all there were modules. We had to do two years of modular pieces where you do a small piece of research

or you might write an essay on a certain topic or whatever and then it came to the point where I had to do the last essay which the last essay was about thinking about what you'd like to do for your thesis and I was aware that some

[REDACTED]

[REDACTED]

[REDACTED] Who were, em I thought, were very impacted I thought by a series of critical incidents that they'd had [REDACTED], where they've had a lot of suicides and I was struck by how, em, upset they were.

**Yeah.**

But I was also interested, I suppose, by the fact that even though they were upset [REDACTED]

[REDACTED]

[REDACTED] So then I started thinking about why is that some people find this work energising, maybe or interesting or they're not as challenged by it as others.

**Yeah.**

And I thought that was a good question to ask and so then I thought how do you go about doing that and I thought well obviously we're talking about trauma. We're talking about deep emotional impacts and we're talking about...em...we're talking about, I suppose, em, quite painful stuff in a way and I thought that the obvious way to look at that was from a psychoanalytic or psychodynamic perspective so that brings me to my... I'm going off the point here.

**No that's fine. I'm going to take you back a little bit to that like you're kind of writing this final essay [REDACTED]**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

██████████ I've responsibility for a team in Blackrock and we cover Blackrock and Wicklow but we would have regional meetings and we'd have what are called RMG, regional management group meetings, where the seniors get together ██████████

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**Yeah.**

██████████  
██████████

██████████ There's a certain amount of kind of professional, like 'I can cope' kind of or at least I'm going to not let anybody else know I can't cope or whatever in it.

**Yeah and that might be in some way an admission of an inability to cope or not having enough skills or energy yeah?**

Or not being professional enough. That's it 'professional' is the word I suppose I'd use and being perceived as somebody who can cope and I suppose like definitely and I'd be that kind of person. In the family indeed I'd be somebody who people would turn to for assistance and for ... in the midst of a crisis and ██████████

██████████ (personal family history) I'm the person who has to look after ██████████ look after everything and I suppose there's definitely an aspect of it whereby I do feel, em, sometimes resentful and maybe you see I don't know, maybe this resentment that I see in these other people in work is some sort of a...

**Yeah.**

The more I think about it, you know, or consider it, you know, definitely there's an aspect of it whereby em (pause) I find it em...annoying that they were complaining about it but equally I could see why they were complaining about it, you know?

**Yeah.**

Because I suppose I would feel that I can't complain about what I've been....do you know what I mean?

**Yes, yeah.**

And may be this is kind of fanciful kind of thinking but there's some, I'm trying to think again why is it that I'm drawn to this? Why is it that the crisis and the trauma and all this kind of thing is, em, not a big deal for me to deal with.

**Yeah.**

Ostensibly anyway and that somehow, em, somehow em I think it *is* maybe. It is more of an issue that I think.

**Yeah. Yeah then you say yeah and then you think.**

Hmm...

**But what certainly strikes me about it is that, em, you seem to have a sense of responsibility to [REDACTED] and you want to help them?**

Yeah I do. I do.

**A little bit of an annoyance with them maybe that they wouldn't get on with taking the help you're offering them.**

(Laughs). That's right, that's right.

**So the frustration around them I suppose really.**

There is yeah.

**But also I'm sensing a kind of an emotional aspect to it as well that it, you're really concerned for them and it kind of upset you in ways that they're in this state.**

Oh it does. It does, it does upset me absolutely. Yeah I would find and particularly one I'd be very close to one of the people who's a good friend and I'm puzzled I suppose as well sometimes by that she asks for help and then she doesn't want the help or you know it's kind of vacillating of between wanting it and not wanting it and it's kind of a human response I suppose because if I'm trying to somehow present as professional and keep this

professional veneer they're obviously doing the same thing. We all do it. We all do it.

**Yeah.**

And maybe that that's part of it because I do find, I am concerned for them but I'm equally kind of annoyed and then annoyed at myself at being annoyed. You know, it's kind of a bit funny.

**Yes. (Laughs). Yeah.**

It's one of those things yeah.

**Yeah. It can be very difficult when you can see when you're standing outside something and you can see a solution but the people inside don't seem to want to hear that?**

That's right, yeah. So that's it.

**And it makes you think of home.**

Oh it does, of course, it does and only lately. I've made that connection lately. I don't know why. I've made that connection lately because even like the most recent, I suppose, was [REDACTED]

[REDACTED]

[REDACTED] (*personal family circumstances*) you know, it's a big responsibility but it's something that I do and I've always done really I think, you know, going right back. It's a role in the family definitely even though I'm not, I'm the middle child. There are two older but it's definitely the role, you know.

**Yeah you got lumbered with or that has naturally come to you or...?**

It has yeah, yeah and would be viewed as kind of par for the course, you know, and that's it.

**And do you think that's because of your professional background or would it be part of you as a person do you think?**

You see I don't know. I think that certainly would be part of the narrative. That would be the kind of 'Oh sure Richard...', you know, but like it predates

that. It predates all that, you know, it goes away back. [REDACTED] [REDACTED] (*personal family circumstances*). Everybody else was farmed off to relations and I was at home minding, you know what I mean it's always been thus, you know. So I don't think it's, I don't really think it's, em, a function of the profession. I think maybe the profession is because of that, if you know what I mean, that somehow that kind of background leads to the profession, you know.

**Yeah I wouldn't disagree with you on that.**

Yeah.

**I think it's kind of interesting when you've spoken about the way your career has developed and you talked at the very beginning, you talked about making one of your career shifts and you're saying you weren't really sure what attracted you to something?**

No I wasn't.

**But here you were off doing this course and whatever.**

That's right, yeah.

**And you repeated later on about a kind of an uncertainty about why you went in a particular direction but it says something about your early formation that has lead you to these things?**

I think so. I think so, yeah.

**I mean like you described it there being singled out even as a child to be the one who cares for others?**

That's right, yeah, yeah and I don't know whether it's, em, it's interesting. Even now the story would be: 'Oh I don't know what we'd do without you!' and you know, it's like, em, it's quite a powerful but subtle kind of way of making a person act in a certain way that I feel has always been there em and I think I've made that connection and I remember I said to you I haven't thought about it because I've tried not to think about prior to this interview but as I've been writing, as I've been reading more about psychoanalysis and about, you know, psychosexual development and all those things, em, there's definitely an element of me that even though on the surface, consciously, I would not be somebody who likes to be kind of the centre of things or to be, excuse me, I'm

not a very gregarious outgoing person. When it comes to a crisis or a difficulty, I won't run away. I'll go straight into it.

**Yeah.**

And I think this is possibly why this particular research is drawing me in, I think or why I find it interesting. How do you cope in a crisis? What do you do? How are you of use to other people when they are in distress? And despite the fact that I haven't and maybe I haven't gone into a direct therapeutic role ever because our work is not very therapeutic. It's much more, you know...I do feel that I end up in those situations where people are in distress and instinctively or by practice or by development or whatever it is end up doing it. Now I don't know whether I'm doing it right.

**Yeah.**

And I don't know what the long-term implications of that are, you know, because they're, I suppose, questions that I need to think about.

**Yeah I can understand that.**

Yeah, yeah.

**I suppose just on that immediate thing you said about doing it right, probably nobody knows, Richard, in the sense that this is a very new type of approach to a problem because it's a twenty-first century solution for a problem that emerged really in the latter part of the twentieth century. So we're trying to work out how to manage this.**

Yeah.

**So whether you're right or wrong, history will tell that to an extent.**

I know yeah, yeah.

**That would be important to you to get it right.**

It would be important to get it right, yeah. It would be important to get it right and I think so far and of course I don't know, I think so far I have, em, I certainly don't think I've done any harm which is I suppose the main... Isn't that the main test we have to...? No, no I do and but I suppose as well and again this annoyance comes into it. When I go in and in the midst of the maelstrom or whatever I look around me and I've tried to find somebody who

was like minded and can say 'Right this is what we need to do. Let's do this. Who are we concerned about? Let's look after them. Blah, blah, blah' and what I find annoying- and I do find it annoying- are the drama queens, the ones who get caught up in it and who get into this kind of (and I call them drama queens in my head, obviously, em), the ones who are, you know: 'Oh this is an awful! Dreadful', catastrophising and of course it's awful. Of course, it's dreadful but, em, but we have to get on with it; we have to get on with it and this is what...and like maybe again I'm making a connection here. Maybe this kind of catastrophe, this kind of reaction to my colleagues is another annoyance like. 'Why the hell can't you cope with this?' You know, 'you have to cope with this. You have to get on with it. You have to', you know, because I've always had to, you know, that's it I suppose and that's it and I think this is the resentment.

**Yeah.**

This is the resentment. This is the abiding resentment and I think it is an abiding resentment.

**Of course you're doing something that is instinctively we don't do and instinctively mightn't be the best word to choose but it's one that's come into my head now but like when something like within all of us there's that adrenaline response to things we just fight or flight and for most of us it's flight.**

Yeah.

**Something terrible happens, let's get as faraway from that as possible and you know keep ourselves safe whereas in NEPS when something terrible happens your job is to go right into the middle of it and deal with it.**

Yeah.

**So you're going the opposite direction to everyone else and that's difficult.**

No it is difficult. It is, it is yeah, yeah, em, and yet I would be inclined to go towards it, I always would, I wouldn't ever abandon ship or you know, I'd go into it, em, and I don't, even though we'll talk about it later but I've had some quite taxing, quite difficult ones to deal with. Do I feel afterwards, em, exhausted or tired? I don't. Do I feel afterwards that somehow I need a break from it or that I wouldn't respond if I got another one? No and that's the truth

of it. Now maybe if I had I a really... I suppose there's always been a gap between them but maybe if I had a quick succession or if the suicide thing, like which is really frightening, when you have a contagion and you have a series of suicides or you know, related suicides. I haven't had that either. If I had that maybe, maybe I would but I do, I suppose I do relate it to this idea that you fucking well have to do it because nobody else is going to do it, you know. (Laughs).

**Yeah.**

And so that's really it.

**Yeah. I want to follow through on that thought now. I want to hear about specific critical incidents but I just want to follow through on that thought first of all.**

Yeah.

**Okay you have to do it because nobody else will do it but do you think there's any possibility as well that there's something in it for you in the sense that you've a long history right, going right back to your childhood even of being the one who's there in a crisis so that there's some kind of positive affirmation in it and I don't mean that and some people say 'You're great' but in a kind of a this reminds me of who I am?**

Yeah, I suppose definitely there's that. There's definitely a feeling of, em, there's a feeling, yeah, I'm good at this. This is what I'm good at and that's, I suppose, certainly may be affirming and people say 'you're good at it'. That's affirming but there's definitely, Gerry, with that a kind of a resentment. It's not, like it's a kind of a mixed blessing somehow that somehow: okay so you're good at it so that means you always have to do it or it means that, you know, and I wonder if there's a little bit of manipulation in it, you know, 'Oh you're good at it. You're great at it', do you know what I mean? Why can't some of the others be good at it?

**Yeah.**

Do you know and certainly in terms of the family. [REDACTED]  
[REDACTED]

**Yeah.**

[REDACTED] (*personal family circumstance*) I expected kind of a little bit more but everyone looks to me and why and because I was going through the same things that they were.

**Yeah.**

[REDACTED] and yet you have to get on with it, you know, it..it..it's just definitely there's resentment there and I do feel that I was manipulated. That I was somehow singled out to do this [REDACTED]

[REDACTED] this is what your role is going to be em and em (pause) you know..you don't.. it's funny when I started into this and I didn't think this was going to come actually.

**But it's okay.**

Yeah but that's the way it is, you know.

**There's a sense of you being made do something and not allowed have the kind of experiences that the others are able to indulge themselves in and I don't mean that in a bad way.**

Carefree almost. They can be carefree about it. They could go and like for instance, that's an example [REDACTED]

[REDACTED] (*personal family circumstance*) somebody had to be there in case something happened, you know em and I was... like I was the one [REDACTED]

[REDACTED] (*personal family circumstance*) so it was like em..and definitely there's a resentment.

**Yeah.**

There definitely is and maybe this response from the group is kind of somehow has a parallel or has some sort of echo in it and this and I don't think that, em; I'm not proud of it. You know I'm not proud of feeling resentful, you know? But I think that's partly a motivation for this. Why is it that some people don't cope?

**Yeah.**

Why is it that they don't cope, you know, because we all have to cope! Somebody has to cope (laughs), you know.

**Yeah somebody has to cope.**

Somebody has to cope.

**And if they don't cope it comes to you.**

That's it yeah. It does yeah and in this case it's funny it was coming to me and they didn't want it to come to me. There's a resistance to it coming as well, you know, it's cause it's like because they want, they didn't want to be seen as not coping and maybe that's the frustration maybe because it always came to me otherwise, you know, I don't, so...

**Are you okay?**

I'm grand. Oh I am actually. Yeah it's good to kind of think about because I am puzzled, you know: why do we do things? And I'm conscious as well when we were talking about, you know, we were talking about the history and stuff like that but I do tend, again on the surface tend to drift, you know, but it's not drifting obviously. You know there's something and there's always a reason.

**Of course there is. We all make decisions but often our decisions are unconsciously motivated in some kind of way like there's a purpose to them, you know.**

There is yeah, yeah.

**We'll move you on.**

Okay.

**You've talked a few times about kind of the way people at, either workplace in themselves in NEPS manage critical incidents and you kind of referred to you own skills even being able to manage them so I was wondering could you give me an example of a critical incident that you've had to manage and what happened? How you got on with it? You know the kind of process that it all went through?**

Now what's the first one that comes to mind? A little fellow in [REDACTED] (*location*) em, a little Junior Infant chap. They were having a bicycle day at

school so everybody was kind of keep fit day and people were going to cycle to school and he lived in a little estate in the village and he was out with his little helmet waiting for his mum to go to school on a bicycle and he saw a thing on the ground, went to pick it up and it was pipe bomb and it blew his hand off and he was unfortunately caught in the midst of some sort of local drug feud that was going on and the school rang me and I, he was obviously taken to hospital. He lost the hand and was extremely traumatised but that was looked after by the hospital and by, you know, child mental health services obviously but there was the awful impact on the school and so I went out and they rang me shortly afterwards and I went out almost immediately and we kind of put together a plan in place of what we were going to tell, you know, the usual things. There were all kinds of rumours going on that he was dead and that his face was blown off and you know all that kind of stuff.

**Yeah.**

And we said and first thing is down to the facts and let's go around and tell, you know, was able to support the school in saying what they needed to say. I was in contact with the Department's press office because they wanted to know what NEPS was doing so I was doing that. I was, em, the class teacher particularly I gave her a lot of support and kind of offered her the option of going in with her to the class because they were little five year olds, do you know what I mean and she didn't need it. I felt she was well able to cope. Obviously the big thing is to think about what is a five year old's understanding of this and you say that, you know, this was something that happened very rare. It's not going to happen to you, you know? But it was just one of those things that happened and he'll be fine. He's not, you know, he's going to have which was all true and when he came back afterwards, stuff like that. What was interesting about that one was, em, it was the neighbours. Like it's a quite disadvantaged school and this would have been a disadvantaged, maybe, estate in the town and some of the staff, some of the special needs assistants would be from, would be neighbours and maybe some of the cleaning staff and they asked to meet me. (Laughs).

**Right.**

And like this isn't our role, of course, but anyway and the principal looked at me and she said 'Look they really are upset. Would you mind?' and so I went down and I sat with them and again I just literally sat with them and it was after school for about an hour and they kind of talked about, they were very upset because it was a neighbour's child.

**Yeah.**

And I sat with them and again I didn't know how to wind it up. It was kind of, you know, and I think we talked about this before it's always good to start with: 'We're going to do this and we're going to spend so much time', em, but at the time I didn't but I think they appreciated it. Eventually I said 'Look, you know, is there anything else. You know what? If you think of anything that you'd like to ask me or whatever, you know, just ask [REDACTED], the principal or whatever' but it was about sitting with them. That's all it was and saying, you know, this is a very rare event. It's an awful thing but it's not going to happen your child or whatever and talking about the normal reactions to this kind of thing and they were having normal reactions. They were very upset and some of them were angry and that was it. It was about acknowledging that and that was that one and there was a bit of follow-up afterwards because the kid came back to school and em I think it was [REDACTED] (*location*) hospital had discharged him. He'd had whatever cosmetic work they were doing in terms of but he was very upset afterwards and I remember trying to get CAMHS to take him on because they felt, you know, this is a traumatised child so it should be I suppose a community psychology response or something which is a good point.

**Yes, yeah but to make it...**

Pathologise it. Exactly, but because the child wasn't, the child had been traumatised and I suppose you wait and see if there's long-term implications and then whether and quite right but, of course, the services aren't there. I think the community psychology person was on maternity leave and this kid was really acting out and was acting like a child who had been traumatised in school and the services weren't there so eventually anyway CAMHS took him on and that kind of thing so that was kind of the follow-up with that and the school and it all settled down and I think the message that we tried to get across was like this extremely rare. It's something that the odds of it happening again are very, very slim, em, it's horrendous but school goes on, life goes on.

**Yeah.**

We go on. We go to school and we learn. We have fun, you know, that's what you're trying to do in all these things is kind of keep a sense of normality.

**Hmm...**

Because that makes sense and that's kind of what we did. So that was that one.

**Yeah. Why did you pick that one do you think? Why is that one in your head?**

I don't know. I don't know. It came to mind I suppose because it was particularly... I would consider that a critical incident. You know, I think there's like, the definition we use that a system is overwhelmed and of course, some systems can be... some schools can be overwhelmed by the sudden death of a parent.

**Yes, yeah.**

Whereas other schools would not consider that a critical incident at all but there are some thing that I consider are definitely critical incidents. This is a little chap mutilated brutally by some, you know...

**Yeah you can call him what you like.**

A fucker and you know, we'd love to get him, you know, how dare he do that and the effect on that child's life and the effect on the school and that to me was a critical incident, you know, so that definitely sticks out as a critical incident and so that's why, I think.

**Yeah and I can understand that myself, like when you're describing it there the cycle to school event so I'm presuming this is late in the spring/early summer.**

Exactly.

**It's a really nice time in school where it's about a lot of kind of fun things.**

That's right. That's right.

**He was obviously setting out for a fun day at school which is turned in its head.**

Yeah ruined, yeah, yeah, absolutely.

**Any help with managing that one or were you one your own?**

I was my own and do you know this is one of the things I'm thinking about a lot is like I have gone out with..but, but, but I do tend –wrongly-, I do tend to respond on my own, em, and feel that somehow and then I ask myself 'why?' and I think it's because of the coherence about it that I kind of know what I'm doing. I don't have to think about another person's... who might have a different approach, you know, it's like it's not good.

**Yeah.**

Not good. I should have brought somebody with me. I should always bring somebody with me and I do see the value in it, em, and for lots of reason. I think the main reason being is that sometimes when you're put on the spot you need to, somebody else might have a kind of different, you know, if you're asked a question or you asked, em, something that you.... I've never been stumped but there's always a danger you might be stumped that somebody else could help or I know other people would like the idea of being able to kind of go outside for a while during the day and spend a little bit, have a little bit of a debrief or, you know, a little chat about stuff. I tend to be the kind of person who if I have a job to do I will stick at it. (Laughs). Now I could take, like I could take em say, during the... even when I'm writing up now I could take a day off and not worry about it but then when I get into something I like to completely immerse myself in it and I can actually stay immersed in it for a long time. Like I could literally work for nine or ten hours without a break, you know, kind of so that's and...

**So were able to go to that school and just be there for as long as they want?**

Exactly, exactly and that's what I would tend to do and then be available on the phone and I always ring me, ring me, ring me. If you have any questions, anything when I'm leaving you kind of have to be there and to be available and I would be, I'd have the phone with me, you know, so. Yeah.

**When it's over what happens then like? How do you process it? How do you cope with that?**

I don't think I do, Gerry. I don't think I do. I think what I do is, eh, I go home and I'd be making the dinner or whatever and I might be thinking about it and thinking about what I might have done but it wouldn't be anything formal. It would be kind of like, I'd be inclined to just eh (pause) think and then if something struck me and I said 'Oh God there's something else we need to do' or something that we need to follow-up on I'll make a note of it or I'll phone

the principal or whatever it is there and then, em, but no I would... I don't tend to, em, do anything formal anyway. No.

**Yeah, yeah. So you just go back to normal everyday things?**

Back to normal, everyday yeah.

**And would people at home know what your day had been like? Would they hear...?**

I might. Paul's my partner. I might say it but I might not, you know? I remember saying that to him and I remember saying about that. That was a particularly horrible thing and he would have heard on the news anyway and sometimes like they hear things and I know my mother would hear, it's funny, my mother would hear things in the news and she'd hear that NEPS had been involved and she'd ring up and she'd say, "I hope you weren't sent down to that. Isn't that awful. I hope they weren't sending you down to that." You know what I mean?

**So she'd be trying to mind you.**

Oh absolutely. Yeah, yeah well you could say that. (Laughs). She's trying to mind me yeah and she'd say, "I hope to God now you didn't have to go that. I thought of that when I heard..." Something like it could be there was that tragedy in was it [REDACTED] (*location*) where the man, [REDACTED] [REDACTED] (*double murder*) whatever and she'd say, "Oh God, I hope to God you weren't sent down to that", you know, but no that's kind of how I do it, Gerry. I come home and forget about it. I tend to kind of just, I like cooking so I might put on a big pot of something and chop and cook and stir and that kind of stuff.

**You can make something.**

I can make something yeah.

**And of course cooking there's real comfort in making something to eat and whatever.**

There is yeah and it's also I think a kind of a nice, as you say nurturing kind of thing.

**Yeah and so you were saying there your partner may or may be hear about it?**

May not. I think if it was particularly horrible, yeah, I would say it.

**Yeah.**

And he would be, like he's quite a self-contained person himself, you know what I mean? He wouldn't and he definitely would be a kind, caring person but not, you see, he works in a kind of a... He was a pharmacist and then an academic pharmacist so it's, he's in a kind of a... He had his own business for ten years where he had a lot of people come in talking across the counter so he's quite used to dealing with people.

**Yeah and hearing the stories.**

People, you know, when they come to the chemist they're not happy. There's something wrong. They're quite used to dealing with and [REDACTED]  
[REDACTED]  
[REDACTED] (*personal family circumstance*) so he's kind of, you know, 'You can get deal with it', you know. Like that would be kind of his approach to it so he'd be the same, you know and not that he wouldn't be kind and caring. He is but, em, I think he'd be aware too I suppose of at times because there times in the past where he has intervened in the family and said, "Ah, ah, this is enough. This is enough now."

**Yeah.**

And made phone calls and said in fact "this is enough now". So there would be a sense that if things were getting too much that he would man the *bearna baol* (*Irish phrase for stepping up to the mark*) and that kind of thing.

**Yeah, okay.**

Yeah.

**Follow up at work at about that incident? Would there have been anything? Like presumably it's write the usual the reports and do of that?**

You write a report on it and no my manager would have been, well at that time; [REDACTED]  
(*personal work circumstances*) [REDACTED]  
[REDACTED] you know, but I'd  
[REDACTED]

██████████ (personal work circumstances) so you'd write it up and you'd send it off and that would be the end of it really.

**Yeah.**

Yeah. Unless, I suppose like I have to say now and maybe this I do think that there would be a lot of people who would be very receptive to providing support if you wanted it. There definitely are. I think it's the nature of the profession, you know, what I mean it's a nature of any kind of caring profession that if they saw a colleague who was struggling or seen to be quite impacted by something they would take time and say come on out for a coffee and you know, let's talk about it; whether I'd be inclined to seek it or not I don't know. I don't think I would.

**Yeah.**

There are some people who are very good at seeking it. I'm not, I'm not and then I might be the kind of person who gets resentful if I don't get it, you know, it's...

**Yeah. So you're not going to go looking for it. You might be going I'm here and nobody has asked me?**

That's right, that's right, yeah so that's not healthy, not good, you know, but that's the way it is like a the moment.

**Okay, how about you tell me about another one?**

Okay, em, so....

**Because I bet there's been loads of them.**

Now there's loads of them. Now what comes to mind next? The next one that comes to mind is a chap, he was about fifteen or sixteen and I think he was in transition year and it was in ██████████ and he went to, he'd got the ██████████ (local train) to ██████████ (location) and he waited for another ██████████ to come and jumped in front of it and the school rang me and it's funny I don't remember the calls *per se*. I don't know whether.. like I don't remember the calls but I remember going there and I remember arriving, I think it happened on, maybe it happened on a Sunday and on the Monday morning anyway I was there first thing. Now...

**It was one of the out of hour's phone calls.**

Exactly or maybe...or a text. I can't remember. I'm not that kind of person. I don't remember it in that way.

### **That bit of it.**

Yeah so anyway I arrived and there was a drama queen of a guidance counsellor. Oh God! (Laughs). I sat down and there was the principal and the vice principal, em, the guidance counsellor, the chaplain. The kind of..the critical incident management team that you would set up and everybody, I felt, was on the ball and in tune with me apart from this guidance counsellor who was I think panicking, couldn't hack it when it came to it and was saying things like, "Oh we should have had a better, clearer plan in place" and okay maybe afterwards there's room for that post mortem stuff but you're in the midst of it you don't, you think, what do we need to do? em and I felt somehow that I kind of, again, because the guidance counsellor I suppose on the face of it, the principal and the vice principal look at him as somebody who should be able, who should know what's the right thing to do. Who should know, em, what's involved. They looked at him in his kind of distress and they became distressed because they felt I suppose oh God this is, you know, he unsettled it and I felt my job was to be ballast and say look 'Come on let's refocus here. What do we need to do? What are the practical steps we need to take? dah, dah, dah' and that's what I do and that's what I did and we got things back on track. Literally I kind of had to almost sideline this person who was very distressed and say, you know, 'Let's just', you know, and in some places I had to overrule and I said 'No, no this is what we have to do'. Things like should we...the questions they ask; always. 'Should the class...should we close the school?' 'No, absolutely not'.

### **Yeah.**

Particularly in a suicide. Things have to go on, you know, you can't glamourise this one, you know. Should everybody go, all the school go to the mass, the funeral mass? No. Parents if they want their kids to go to the funeral mass collect them and bring them to it and bring them back to school. School goes on, you know, no big glamourised, standing around the grave all this kind of stuff that seems to happen now after a suicide. You know, we want things to be... And I'm very, like I'm very decisive and if you ask me a question I can make logical kind of connections and say well this is what I think is a logical thing to do and here's why and I think if you can do that in a crisis that's kind of good, you know, and I would do that so we managed it very well, em, exactly as I've said the school carried on and the year head, I spoke to him. He went in and spoke to the year group and I supported him in

saying look and you see a suicide as well is em, particularly difficult I think because nobody knows what that person was thinking. Nobody knows at that last moment whether they felt they were doing the right thing or you know it's like...

**Yeah.**

So I always say to people is, you know, nobody will ever know the truth of what happened here. There will be autopsy and there will be a post mortem or whatever and they will be all that....

**And it will say how they died but not necessarily why they died?**

Why they died, exactly, and whether or not that this is really what they wanted to do: We don't know. We really don't know because I think people can change their mind, I'd imagine they can, you know, at that moment.. you and so..all that so and saying like 'This is what we know'. Establish the facts. That's always the first thing. Really and truly it's the first thing and that it's really important, I think, it's so important to be clear and say 'This what we know' and because what happens is the rumour mill starts, the social media thing starts, the whole, you know, of such and such a one. He broke up with his girlfriend, you know, all this kind of nonsense and you're saying, you know, just the facts, the fact, the facts and that's what we did and I think we handled it well once we kind of had the drama queen, as I call him, once that was sorted it was fine.

**When you talk about this one now you're saying we handled it well so is this one different or are you on your own again?**

No it was me again, on my own.

**So when you're saying we here it's you and the school. Right, yeah.**

And I do feel this important in both these cases they were my schools 'my schools' in that they knew me. I knew them. There's a great sense of you know what you're dealing with. You know who you're dealing with. This particular guidance counsellor was new, well I didn't know him very well, of course I knew the principal and I knew everybody else and they knew me and there was a kind of a sense that we were working together and that kind of thing and I think I would have got good feedback. They would appreciate it. You know, I would have phone calls and I think what they really appreciate is the fact when I say to them, 'Ring me. Ring me anytime. Any questions, the smallest thing that you might... I mightn't have the answer but we can figure it

out together' that's what I say and I think it's that sense of being there for people.

**Yeah.**

That's really important. They mightn't ring you but they look back and say 'God, he was...', you know what I mean?

**Yeah it's huge.**

You know the fact of this thing of actually 'being there', you know, being at the end of a phone even, em, is very much very valuable. It's a very important part of the work, you know, because really the principal is pivotal. If the principal can show to the school the he's coping or she's coping, em that has a huge calming effect.

**Absolutely.**

You know in the midst of all this chaos but I think that person needs support. I think that's my primary role and if it's not the principal, the principal can't cope then somebody else whether it's the deputy or somebody else there, you know, has to take on that role of being... actually I know this 'big other', whatever, you know, this is kind of person who's in control, the kind of the leader.

**Yeah.**

And the leader is going to lead us through this and we're going to get through this and life will go on, em, and I think my role is to be there for that person.

**Yeah.**

And to support that person and that relationship is crucial.

**Yeah. Do you think at times you have to be that person? The one who copes?**

Sometimes you do. Sometimes you do, yeah.

**Yeah.**

Sometimes you do, em, when nobody can cope somebody has to, you know and take control and I would have done that sometimes, I'd be very, very directive and said 'Now come on this is what we're going to do folks because',

now I haven't, I would never say I've gone in to a school where there was kind of complete chaos. There's always some semblance of somebody, what I'd call a kindred spirit who I can connect with because, you know, who has authority within the school, you know, that I find somebody but sometimes you have to be that person, you do, yeah, yeah particularly.

**One or two other of your participants have spoken about that.**

They have yeah.

**And spoken about it and I know I shouldn't be talking here but they've spoken about it in two ways. One of having to take control just momentarily just to get things back on track.**

That's right.

**Or sometimes they had a little bit of uncertainty and only realised retrospectively 'Oh I could have taken control there' and that would have moved things on.**

That's right, yeah. Definitely that's true, that's true and that momentarily thing, momentary thing is good. That's true, yeah. So you're in a meeting and you're putting down their plan and these meetings normally take less than an hour. You sit down and you're in early. You get in early before things fall apart, almost, you know what I mean because I think the earlier you get in the better and sometimes you're in that meeting, the reality of it hits people. It's like, you know that last one. I remember saying to myself 'Don't picture the chap jumping in front of the train. Don't let that picture in your head because if you get that picture in your head it might somehow, it might stop you being able to function if you really thought about the reality of it or you pictured it', you know, so I consciously stop thinking about it and think about what we have to do but sometimes during those meetings that reality dawns or something or there's a group sense of the horror of it.

**Yeah.**

And you kind of have to then go back to tasks and what do we have to do? Practically, what do we have to do?

**Yeah. So you try to enable an atmosphere both for yourself and for the others who are not focusing on someone's body smashing into the front of a train?**

No.

**What we're focusing on here is picking up the pieces as a result of it.**

That's exactly it, yeah, yeah and the same with the little chap with the bomb. I didn't like to think, picture the little fellow, you know, but I did obviously but afterwards I remember when I was driving home exactly as you say, it was kind of the summertime. It was a beautiful kind of, a lovely idea that we're going to have a bike day and we're all going to ride into school in bikes, the kind of romantic, I suppose, idea.

**Yes absolutely.**

And ruined by this horrendous thing that happened, you know, so... so that was that one.

**Yeah. So for the suicide one for that one what happens afterwards with that? You know you've had to manage it, what happens when you have to leave and walk away?**

I check in. I check in the next day. I think I went back the next day again. I did. I went back the next day and, sorry, after that we had the meeting, early morning meeting and then we went in and we spoke to the staff. I think I spoke to the staff and kind of would particularly focused on the year group person and say 'Look, you know, what are you going to do? I chat to them individually but as a group I talk to the staff and we talk about the reactions they're going to expect? What do we need to do? What do we need to say sometimes and you might go through the script with them, what you're going to say to your class group or whatever and then the follow-up afterwards would be being available and I can't remember, sometimes you get phone calls and the phone calls can be about like, things like 'What are we going to do', em, they can be odd things like? 'We have, em, another kid who we're another concerned about'. That's not an odd thing. That's kind of a frequent thing, you know, so you'd say the usual thing. I always say, you know, keep an eye. Six months seems to be kind of... If things are still and if they have not settled down after six months then we worry about but I think...

**Yeah.**

Because I know from my own experience in grief that it is a process, you know, it really is a process and there's a sense that everything has to be pathologised and everything has to be made into a kind of a (pause) not an industry but you know what I mean. It's like there's a whole, you know, we

have to do x, y and z but sometimes you don't have to do x, y and z. Like something horrible has happened or you've lost somebody. It's horrendous, it's terrible and you're going to have to go through it I'm afraid. There's no shortcut to this. You know you're going to have to go through the process of dealing with that and hopefully it won't become something that you can't deal with and if it does we'll talk about that six months down the line but at the moment there's a real reality here of loss and pain and we have to go through it.

**Yeah I agree with you, yeah. People forget that in the face of trauma.**

Yeah, they do, they do.

**Like we understand in terms of other things. If I fall down and break my arm or leg, I know I'm going to have a cast for six or eight weeks and may be physiotherapy for six or eight weeks after that but I know in six months hopefully it's all back to normal.**

That's right.

**But we forget that about human tragedy.**

We do, we do and that's a good analogy because like the painkillers you need at the beginning when the pain is still acute, you know and I think that's what we're doing. We're kind of providing that kind of first shot of painkillers or whatever (laughs) at the beginning but there's a process of healing and part of that is kind of a lesser pain that we go through, you know, so yeah.

**That one then that suicide one you go through the usual workings afterwards but in terms of looking after yourself, do you do anything or do you talk to anyone about it or does anyone know about it?**

Not really and again and definitely there's part of me that thinks there's kind of 'Oh Richard can cope', you know, and you see I'm annoyed with myself because I know that if somebody else was doing that I'd spot it straight away, you know?

**Yeah.**

But there's part of me that wants this kind of image of oh God, you know, he can cope.

**Yeah.**

So there's an ambiguity about it. I don't know. Like in the one hand do you want to be able be seen to be effective and strong and good in a crisis and calm under attack and all that kind of stuff but conscious of the fact that there's a price to be paid for that and it's not good long-term. It can't. It's nothing that you continue to do all the time.

**Yeah.**

So definitely that's not... And kind of like, you know, it's funny. You'd almost look for; definitely I'd look for somebody to say 'Ah sure you're grand. Sure you're great at that' you know what I mean? Or that would be definitely something that I do and it's not good.

**Yeah.**

It's not good.

**So the Richard can cope with things is something you use.**

Hmm...

**You spot it in other people so if somebody else is doing that do you intervene or do you know of say to them ah come here now.**

Oh I would particularly if they were friends as well as colleagues, you know what I mean but I suppose I would be very respectful of boundaries too so if it was somebody I didn't know very well, I would be, I'd be inclined not to. Maybe what I might do is I might (pause) no I wouldn't but if I felt that the person was, now I suppose this another thing what, [REDACTED] I would be inclined to raise it with my manager [REDACTED] and say 'Come on the organisation needs to do something' and I've tried, in one case I'd be very friendly with the person so I've tried the direct approach as I've said. I've kind of got 'Yes help me, don't me' but the other person wouldn't be a friend, em and [REDACTED] and I'm really putting pressure on management to provide support for her even though she's maybe doing what I do kind of 'Oh I'm coping' [REDACTED].

**Yeah. So you two ways. So direct intervention with the person or else through the kind of work channels to try and get to....?**

Exactly. Yeah. The direction intervention was somebody who I know and who I'm friendly with and who would know that I'm coming from a good place and

I'm not in some ways trying to undermine them professionally or cast doubt on their...

**This is mate.**

Exactly, exactly yeah so that's kind of the way. Yeah.

**Yeah. You told me about two. I'm sure there's loads more lurking so give me another one?**

Another one...yeah..this was again; it was a school in [REDACTED] (*location*) A small rural girl's school and again nowadays, this is years ago, I wouldn't consider it a critical incident now and I'd have approached it totally differently but at the time I think I was newly enough qualified and I was wanting to make a good impression as well I think and it was a convent school. The nun was a principal. A primary school. They had a little one who, I think, she was may be third class. She a life limiting illness and she became unwell and the school knew she was going to die and they as a community wanted to do something and they invited me in and they asked me what to do and she died quite shortly after they contacted me and then they wanted us to do something and at the time the guidelines weren't as clear. We weren't as clear about what we do and I remember we met groups of kids and we sat around and I remember I talked about again the reactions to grief and sure the kids knew she was going to die and when I think about like I don't know what I was doing because some of them, we sat with groups. Myself and a colleague actually in that case there was a colleague who I did ask to come with me. We sat and we had groups of maybe eight or ten kids who opted into it who wanted to and we talked. I told the story of the dragonfly which was about death and it's kind of funny looking back it. The story about explaining death to children where you have the dragonfly who's, a water bug first and going under the water and then when they go through metamorphosis and they come up to the surface of the water and they fly away and they can't come back and the story is that there's two water bugs and say when you go up to the top of the water you're going to come back and tell me what it's like from the top of the water when you fly away and they can't. So the person is gone and they can't come back and we don't understand what it's like or what happens and I told that story to the groups and I remember there was one little one who got very annoyed and she was no, 'But you're not answering my question. This isn't..how can this happen? Why should a young child this age die and it's not fair' and she was right, of course and I didn't know what the answer was and I kind of shut her down. I

did, I shut her down and I said well, you know, this is what we've done. I've told you the story and you know...

**(Laughs). Yes and go away now?**

Go away now, you know? And I remember my colleague tried to engage further with her. She saw that somehow I was trying to shut her down and eh...but I remember that clearly and looking back on it, it was the wrong thing to do. I shouldn't have done that all. We should have actually just let the community deal with this which is a horrible thing to happen, a little kid dies but little kids die and they have, I think it's still in the grounds of the school a little deer, a little sculpture of a deer and it is in memory of her, you know. It's a nice little memorial but that was it. That was that one and again I don't know why it comes to mind but it comes to mind and I think maybe it's maybe that unresolved thing, I feel bad about what I did to the kid.

**Yeah.**

But anyway...

**But did you learn something from it?**

I think I did. Certainly I wouldn't do it again now and then if you'd asked me at the time immediately afterwards I would have 'No this is not the right thing to do'. The principal put pressure on us to do something. I think we were trying to do the right thing. Trying to be the good, you know, trying to be a good service and good PR for the organisation and all that kind of stuff and that's always in your head as well, you know?

**Hmm...**

Because we are a Department of Education section.

**Yeah.**

And it's always another element to it. Like sometimes you have press office on the phone and they want to know what we're doing because the papers are on to them and they want to know what's the Department doing in response to this and it's always an element but now this wouldn't have been like that but it's to a degree it's a similar. You want to give a good account of the organisation, a loyalty to it and whether that's good bad is another question but anyway you know the way sometimes...

**If you work for an organisation there's a certain duty?**

There is yeah.

**I know there's a point where that duty might shift where it's only really rotten about them but by and large there's a certain duty to represent the organisation fairly, isn't there?**

There is yeah but looking back on that one now I just think we shouldn't have, well not that we shouldn't have but it wouldn't be what I'd do now put it that way and I think a function, some of it definitely was inexperience. Some was of it was wanting to do the right thing and feeling pressurised to do the right thing and (pause) a genuine concern for the school because I saw how much they cared about the little one and I saw how much it hurt them and you know, how much the kids were impacted by it, you know, but it wouldn't be the right thing to do now I don't think.

**Yeah.**

May be as I say six months down the line if there was a kid who were very concerned about is not integrating this loss into their life, then you might say God we need to refer this kid on or something but it's just we have to, I think, as well circumscribe our role. We have to say well look this is what I can do and this is what I can't do and this is why I've, like I would be inclined now, [REDACTED] (*voluntary agency*) have a very good grief, you know, counselling service for kids, particularly kids whose parents have died suddenly or died, you know, that kind of thing and but again I would only do that well after the loss, you know, where the kid doesn't seem to be coping, you know.

**Yeah.**

I think my understanding of grief and my understanding of trauma has grown, you know, since then.

**Yeah and probably, you think, grown through experience both and the education that both have contributed?**

Yeah, yeah. Oh I mean my father's death, I learnt an awful lot from that and that's ten years ago this year. I was...I contacted the employee assistance service. I was driving along and like music would come on the radio and I'd start to cry and I couldn't I couldn't even though we did everything I couldn't understand or I felt I couldn't and you know you've read about grief. You've read about it but the experience of it is totally different. I couldn't understand

how I felt. This is only two months and this lovely woman I rang her and it was probably two months maybe less. He died in July, the end of September, July, August, September two months and I thought I can't cope with this.

**Yeah.**

I can't cope with this (short pause) (sounds upset) and I rang this lady and she said to me 'Richard, for God's sake, it's only like it could be last week'. You know, she did exactly what we do. 'This is absolutely normal' but I couldn't get over the pain of it. I couldn't get over the pain of it but like it was like it was my first experience of real loss and I learnt a lot in that, you know, I really did and it made me more inclined to I suppose really take account of...again I'm connecting it back to that little girl, you know, to take account of people when they say this is awful, you know. Not shut them down, you know, but just say well it is awful and I do understand your pain, you know, I do understand it but it is, it's part of life. You're never going to get through life without having to suffer it unfortunately but it gets better and I suppose that's the... And I think that I've learnt that was kind of a big learning thing for me. My own experience of grief.

**Yeah and it's very valuable and I think our own life experience teaches us a tremendous amount for these type of works.**

Yeah.

**I think it's very important and what we've been through ourselves we can make use of it not- that you want to capitalise on your own tragedies- but they do teach us things about the world.**

They do. They do. They do. Unfortunately there's no, I don't think there any substitute for the experience. There's nothing, you can read about it and you can imagine it because like I was thinking about in terms of training for this even, like, you can think about all those things and you can imagine them but there's no substitute for actually experiencing, I suppose, loss and experiencing what it's like to be able to then recognise it in somebody else, you know, that's it, you know.

**I'm conscious of the time. We've been going for about an hour and a quarter and I'm going to move you on a bit and I guess our timing is good in the sense that we're talking there about experience and what that teaches us but if you were, which you are, of course, you're looking at NEPS, trying to look at it from outside or above or whatever and looking about you manage critical incidences and how manage the**

**education and how you manage the people. What would you do? Is there something different that should be done there or something additional or something less?**

I do think that we have to really get to grips with proper supervision and what that means and what it is. Now I've been thinking about that a lot. What exactly is it because, I think, it has to be more than you ring up somebody who you know and who you are friendly with and it has to be something more than that. It has to be something formal and it has to be something that's very skilled and like I wouldn't have the skill at the moment to do it. It has to be somebody who's trained, em, to be a good supervisor, who can cope with or who can teach somebody or demonstrate to somebody or almost become a receptacle for this kind of anxiety that you carry or trauma that you carry from other things and somehow, em, help people to process it and whatever that means and I don't know what that means yet.

**Yeah.**

To process it that's really important. I think it has to be formalised and I think also that people who have been, em, it's already there but it has to be made much more explicit, people can opt out if they want to of this work. I think people; some people just need to be able to opt out.

**And is that possible within your organisation?**

Oh it would be. On paper, on paper, it very much is but in practice I think some people who should don't.

**Yeah.**

And I think partly because they do what I do, they kind of feel, em, somebody has to do it you know what I mean (laughs) and somehow that you're remiss if you don't. What else in terms of the organisation? I think eh (pause) there's the supervision, there's the ability to opt out. There's, I think, also has to be and a few people have said this and I've always believed for a long time, since I started this research; even before I started the research I thought there has to be a facility for people to be able to take time in lieu because I think that the time that you spend working on a critical incident is so intense that it is almost like you're working treble time when you're doing it, if that makes sense.

**Yeah.**

You really are. You give everything to it and it's exhausting work and now I don't; now I have to say I don't feel exhausted but I know some people do feel exhausted after it. That people should be given, look take time, take mental health days. Just or/and also compensated with the likes of somebody else will take on some piece of work for you or we have this Scheme for Commissioning Psychological Assessments where private people can be brought in to do some assessment work. That some of these, that you're given a few of those to take some pressure off your schoolwork and there has to be something like that in the organisation because this work is unique in its intensity I would say and there has to be account taken of that I think.

**Yeah, yeah and is there, I think the things you're saying are very valuable but is there any kind of forum where that's under review or for debate or where you can kind of say well you know, this, these are my thoughts.**

There is a critical incident management group and we also have a research forum every summer and we have an annual general meeting, we have a general meeting where we all come together usually, em, before Christmas and I've been asked to give a presentation and but I am going to give the presentation to management first. I'm going to insist on it because I don't want to somehow to give hostages to fortune or to go up and somehow.. I wouldn't like this work.... because it's too valuable to somehow to lead to a kind of a defensive response from management. I want it to be an agreed kind of thing to say 'look, this is what I found, 'cause I found that some people are very, very affected and need much more than they're getting'. I want this to be..to be able to say 'Well look, this is what we need to do and management are on board' and I think I'm in a position to be able to do that. I think I'd be listened to, you know And then present it as: 'This is what I found and this is what we're going to do', you know, because I don't want...because I think sometimes you can have a defensive response and ruin the whole thing.

**Absolutely, yeah and it can set things back rather than forward.**

You can yeah, yeah.

**Or you can get into that adversarial position with management and it's no longer then about what needs to happen. It's about a row.**

Exactly, exactly, that's right or the kind of 'Oh the cranks are out', you know, what I mean because it can be kind of, there are some people I suppose who are very vocal maybe and quite rightly vocal about what's wrong with the

organisation and that somehow... if you get into that space can become quite negative and I'd rather it to be, I'd rather have it a positive thing because it's a nice piece of work. I think it's a valuable piece of work that I've done. I really do and I think it's, you know, it's going to be good and useful.

**Yeah I agree with you there is that vocal group who unfortunately don't always articulate things in the best manner.**

No, no.

**Even though they're articulating a very valuable point.**

Yeah, oh absolutely.

**But they just succeed in creating an argument rather than... .**

Alienating people, absolutely yeah because it almost becomes more about shouting and roaring rather than the content.

**Yeah when you talk there, Richard, about supervision becoming a formal rather than the informal thing that it is would you see it as being compulsory?**

Well I think...

**Which is a strong word?**

It is a strong word. You see I think that...

**Or a requirement.**

It's a requirement for registration for a psychologist at the moment and it's certainly going to be with the new, when the Corú set up: the Health and Social Care Professionals, it's going to be a requirement and say for instance if somebody has I think, has a complaint about them one of the questions is 'who's your supervisor?', you know what I mean that kind of stuff so I don't like anything being made compulsory but I think sometimes people don't know what's good for them and I include myself in that. (Laughs).

**Okay.**

I include myself in that and I don't know what's good for me sometimes and I think that I should be far more inclined to (pause) seek out supervision. I really should.

**Yeah.**

Now. I sometimes think that may be it should be I would prefer myself for supervision with somebody outside rather than inside.

**Yeah.**

And that's my own personal preference because I think it's easier to be open and to be less defensive or to be completely honest with somebody who's not invested in the organisation and doesn't, you know, and maybe that's a trust thing with me. May be there are people who are completely impartial and can be completely supportive and honest and you can be really open inside. I just feel it's a risk in going down that road for me, for me personally, you know.

**Yeah.**

Now some people would be quite happy with the supervision they get inside and they seem to have very, em, a very kind of open relationships with people. I'm more guarded I think.

**Yeah.**

I'd prefer to be outside.

**Yeah I suppose probably one of the things you need to do is to look at different models of supervision before you kind of present it to management and say look this is what we should do because there's very distinct differences between kind of peer supervision, external supervision, internal supervision or supervision by a line manager.**

Yeah.

**Like the line manager one is only what organisations want to offer because it's cheap.**

Cheap, yeah.

**And it doesn't cost them any investment which is actually in terms of process work it's inappropriate.**

It is. Oh it is, it is, yeah.

**So you need to kind of look at those models and what's feasible and what's not feasible.**

Absolutely, I think supervision for this work in particular is, I think it's a unique aspect of our practice in that like a lot of what we do is as I say is consultation with teachers, about behaviour problems, about learning difficulties, assessment work and I suppose the emotional connection say from a lot of the work that we do is about talking to parents and saying, giving feedback on assessments or saying, you know, or say you come across a child who is, you know is autistic and that kind of stuff. That's kind of in terms the emotional engagement is as far as most it goes and that's tough at times to do, you know, and you'd say God it's not nice to go in and give bad news and a lot of our job is giving bad news to people, em, but somehow that's different to the trauma work or where you're talking about the suicide or the serial suicide or a murder or that is different. It's objectively different and it calls for a different response and it calls, it has a different demand on you as a psychologist and I think as a result of that, supervision has to be different and it's something about dealing with pain, other people's pain and what do you do with it.

**Yeah.**

And I think that calls for a certain type of supervision that at the moment as far as from my experience, maybe there are people who are getting it – I never got it -and I do think it's necessary.

**Yeah I agree. I have another question for you?**

Hmm...

**What's it like doing this interview, being on the receiving end of it?**

Em, it's easier than I thought, em, I'd just have to say easier than I thought and it's kind of, em, there's a certain relief in it too I think but I think I've made progress in it myself. I think there was stuff if you like in the pre-conscious that I've allowed come in and may be some unconscious stuff as well that I hear about that from you but, em, no it's good. It's good and I think that, em, I need to a lot more of it in a more supervisory kind of way.

**Okay, yeah, yeah to take it beyond the research.**

To take it beyond research and where I'm going to go with all this anyway. Where am I going to go with this, you know, am I going to know...now may be think about a therapeutic training of some sort or something like that or I am really interested in psychodynamics and the psychoanalytical approach which I do think for this of work particularly it's the most appropriate, em perspective from which to comment from, for me anyway. Now some people would say

that these concepts we're talking about and all these things we're talking about could be explained in a different way and that's true.

**Absolutely yeah because there's many different theories on how trauma impacts on us.**

Exactly but this somehow appeals to me and always has, you know, as a kind of a, as a perspective and as a way of understanding and conceptualising it, you know.

**Yeah. Yeah I can see the attraction in it, I suppose obviously I'm biased in a particular direction but certainly the Lacanian perspective on trauma is that our unconscious our actual mind is literally formed around an initial trauma.**

Yes.

**So then when another trauma happens us it interacts with that so there's that kind of constant layering if you can describe it that way but layering isn't necessarily the best kind of word but the constant kind of meshing of these traumas together and each time that happens it restructures us internally to some extent.**

It does, it does yeah.

**And that requires an understanding of our conscious basis, you know.**

Yeah.

**I don't want to finish yet.**

Okay.

**I want to ask you one more or may be two more questions, may be one more in the sense that obviously the kind of texture of your interview has been a little bit different to other ones and that's fine and I expected it would be and I've asked you the questions in a slightly different way.**

You have.

**I'd just be a little bit concerned though I might have left out something important that I should have asked so I'm wondering is there anything in your head that you think should be said?**

Okay. From my perspective I suppose, em, what comes to mind? I suppose I'm wondering and maybe this is something that has come up is there a critical incident that I would feel no, I cannot face that and it's something that I've thought about and I think that if there was ever a question I think about, of a gay kid or whatever who has taken their own life. That's something that hasn't ever come up and it's surprising it hasn't. You know like in fifteen years that I know of anyway.

**Yeah.**

That that wasn't an issue because as you know, the kids, gay kids are in very high risk of taking their own lives.

**Absolutely, yeah.**

That hasn't come up, that hasn't come up; em and I think if it was put to me that this was the reason or that there was a question about that this kid couldn't cope and was mercilessly bullied or whatever it was that I don't know if I could cope with that.

**Yeah.**

I really don't know if I could cope with that. I would have been somebody who was bullied myself at school and would have had possibly thoughts of doing that to myself so that's definitely something that I would not be able to countenance I think. That's the only one, that's the only one and I think even...

**What would do you think you'd do? Like say you go the phone call this afternoon after leaving here saying this is what's happened?**

I'd have to ring somebody. I think that's the one time I'd say I would have to ring somebody and say look you're going to have to do it. I cannot face this. This is something that I can't face and I'm going to have to ask somebody else to take this on. I would imagine I would but then I don't know. You see when the adrenaline hits, you see I don't know but if you got the call and then there's a sense that maybe this is a, you know, I'd imagine I would say 'no' but then I don't know. I'm not a hundred percent sure that I would.

**Yeah because none of us can really predict how we respond on the spot but you'd prefer to say no you think.**

I'd prefer to say no. I think at the moment in this vantage point, yeah, I would say 'No'.

**Well I suppose I will say something first and then I'll answer the question. Like I haven't thought about your sexuality, you know, but did it emerge from your interview okay you're in a relationship with another man so I presume a homosexual relationship and that's fine or whatever but now I'm that I'm aware of that it hasn't changed my thinking about you which is fine. That's the position I'm in but do you think that if you were, you know, if you got the phone call that we have a suicide of a gay young man or whatever who's committed suicide in the school do you think there's something about yourself that would come across in managing it or that it would retraumatise yourself in some way or you know what's the question about why I wouldn't deal with it?**

You know what comes to mind I think I'd be furious.

**Okay, it would make you...**

I would be furious and I think but I think the fury wouldn't...would somehow not be, I wouldn't be able to contain it. I'd be afraid of what I, you know, and I think that that my somehow impair my judgment or that it might me less than inclined to be able to be objective and to..I'd probably be very angry with the school, you know, for letting this happen? How could you let this happen? How could you let somebody be bullied or be treated or to feel so bad and this is what they ended up doing.

**Yeah.**

And I'd say that's why.

**Yeah, yeah. That's, yeah so you'd be right yeah; hand it over**

Hand it over. No it wouldn't be good. It wouldn't be good. Because they need to be able to rely on me and they have be able to believe that I trust their bona fides that they did their absolute best for this kid and I would probably be saying to myself 'This is outrageous' you know, and I wouldn't be able to be objective about it, I wouldn't, no, so it wouldn't be good. It wouldn't be a good idea to go out at all and sometimes I'm afraid and again this is I'm afraid sometimes that if I do open that can of worms, you know, what will happen? (Laughs).

**Yeah.**

I don't know, I don't know. I think there's a lot of stuff that I haven't really addressed and maybe... about myself and my own history about my own experiences and in terms of family and in terms of school in terms of everything that I haven't really unpacked and maybe I don't have to unpack it, you know, but I'm always worried that there is something that will.. like that fury I talked about.

**If that unhinge you or...**

If it was unleashed that it would take over or that somehow what would happen? What would happen? I'm a very contained person. I don't lose my temper. People, they tell you at home just maybe once every two years and when it happens it just runs, everyone has to run to cover because I just get furious. I would be, you know, it ain't pretty and I'd be afraid that's what would happen and then what would happen I would become overwhelmed and the world is going to end, I don't know. (Laughs). But so that's kind of why I think that one would be a bad idea.

**Yeah and that's reasonable. That's perfectly reasonable.**

Yeah.

**Like you're recognising a potential limitation in yourself or a potential risk and you're right to say "no here I don't want to do that".**

Yeah.

**I'll tell you two things from my own personal experiences that I don't know would it help or not and I had an experience where my niece who was seven drowned and that was horrendous as you can imagine but then in work a couple of weeks back in work or whatever, you know, getting on with it as you have to do and I was on this CPR course and it was requirement for work and of course, through the day and the instructor talks about drowning children and how long they can be in the water and how amazingly long after that you can still resuscitate them. That wasn't good, you can imagine.**

No, no, no, no, no.

**And I kind of realising that I can't cope with this. This just doesn't fit but it re-emerging response and then the other one and I've forgotten the other one when thinking of that one just on your one. Oh yes, yeah you're asking a question of yourself saying 'Should I go there, should I**

explore this further. May be I should or may be I shouldn't what's the risk?' I know when I was doing my psychotherapy training obviously the requirement was education, supervision and personal therapy and I kind of done the three year degree part and coming up the end of that I started the personal therapy bit and being really uncertain about it and I kind of going to the course director who is now my supervisor and saying I don't know if I want to do it because what I see is a lot of people doing these kind of things and collapsing or falling apart or disintegrating in some kind of way and he said you're thirty. You've got this far in your life and you haven't fallen apart. Look at those people again and you'll see that they've been in some kind of a mess beforehand. If you've managed this much of your life successfully so it might be traumatic in places doing the therapy but you will be able to do that and he was very reassuring.

A good point. I'm nearly fifty so (laughs) and I have survived.

**Yeah and this how successful your life has been so yes you will probably discover things but...**

Hmm... Yes I know.

**Things that you can run with.**

Yeah, yeah and supported by professional person who knows what they're doing, isn't it that really, you know? And knows where to draw the line and where things are getting out of control or whatever but I am definitely, I'm very interested in it and this is kind of you like peaked my interest even more, this work, you know, it really has, you know and the value of it.

**Good. We might stop the interview there.**

Sure.

## Appendix K

### Cross Case Analysis: Matrix of sub ordinate themes

Interview No.	1	2	3	4	5	6	7	8	9	10	11	12	13
Theme													
<b>Training a mixture of in-house, reading and experience. Difficult to prepare someone for this type of work</b>	√	√					√	√	√	√	√	√	√
<b>Intrusion of CIs into personal life</b>	√	√	√	√			√			√		√	
<b>Feeling of dread at phone ringing at weekends/evening, 'flight or flight response'</b>	√	√					√		√			√	
<b>Needs of schools who experience multiple suicides: current response inadequate: cumulative effect of CIs</b>	√			√	√				√				
<b>Need for coordination of services, role clarity</b>	√	√			√					√			
<b>Suicides are different-never cut and dried. Effect on school deep and lasting</b>	√								√				√
<b>Need for role clarity (seeing individual students or not) NOT</b>	√						√	√	√		√	√	

<b>'Carrying' emotional impact of CI after the event</b>	√			√	√	√	√			√		√	
<b>CIs difficult because of their inherent unpredictability. Not always clear, evidence based solutions to dilemmas. Often put 'on the spot'</b>	√	√		√				√			√		
<b>Get in early: don't prevaricate</b>	√												
<b>Establish the facts</b>	√												
<b>"Close to the bone"- very similar circumstances- more affecting</b>	√	√										√	
<b>Need for mentoring and suitable partners working together (people who work well)</b>	√	√				√	√					√	
<b>Need of formalised review of each CI (NEPS and schools) and time to 'process) the work</b>	√		√			√	√					√	
<b>CI work builds relationship between</b>	√						√						
<b>CI work builds relationship between school and EP</b>	√						√						

<b>Need for practical support from organisation (support for work cancelled/rescheduled because of CI)</b>	√								√			√	
<b>Need for out of hours service (First call to service very important)</b>	√												
<b>CI work different than other EP work- we have to take the lead and be directive a lot</b>		√			√		√	√			√		√
<b>More experienced colleague very good when not used to this type of work</b>		√		√			√						
<b>Outside agencies' involvement can cause us to feel pressurised to work in ways we don't recommend e.g. direct intervention with students</b>		√		√				√	√		√		√
<b>Need for clarity around what constitutes a CI (CI industry leads to response when there</b>		√			√	√			√				
<b>Need for clarity around what constitutes a CI (CI industry leads to</b>		√			√	√			√				

<b>Cultural/class sensitivities need consideration when responding to CIs</b>		√						√				
<b>Challenging because we need to respond quickly, being door stepped in highly emotionally charged situations</b>		√										
<b>Supervision from colleagues important</b>		√		√				√	√			
<b>Counselling training deficit in pre-service EP training; felt underprepared for CI work psychoeducation traditional EP role but need for 'emotional containment'</b>			√	√	√		√			√	√	
<b>CI school documents useful but advice on self care for psychologists neglected</b>			√				√		√	√		
<b>Important to keep professional distance to prevent vicarious trauma and crossing boundaries</b>			√				√	√				√
<b>Important to keep professional distance to prevent vicarious trauma and crossing</b>			√				√	√				√

<p><b>Avoid delving too deep into the minutiae of a CI- stick to the basic facts</b></p>		√											
<p><b>Important to be aware of colleagues' histories of trauma in their lives: we shouldn't get involved when we're bereaved</b></p>		√		√			√					√	
<p><b>Geographical distancing also important: avoid CI work close to when one lives</b></p>		√											
<p><b>Emotionally resilient psychologists better at this work</b></p>		√											
<p><b>Different professional styles of CI response leads to different advice: continuity important</b></p>		√											
<p><b>Mixed message from management: told to prioritise self-care but school lists have been increased. Need for management to do more</b></p>		√							√				√
<p><b>Cue cards? Template? One sheet very useful reminders in responding to CIs</b></p>			√		√							√	

<b>Breaks to go outside and consult with partner very important</b>		√		√									
<b>Should be a guiding hand not directing hand. Be part of the school instead of parachuting in</b>				√					√	√			
<b>Flexibility and intuition important</b>				√									
<b>Standing around and feeling superfluous but important to remember power of 'being there'</b>				√	√				√				√
<b>Have responded on my own when I should have had someone with me</b>				√					√	√	√		√
<b>When school is competent, important not to impose ourselves on them and take over</b>				√									
<b>CI Docs useful but need to think on' the hoof'</b>			√				√						√
<b>We're lucky that we haven't had a major crisis (terrorist attack/</b>					√			√					

If you care, you must be wounded by it (CIs should affect you, otherwise you shouldn't respond)					√							√	
Team leader has extra challenge being contacted when psychologist not available					√				√				
Counselling training useful in CI work					√	√		√			√		
Need for coordinated training- principals and staff in CI response and psychological first aid						√			√			√	
Important to remind school staff of need to maintain emotional boundaries						√							
Sometimes the Service is overwhelmed (series of suicides in the context of already high workloads)						√			√				
Sometimes school leaders don't realise their in the midst of a CI (tendency to						√		√					
Sometimes school leaders don't realise their in the midst of a CI (tendency to						√		√					



Need for management to look at how much time CIs are taking (suicides not as rare as they used to be)								√				
Remember to bring food!								√	√			
Need for CI coordinating group to listen to experiences of psychologists								√				
Sometimes when I have worked with students they have disclosed things they wouldn't have to teachers								√				
I don't talk about it much: it makes me wonder if I've processed all these tragedies (type of supervision)								√				√
School is often the centre of small communities in a tragedy and it's appropriate that supports there									√			
NEPS needs to make it clear that we are the										√		
NEPS needs to make										√		
it clear that we are the lead agency supporting schools												

<b>Working with a colleague can be tricky: perfect dance. Different approaches</b>											√		
<b>Wear you name tag: important when there are external agencies there</b>											√		
<b>Dealing with media intrusion important</b>												√	
<b>Silence in schools when affected by a CI</b>			√				√					√	
<b>Schools appreciate this work very much</b>	√		√	√	√		√		√	√		√	
<b>Innate can be confused with experience and accumulated experience</b>												√	
<b>Don't find CIs too taxing</b>								√			√		√
<b>Some EPs reluctant to accept help when they seem stressed by CIs</b>													√

## Appendix L

### Cross Case Analysis: Meta Matrix of emergent super ordinate themes extracted from case studies

Emotional and physical effects of CIs	CI practice issues requiring clarification	Training, supervision and supports to mitigate the effects of CI support work	Beliefs about school responses to CIs based on EPs' experiences
<p>Intrusion of CIs into personal life</p> <p>Feeling of dread at phone ringing at weekends/evening, 'flight or flight response'</p> <p>'Carrying' emotional impact of CI after the event</p> <p>CIs difficult because of their inherent unpredictability. Not always clear, evidence based</p>	<p>Need for coordination of services, role clarity</p> <p>Need for role clarity (seeing individual students or not)</p> <p>Outside agencies' involvement can cause us to feel pressurised to work in ways we don't recommend e.g. direct intervention with students</p>	<p>Training a mixture of in-house, reading and experience. Difficult to prepare someone for this type of work</p> <p>Counselling training deficit in pre-service EP training; felt underprepared for CI work psychoeducation traditional EP role but need for 'emotional containment'</p> <p>Counselling training useful in CI work</p> <p>More experienced colleague very good when not used to this type of work</p>	<p>CI work builds relationships between school and EP</p> <p>Schools appreciate the work very much</p> <p>Need for management look at how much time CIs are taking (suicides not as rare as they used to be)</p> <p>Sometimes the Service overwhelmed (series suicides in the context already high workloads)</p> <p>Suicides are different never cut and dried. Effect on school deep and lasting</p>

<p>solutions to dilemmas. Often put 'on the spot'</p> <p>Challenging because we need to respond quickly, being door stepped in highly emotionally charged situations</p>	<p>It's after the CI that the support of outside agencies is required</p> <p>Sometimes NEPS takes on too much (e.g. monitoring Facebook)</p> <p>Sometimes when I have worked with students they have disclosed things they wouldn't have to teachers</p>	<p>Breaks to go outside and consult with partner very important</p> <p>Need for mentoring and suitable partners working together (people who work well)</p> <p>Working with a colleague can be tricky: perfect dance. Different approaches</p>	<p>Needs of schools with experience multiple suicides: current response inadequate: cumulative effect of CIs</p> <p>Culture/class considerations/sensitivity need consideration when responding to CIs</p> <p>CI work different than other EP work- we have to take the lead and be directive a lot</p>
<p>I need to prepare: can't respond straight away</p> <p>Flexibility and intuition important</p>	<p>NEPS needs to make it clear that we are the lead agency supporting schools during CIs</p>	<p>Have responded on my own when I should have had someone with me</p> <p>Supervision from colleagues important</p> <p>I don't talk about it much: it makes me wonder if I've processed all these tragedies (type of supervision)</p>	<p>Should be a guiding hand not directing hand. Be present of the school instead parachuting in</p> <p>When school is competent important not to impose ourselves on them and take over</p>
<p>"Close to the bone"- very similar circumstances-</p>		<p>Important to keep professional distance to prevent vicarious trauma and crossing boundaries</p>	<p>Sometimes school leaders don't realise they're in the midst of a CI (tendency</p>

<p>more affecting</p> <p>Important to be aware of colleagues' histories of trauma in their lives: we shouldn't get involved when we're bereaved</p> <p>Emotionally resilient psychologists better at this work</p> <p>Certain temperaments or demeanours more suited to CI work than others</p> <p>Don't find CIs too taxing</p>	<p>Need for clarity around what constitutes a CI (CI industry leads to response when there is no overwhelmedness), less tolerant of this, school context/history</p> <p>When you're called upon to do something sometimes there's an intuitive response</p>	<p>('dissociate')</p> <p>Avoid delving too deep into the minutiae of a CI- stick to the basic facts</p> <p>Geographical distancing also important: avoid CI work close to when one lives</p> <p>Need for practical support from organisation (support for work cancelled/rescheduled because of CI)</p> <p>Mixed message from management: told to prioritise self-care but school lists have been increased. Need for management to do more</p> <p>Team leader has extra challenge being contacted when psychologist not available</p> <p>Need for CI coordinating group to listen to the</p>	<p>minimize the effects)</p> <p>Standing around and feeling superfluous but important to remember power of 'being there'</p> <p>Silence in schools who affected by a CI</p> <p>Need of formalised review of each CI (NEPS at schools) and time 'process) the work</p> <p>Need for coordinated training- principals and staff in CI response and psychological first aid</p> <p>We're lucky that we haven't had a major crisis (terrorist attack/ school shooting)</p>
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<p>Innate can be confused with expertise and accumulated experience</p> <p>If you care, you must be wounded by it (CIs should affect you, otherwise you shouldn't respond)</p> <p>Exhausting work: need a break after it</p>		<p>experiences of psychologists</p> <p>CI school documents useful but advice on self care for psychologists neglected</p> <p>CI Docs useful but need to think on' the hoof</p> <p>Cue cards? Template? One sheet very useful reminders in responding to CIs</p> <p>Various ways of relieving stress following CIs</p>	
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## Appendix M

### Cross Case Analysis: Matrix of emergent super ordinate themes with sub ordinate themes categorised for reporting

(In each case, I indicate in which section of Chapter 5 the theme is reported)

#### **Super ordinate theme 1: Emotional and physical effects of CIs**

##### Subordinate themes (categorised)

1. 'Carrying' emotional impact of CI after the event (5.2.1).
2. "Close to the bone"- very similar circumstances- more affecting; Important to be aware of colleagues' histories of trauma in their lives: we shouldn't get involved when we're bereaved (5.2.2).
3. Intrusion of CIs into personal life; Feeling of dread at phone ringing at weekends/evening, 'flight or flight response' (5.2.3).
4. Exhausting work: need a break after it (5.2.4).
5. Vulnerability to being affected by CIs: personal characteristics of EPs (:
  - a) Certain temperaments or demeanours more suited to CI work than others; (personality) (5.2.6);
  - b) Don't find CIs too taxing; Innate can be confused with expertise and accumulated experience (related to counselling training below)
  - c) If you care, you must be wounded by it (CIs should affect you, otherwise you shouldn't respond) (empathy and wounded healer) (5.2.8)
  - d) Challenging because we need to respond quickly, being door stepped in highly emotionally charged situations (5.2.6)
  - e) I need to prepare: can't respond straight away (5.2.6)
  - f) Flexibility and intuition important (5.2.6)

#### **Super ordinate theme 2: CI practice issues requiring clarification**

##### Subordinate themes (categorised)

General point: We're lucky that we haven't had a major crisis (terrorist attack/school shooting) 5.3.3

1.
  - a) Need for role clarity (seeing individual students or not) (5.3.1)
  - b) Sometimes when I have worked with students they have disclosed things they wouldn't have to teachers (5.3.1)
  - c) When you're called upon to do something sometimes there's an intuitive response (5.3.1)
2.
  - a) Outside agencies' involvement can cause us to feel pressurised to work in ways we don't recommend e.g. direct intervention with students

- (5.3.2)
  - b) Need for coordination of services, role clarity (5.3.2)
  - c) It's after the CI that the support of outside agencies is required (5.3.2)
  - d) Sometimes NEPS takes on too much (e.g. monitoring Facebook) (5.3.2)
  - e) NEPS needs to make it clear that we are the lead agency supporting schools during CIs (5.3.2)
3. Need for clarity around what constitutes a CI (CI industry leads to response when there is no overwhelmedness), less tolerant of this, school context/history (5.3.3)

### **Training, supervision and supports to mitigate the effects of CI support work**

#### Subordinate themes (categorised)

1. a) Training a mixture of in-house, reading and experience. Difficult to prepare someone for this type of work (5.4.1)
  - b) Counselling training deficit in pre-service EP training; felt underprepared for CI work psychoeducation traditional EP role but need for 'emotional containment' (5.4.1)
  - c) Counselling training useful in CI work (5.4.1)
  - d) Need for coordinated training- principals and staff in CI response and psychological first aid 5.4.1
  
2. a) More experienced colleague very good when not used to this type of work (5.4.1)
  - b) Breaks to go outside and consult with partner very important (5.4.2)
  - c) Need for mentoring and suitable partners working together (people who work well) (5.4.2)
  - d) Working with a colleague can be tricky: perfect dance. Different approaches (5.4.2)
  - e) Have responded on my own when I should have had someone with me (5.4.3)
  
4. a) Important to keep professional distance to prevent vicarious trauma and crossing boundaries ('dissociate') (5.4.4)
  - b) Avoid delving too deep into the minutiae of a CI- stick to the basic facts (5.4.4)

c) Geographical distancing also important: avoid CI work close to when one lives (5.4.4)

5. a) Supervision from colleagues important (5.4.5)

b) I don't talk about it much: it makes me wonder if I've processed all these tragedies (type of supervision) (5.4.5)

6. a) Need for practical support from organisation (support for work cancelled/rescheduled because of CI) (5.4.3)

b) Mixed message from management: told to prioritise self-care but school lists have been increased. Need for management to do more (5.4.3)

c) Team leader has extra challenge being contacted when psychologist not available (5.4.3)

d) Need for CI coordinating group to listen to the experiences of psychologists (5.4.3)

7. a) CI school documents useful but advice on self care for psychologists neglected (5.4.6)

b) CI Docs useful but need to think on 'the hoof' (5.4.6)

c) Cue cards? Template? One sheet very useful reminders in responding to CIs (5.4.6)

8 Various ways of relieving stress following CIs (5.4.7)

## **Beliefs about schools' responses to CIs based on EPs' experiences**

### Subordinate themes (categorised)

1. a) CI work builds relationship between school (5.5)

b) Schools appreciate this work very much (5.5)

2. a) Need for management to look at how much time CIs are taking (suicides not as rare as they used to be) (5.5.1)

b) Sometimes the Service is overwhelmed (series of suicides in the context of already high workloads) (5.5.2.1)

c) Suicides are different- never cut and dried. Effect on school deep and lasting (5.5.1)

d) Needs of schools who experience multiple suicides: current response inadequate: cumulative effect of CIs (5.5.1)

3. a) CI work different than other EP work- we have to take the lead and be directive a lot (5.5.2.1)

b) Should be a guiding hand not directing hand. Be part of the school instead of parachuting in (5.5.2.1)

c) When school is competent, important not to impose ourselves on them and take over (5.5.2.1)

d) Sometimes school leaders don't realise they're in the midst of a CI (tendency to minimize the effects) (5.5.2.1)

4. a) Standing around and feeling superfluous but important to remember power of 'being there' (5.5.2.2)

b) Silence in schools when affected by a CI (5.4.2)

5. Need of formalised review of each CI (NEPS and schools) and time to 'process' the work (5.5.2.3)

6. Culture/class considerations/sensitivities need consideration when responding to CIs 5.5.2.4

## Appendix N

### ***A Very Short Introduction to Balint Groups***

From the Balint Society Website: <http://balint.co.uk>

#### **Balint begins**

Balint groups are named after the psychoanalyst Michael Balint (1896-1970). In the late 1950s, Michael and his wife Enid began holding psychological training seminars for GPs in London. This work was first described in the book *The Doctor, his Patient and the Illness* (1957). There were no lectures and the doctors' education was based on case presentation and discussion in a small group of nine or ten with a psychoanalyst leader. To begin with, Balint encouraged the group members to hold 'long interviews' with their problem patients. This helped the doctors to concentrate on becoming good listeners. Subsequently the focus changed to studying the relationship between doctor and patient in the context of every day ordinary-length consultations. The groups met once a week for a number of years so that patients and their progress could be followed up. The continuity also enabled group members to feel at ease with other. Since those early days, Balint groups have spread across the world and in 22 countries there are national Balint Societies whose aim is to foster and develop the Balint approach.

#### **Balint groups today: what happens?**

The group members and the leader sit round in a circle and the leader (or one of the leaders if there are two) asks 'who has a case?' Someone volunteers to talk about a patient who has been on her mind. The problem may be that the patient has been emotionally disturbing or just difficult to understand or to engage in treatment. The group listens to the story without interrupting. When the presenter has finished, the leader invites the group to respond to what they have heard. Responses take various forms. There may be questions, advice to the doctor, emotional reactions induced by the patient's story and speculations about what else might be going on. The group leader will gently discourage too much interrogation of the presenter, as the aim is to get the group members themselves to work on the case. In a variation of the group process which originated in Germany and has become popular in the UK and The USA, the leader first asks if there are any simple questions about facts that need to be clarified (e.g: how old is the patient?). When these are finished, he asks the presenter to 'sit back' i.e. to push his chair back a little and to remain silent for the next 20-30 minutes. This effectively prevents the group from asking any more questions and throws them back on their own resources. The presenter is allowed to have her say and respond to what she has heard when she is invited to join in again later.

#### **The role of the leaders**

The leaders are following what might be called the Balint Agenda. Their first aim is to make the group a safe place, where confidentiality is observed and members feel free to talk about their feelings and their work (including their mistakes). The leaders will discourage unwanted and intrusive questions about the presenting doctor's personal life and history. Personal anecdotes are

sometimes volunteered and can be helpful. The leaders will allow this provided there is no pressure. The group is not a therapy group although its effects can be therapeutic.

The leaders' second aim is to keep the discussion focused on the doctor patient relationship. They may ask how the patient has made everyone feel. Do we feel angry or sad? Do we like the patient and want to help him? Or would we prefer to keep him at a distance? The group may be invited to consider how the patient is feeling or what sort of doctor he wants his doctor to be. A group that dislikes or fears the patient may be unwilling to engage and will try to 'escape' by talking about generalities: 'these patients are always untreatable' or recommending referral to an expert whom somebody knows. In this situation the leaders will try to bring the group back to the work, perhaps by representing the patient ('If I were this patient I would be feeling terribly alone and abandoned right now...'). If there are two leaders, they will be trying to work in sympathy, picking up cues from each other. One may steer the discussion while the other watches for people trying to get a word in (or trying not to cry).

## **Ending the session**

The session ends, like a therapy session, when time has run out. At least one leader will be keeping a discreet eye on the clock. There may be one or two presentations (including follow-ups) in a ninety-minute session. Often the presenting doctor may be invited to have the last word. The leaders may ask for a follow up and thank everyone. They do not attempt to tie the loose ends or give a reassuring summary.

## **Benefits of Balint**

What does participation in a Balint group do for a group member? The first and most easily obtained benefit is to have a *safe place* where you can talk about interpersonal aspects of your work with your patients. The group will be sympathetic and they will all have been in similar situations themselves. This is a great relief and usually means that when a dreaded patient turns up again he or she will seem less gruesome. We believe that the Balint group experience helps to avoid professional 'burnout'. Are older Balint doctors still enjoying their work? Try asking them!

Secondly, the Balint group encourages doctor to *see their patients as human beings* who have a life and relationships outside the consulting room. They become more interesting to listen to and easier to help.

Thirdly, the group members may gradually reach a *deeper level of understanding* of their patients' feelings and their own. They may realise that certain patients or emotions may resonate with what is going on in the own inner and outer lives. This may be causing problems which the doctor can learn to avoid or even to turn to therapeutic advantage.

John Salinsky, June 2009

## Bibliography

Acker, K.H. (1993). Do critical care nurses face burnout, PTSD, or is it something else?: getting help for the helpers. *AACN Clinical Issues in Critical Care Nursing*; 4: 558–565.

Adams, G. A., King, L. A., King, D. W. (1996). Relationships of job and family involvement, family social support, and work-family conflict with job and life satisfaction. *Journal of Applied Psychology*, 81 (4), 411-420.

Adamson, A.D. & Peacock, G.G. (2007). Crisis response in the public schools: A survey of school psychologists' experiences and perceptions. *Psychology in the Schools*, 44, (8), 749-764.

Amason, A. C., & Schweiger, D. (1997). The effect of conflict on strategic decision making effectiveness and organizational performance. In C. K. W. De Dreu & E. Van de Vliert (Eds.), *Using conflict in organizations* (pp. 101–115). London: Sage.

Ávila, A. (2014): The intersubjective: A core concept for psychoanalysis, *International Forum of Psychoanalysis*, DOI:10.1080/0803706X.2014.967813.

Barrett, P. M., Lowry-Webster, H., & Turner, C. (2000). *FRIENDS program for children: Participants workbook*. Brisbane: Australian Academic Press.

Barnett, R. C. (1996). *Toward a review of the work/family literature: Work in progress*. Boston, MA: Wellesley College Center for Research on Women.

Barnett, R.C., Brennan, R.T., Raudenbush, S.W., & Marshall, N.L. (1993). Gender and the relationship between marital role-quality and psychological distress: A study of dual-earner couples. *Journal of Personality and Social Psychology*, 64, 794-806.

Beeke, M.A. (2011). *Critical Incidents- Exploring theory, policy and practice*. Unpublished DEdPsy Thesis, London: Institute of Education, University of London.

Bell, H., Kulkarni, S. & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society: The Journal of Contemporary Human Services*, 84, 463-470.

Benler, C. M. (2010). *Psychologists' Rates Of Secondary Traumatic Stress: An Examination Of The Impact Of Self-Care And Professional And Personal Variables*. Unpublished PsyD thesis, Kentucky: Spalding University.

Berman, A.L., & Jobes, D.A. (1994). *Adolescent suicide assessment and intervention*. Washington, DC: American Psychological Association.

Bernard, J.M., Goodyear, R.K. (1992). *Fundamentals of clinical supervision*. Boston, MA: Allyn & Bacon.

Birmes, P., Warner, B. A., Callahan, S., Sztulman, H., Charlet, J., & Schmitt, L. (2000). Defense styles and posttraumatic stress symptoms. *Journal of Nervous & Mental Disease*, 188, 306–308.

Block, J. H., & Block, J. (1980). The role of ego-control and ego resiliency in the organization of behavior. In W. A. Collins (Ed.), *Minnesota Symposia on Child Psychology* (Vol. 13, pp. 39-101). Hillsdale, NJ: Erlbaum.

Bolnick, L. (2003). *The effects of crisis intervention work on school psychologists*. Unpublished Masters thesis, Sacramento: California State University.

Bolnick, L., & Brock, S. E. (2005). The self-reported effects of crisis intervention work on school psychologists. *The California School Psychologist*, 7, 117–124.

Borrill, C.S., Wall, T.D., West, M.A., Hardy, G.E., Shapiro, D.A., Haynes, C.E., Stride, C.B., Woods, D. and Carter, A.J. (1998). *Stress among staff in NHS Trusts*. Institute of Work Psychology, University of Sheffield, Psychological Therapies Research Centre, University of Leeds.

Bowling N, Beehr T, Swader W. (2005). Giving and receiving social support at work: The roles of personality and reciprocity. *Journal of Vocational Behavior*, 67:476–489.

Boyle, G. J. (2008). Critique of the five-factor model of personality. In G. J. Boyle, G. Matthews & D. H. Saklofske (Eds.), *The Sage handbook of personality theory and assessment: Vol. 1 personality theories and models* (pp. 295-312). Los Angeles, United States: Sage Publications.

Boyle G. J. & Saklofske, D.H. (Eds)(2004). *Psychology of Individual Differences*. Vol. 1: Intelligence; Vol 2: Personality; Vol. 3: Cognition, Emotion, & Conation; Vol. 4: Clinical and Applied Psychology. London: Sage.

Briner, R.B. (2002). Relationship between work environments, psychological environments and psychological well-being. *Department of organizational psychology*. 50, 299- 303

British Psychological Society (2009). *Code of Ethics and Conduct*. Leicester: BPS.

Care Quality Commission (2013). *Supporting Effective clinical supervision*. London: CQC

Chafouleas, S. M., Clonan, S. M., & Vanauken, T. L. (2002). A national survey of current supervision and evaluation practices of school psychologists. *Psychology in the Schools*, 39(3), 317–325.

Clarke, S. (2002). Learning from experience: psycho-social research methods in the social sciences. *Qualitative Research*, 2, (2), 173-194.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310-357.

Comerchero, V.A. (2015, January). Feature Article: Vicarious trauma: Risk factors, symptoms and coping strategies. *The School Psychologist*, 69 (1).

Costa, P. T., Jr., & McCrae, R. R. (1978). Objective personality assessment. In M. Storandt, I. C. Siegler, & M. F. Elias (Eds.), *The clinical psychology of aging* (pp. 119-143). New York: Plenum

Creswell, J. W. (2002). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Pearson Education.

McCrae R. R.; Costa P. T.; Martin T. A. (2005). The NEO PI-3: A more readable revised NEO personality inventory. *Journal of Personality Assessment* 84 (3): 261–270.

Craig C. D, Sprang G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping*, 23(3): 319–339.

De Boer, J., van Rikxoort, S., Bakker, A. B., and Smith, B. J., (2013). Critical incidents among intensive care unit nurses and their need for support: explorative interviews. *Nursing in Critical Care*, 19 (4), pp. 166-174.

De Dreu, C. K. W., & Weingart, L. R. (2003). A contingency theory of task conflict and performance in groups and organizational teams. In M. A. West, D. Tjosvold, & K. Smith (Eds.), *International handbook of organizational teamwork and cooperative working* (pp. 151–166). Chichester, United Kingdom: Wiley.

Department of Education & Skills (2015). *Responding to Critical Incidents – Guidelines for Schools*. Dublin: Government Publications.

Dijkstra, M. T. M., Van Dierendonck, D., Evers, A., & De Dreu, C. K. W. (2005). Conflict and well-being at work: The moderating role of personality. *Journal of Managerial Psychology*, 20, 87-104.

Economic and Social Data Service (2012). *Qualidata teaching resource: using psychosocial approaches*. Retrieved 25 March, 2013 from <http://www.esds.ac.uk/qualidata/support/psychosocial.asp?print=1>.

Farrell, P., Woods, K., Lewis, S., Squires, G., Rooney, S. & O'Connor, M. (2006) *A Review of the Functions and Contribution of Educational Psychologists in England and Wales in light of "Every Child Matters: Change for Children"*. Nottingham: DfES Publications

Figley, C.R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In: Figley, C.R., editor. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner-Routledge; New York: pp. 1–20.

Finlay, L. (2009) Debating phenomenological research methods. *Phenomenology & Practice*. Volume 3, pp.6-25.

Finney, J. W., Mitchell, R. E., Cronkite, R. C., & Moos, R. H. (1984). Methodological issues in estimating main and interactive effects: Examples from coping/social support and stress field. *Journal of Health and Social Behavior*, 25 (1), 85–98.

Fischetti, B. A., & Crespi, T. D. (1999). Clinical supervision for school psychologists: National practices, trends and future implications. *School Psychology International*, 20, 278–288.

Folkman, S., & Moskowitz, J. (2000). Positive affect and the other side of coping. *American Psychologist*, 55, 647-654.

Freud, A. (1937). *The Ego and the mechanisms of defense*. London: Hogarth Press and Institute of Psycho-Analysis.

Freud, S. (1892-1896). Draft K. The neuroses of defense (A Christmas fairy tale). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud (Vol. 1, pp. 220-228)*. London: Hogarth Press.

Freud, S. (1914). Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis II). *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XII (1911-1913): The Case of Schreber, Papers on Technique and Other Works*, pp. 145-156.

Frosh, S. (2015). Introduction. In S. Frosh (Ed.), *Psychosocial Imageries: Perspectives on Temporality, Subjectivities and Activism*. London: Palgrave MacMillan, pp.1-20.

Frosh, S. & Baraitser, L. (2008). Psychoanalysis and Psychosocial Studies. *Psychoanalysis, Culture and Society* 13(4), pp385-96.

Garfield, S., Reavey, P. & Kotecha, M. (2010). Footprints in a Toxic Landscape: Validation in the Free Association Narrative Interview (FANI) Method. *Qualitative Research in Psychology*, 7, 1-14.

Gattiker, U. E., & Larwood, L. (1990). Predictors for career achievement in the

corporate hierarchy. *Human Relations*, 43, 703-26.

Giorgi, A. (1994). A phenomenological perspective on certain qualitative research methods. *Journal of Phenomenological Psychology*, 25, 190-220.

Goldberg, L. R. (1990). An alternative "description of personality": The Big-Five factor structure. *Journal of Personality and Social Psychology*, 59, 1216-1229.

Goldberg, L. R. (1992). The development of markers for the Big-Five Factor Structure. *Psychological Assessment*, 4, 26-42.

Gould, M.S., Walleinstein, S., Kleinman, M. H., O'Carroll, P., & Mercy, J. (1990). Suicide clusters: An examination of age-specific effects. *American Journal of Public Health*, 80, 211-212.

Gould, M.S., Wallenstein, S., & Kleinman, M. H. (1990). Time-space clustering of teenage suicide. *American Journal of Epidemiology*, 131, 71-78.

Graber, R., Pichon, F. and Carabine, E. (2015). *Psychological Resilience: Capturing the State of the Research. Literature Review*. London: Overseas Development Institute.

Greenway, C., (2005). Trauma in Schools: Understanding Staff Reactions through the Application of Psychoanalytic Concepts and Systemic Metaphors. *Educational Psychology in Practice*, 21 (3), 235-243.

Grevin, F. (1996). Posttraumatic Stress Disorder, Ego Defense Mechanisms, And Empathy Among Urban Paramedics. *Psychological Reports*, 79, 483-495.

Gurung, R.A.R. (2006). *Health Psychology: A Cultural Approach*. Belmont CA: Thomson Wadsworth.

Harrison, W. D. (1980). Role strain and burnout in protective service workers. *Social Service Review*, 54, 31-34.

Harvey, V. S., & Pearrow, M. (2010). Identifying challenges in supervising school psychologists. *Psychology in the Schools*, 47, 567-581.

Hatfield, E., Cacioppo, J. T., & Rapson, R. L. (1994). *Emotional contagion*. Cambridge, United Kingdom: Cambridge University Press.

Hayes, B., & Frederickson, N. (2008). Providing psychological intervention following traumatic events. Understanding and managing psychologists' own stress reactions. *Educational Psychology in Practice*, 24, (2), 91-104.

Hegney D.G., Rees C.S., Eley R., Osseiran-Moisson R., Francis K. (2015). The contribution of individual psychological resilience in determining the professional quality of life of Australian nurses. *Frontiers in psychology*, (1613), 1664-1078.

Hindley, K.M. (2015). *Critical incident Support to Schools: Educational Psychologists and the role of written guidelines*. Unpublished DEdPsy thesis: University of Cardiff.

Hoffman, M.L. (1975) Altruistic behavior and the parent-child relationship. *Journal of Personality and Social Psychology*, 31 (1975), pp. 937–943.

Hollway, W. (2008). Doing intellectual disagreement differently? *Psychoanalysis, Culture and Society*, 13(4) pp. 385–396.

Hollway, W. (2009a). Applying the 'experience-near' principle to research: psychoanalytically informed methods. *British Journal of Social Work Practice*, 23,4 pp.461-474.

Hollway, W. (2009b). Preserving Vital Signs: The Use of Psychoanalytically Informed Interviewing and Observation in Psycho-Social Longitudinal Research. In R. Thomson (ed.), *Intensity and Insight: Qualitative Longitudinal Methods as a Route to the Psycho-social*. Timescapes: Working Paper Series 3.

Hollway, W. and Jefferson, T. (2000). *Doing qualitative research differently: free association, narrative and the interview method*. London: Sage.

Hollway, W. and Jefferson, T. (2008). The free association narrative interview method. In L. M. Given (ed.), *The SAGE Encyclopedia of Qualitative Research Methods*. Sevenoaks, California: Sage.

Hollway, W. and Jefferson, T. (2013). *Doing qualitative research differently: A Psychosocial Approach*. London: Sage.

Hollway, W. (2011). Through discursive psychology to a psycho-social approach. In Bozatzis, N. & Dragonas, T. (Eds.), *Social Psychology: The turn to discourse*. Athens: Metaixmio.

Holmes, J. (2013). Countertransference in qualitative research: a critical appraisal. *Qualitative Research*, no page numbers: published online prior to print publication, January 4, 2013. [www.sagepublications.com](http://www.sagepublications.com): Sage.

Holmes, K. (2010). *Youth Self-Harm and Suicide: a resource guide*. Dublin: Youth Suicide Prevention Ireland.

Hook, D. (2008). Articulating psychoanalysis and psychosocial studies: limitations and possibilities. *Psychoanalysis, Culture & Society*, 13 (4), 397-405.

House, J. S., & Wells, J. A. (1978). Occupational stress, social support, and health. In A. McLean, G. Black, & M. Colligan (Eds.), *Reducing occupational stress: Proceedings of a conference* (Publication No. 78-140, pp. 8-29). Washington, DC: U.S. Government Printing Office.

Huberty, T. J., & Huebner, E. S. (1988). A national survey of burnout among school psychologists. *Psychology in the Schools, 25*(1), 54-61.

Huebner, E. S. (1992). Burnout among school Psychologists: an exploratory investigation into its nature, extent and correlates. *School Psychology Quaterly, 7*, 129-136.

Huebner, E. S. (1993). Professionals under stress: A review of burnout among the helping professions with implications for school psychologists. *Psychology in the Schools, 30*: 40–49.

Huenbner, E. S. & Mills, L. B. (1997). Another look at occupational stressors among school psychologists. *School Psychology International, 18*, 359-379.

Ivancevich, J.M., Matteson, M.T., Freedman, S.M.; Phillips, J.S. (1990). Worksite stress management interventions. *American Psychologist, 45*(2), 252-261.

Jefferson, T. (2008). What is “The Psychosocial”? A Response to Frosh and Baraitser. *Psychoanalysis, Culture & Society, 13* (4), 366-373.

Jehn, K. (1997). Affective and cognitive conflict in work groups: Increasing performance through value-based intragroup conflict. In C. K. W. De Dreu & E. Van de Vliert (Eds.), *Using conflict in organizations* (pp. 87–100). London: Sage.

Jeyaraj, S. S., & Ramamoorthy, K. (2013). Study on individual, interpersonal and organizational factors that influence occupational stress among higher secondary teachers in Madurai District, Tamal Nadu. *International Journal of Management and Social Sciences Research, 2* (5).

Jimerson, S. R., Stewart, K., Skokut, M., Cardenas, S., & Malone, H. (2009). How Many School Psychologists are there in Each Country of the World? International Estimates of School Psychologists and School Psychologist-to-Student Ratios. *School Psychology International, 30*, 555-567.

Johansen, K. H. (1993). Countertransference and divorce of the therapist. In J. H. Gold & J. C. Nemiah (Eds.), *Beyond Transference: When the therapist's real life intrudes* (pp. 87-108). Washington, D.C.: American Psychiatric Press.

Judge, T. A., Higgins, C. A., Thoresen, C. J. and Barrick, M. R. (1999). The Big Five Personality Traits, General Mental Ability, and Career Success Across the Life Span. *Personnel Psychology, 52*: 621–652.

Kabanoff, B. (1991). Equity, equality, power and conflict. *Academy of Management Review, 16*, 416–441.

Kalisch, R., Müller, M. B., & Tüscher, O. (2014). A conceptual framework for the neurobiological study of resilience. *Behavioral and Brain Sciences, 1*-49.

Kaplan, H., Saddock, B., & Grebb, J. (1994). *Synopsis of psychiatry: Behavioral sciences clinical psychiatry (7th ed.)*, Baltimore: Williams & Wilkins.

Kaufman, J. & Schwartz, T. (2003). Models of supervision: Shaping professional identity. *The Clinical Supervisor*, 22, 177-190.

Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44.

Klein, M. (1940). Mourning and its relation to manic-depressive states. In *Contributions to Psycho-Analysis*. New York: McGraw Hill, 1964

Klein, M. (1988a). *Love, Guilt and Reparation and Other Works 1921- 1945*. London: Virago.

Klein, M. (1988b). *Envy and Gratitude and Other Works 1946-1963*. London: Virago.

Knoblauch, S.H. (2014). El inconsciente teórico: Pulsión, Campo y más allá [The theoretical unconscious: Drive, field and beyond]. *Clínica e Investigación Relacional*, 8(1), 11–20.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Lazarus, R. S. (1999). *Stress and emotion: A new synthesis*. New York: Springer.

Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist*, 55, 665–673.

Leary, J., Gallagher, T., Carson, J., Fagin, L., Bartlett, H., Brown, D. (1995). Stress and coping strategies in community psychiatric nurses: a Q-methodological study. *Journal of Advanced Nursing*, 21:230–237.

Levenson. R.W. & Ruef. A. M. (1992). Empathy: A physiological substrate. *Journal of Personality and Social Psychology*. 63, 234-246.

Lewis S.J. and Roberts A.R. (2001). Crisis assessment tools: The good, the bad, the available. *Brief Treatment and Crisis Intervention*, 17–28.

Lin, Nan, Walter M. Ensel, Ronald S. Simeone, and Wen Kuo. (1979). Social Support, Stressful Life Events, and Illness: A Model and an Empirical Test. *Journal of Health and Social Behavior*, 20: 108-119.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Enquiry*. London: Sage.

Linley, P.A. (2003). Positive adaptation to trauma: Wisdom as both a process and outcome. *Journal of Traumatic Stress*, 16, 601-610.

- Maslach C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice Hall; 1982.
- Maslach, C. (2003). Job burnout: New directions in research and intervention. *Current Directions in Psychological Science*, 12, 189\_192.
- Maslach, C., & Jackson, S. E. (1984). Burnout in organizational settings. *Applied Social Psychology Annual*, 5, 133-153.
- Maslach, C., & Pines, A. (1977). The burnout syndrome in the day care setting. *Child Care Quarterly*, 6, 100–113.
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Qualitative Social Research*, 11(3).
- Matthews, G., Deary, I. J., & Whiteman, M. C. (2003). *Personality traits (2nd ed.)*. Cambridge, England: Cambridge University Press.
- McCaffrey, T. (2004). Responding to crises in schools: A consultancy model for supporting schools in crisis. *Educational and Child Psychology*, 21 (3), 109-121.
- McCann, L. & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131–149.
- McCann, C. M., Beddoe, E., McCormick, K., Huggard, P., Kedge, S., Adamson, C., & Huggard, J. (2013). Resilience in the health professions: A review of recent literature. *International Journal of Wellbeing*, 3(1), 60-81.
- McKay, L. (2007). *Understanding and Coping with Traumatic Stress*. Headington Istitute: Pasadena, California.
- McLeskey, J., Huebner, E. S., & Cummings, J. A. (1984). Issues in the delivery of psychological services in rural school settings. *Professional Psychology: Research and Practice*, 15, 579-589.
- Mearns, J., & Cain, J. E. (2003). Relationships between teachers' occupational stress and their burnout and distress: Roles of coping and negative mood regulation expectancies. *Anxiety, Stress and Coping*, 16, 71 – 82.
- Mitchell, J.T. & Everly, G.S. (1998). *Critical incident stress management: the basic course workbook*. Ellicott City, MD: International Critical Incident Stress Foundation.
- Motta, R.W. (2012). Secondary Trauma in Children and School Personnel, *Journal of Applied School Psychology*, 28:3, 256-269

- Muris, P., & Merckelbach, H. (1997). Suppression and Dissociation. *Personality and Individual Differences*, 23, 523-525.
- Murphy, G. and Kovach, J.K. (1972). *Historical Introduction to Modern Psychology* (6th edition). London: Routledge and Kegan Paul.
- Murtagh, M. P., & Wollersheim, J. P. (1997). Effects of clinical practice on psychologists: Treating depressed clients, perceived stress, and ways of coping. *Professional Psychology: Research and Practice*, 28, 361-364.
- Nahid, O.W. & Sarkis, E. (1994). Types of social support: relation to stress and academic achievement among prospective teachers. *Canadian Journal of Behavioral Science*, 26, (1),1.
- National Association of School Psychologists. (2006). *Supporting student success: Remediating the shortage of school psychologists*. Bethesda, MD.
- National Institute for Clinical Excellence. (2006). *Post-traumatic stress disorder (PTSD): The management of PTSD in adults and children in primary and secondary care* (Clinical Guideline 26). London: NICE.
- Newell, J.M., & MacNeil, G.A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventative methods for clinicians and researchers. *Best Practices in Mental Health*, 6, 2, 57-68.
- O'Neil, R., & Greenberger, E. (1994). Patterns of commitment to work and parenting: Implications for role strain. *Journal of Marriage and Family*, 56:101-18.
- Ní Aogáin, N. (2012). *Stress and burnout among educational psychologists working in an Irish setting: A mixed methods study*. Unpublished PhD thesis, Dublin: University College Dublin.
- Patton, E., & Appelbaum, S.H. (2003). The case for case studies in management research. *Management Research News*, 26(5), 60-71.
- Perlman B., & Hartman, E.A. (1982). Burnout: Summary and future research. *Human Relations*, 35(4), 283-305.
- Pierson-Hubeny, H. D., and Archambault, F. X. (1987). Role stress and perceived intensity of burnout among school psychologists. *Psychology in the Schools*, 24(3), 244-253.
- Psychological Society of Ireland (2012). *Code of Professional Ethics of the PSI*. Dublin: PSI.
- Rees, P. & Seaton, N. (2011). Psychologists' response to crises: international perspectives. *School Psychology International* 32(1), 73-94.
- Regehr, C. & Bober, T. (2005). *In the line of fire: Trauma in the emergency services*. New York: Oxford University Press.

Reiner, H.D. & Hartshorne, T.S. (1982). Job burnout and the school psychologist. *Psychology in the Schools*, 19(4), pp. 508-12.

Rodrigues S.M., Saslow L.R., Garcia N., John O.P., Keltner D. (2009). Oxytocin receptor genetic variation relates to empathy and stress reactivity in humans. *Proceedures of the National Academy of Science, U S A.*, 106: 21437–41.

Rogers, Carl. (1980). *Way of Being*. Boston: Houghton Mifflin

Rosenthal, G. (1990). *The structure and "Gestalt" of autobiographies and its methodological consequences*. Unpublished paper presented to the Twelfth World Congress of Sociology, Madrid.

Rosenthal, G. and Bar-On, D. (1992). A biographical case study of a victimizer's daughter. *Journal of Narrative and Life History*, 2 (2): 105-27.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, 24, 335–344.

Russell, D., Altmaier, E., & Van Velzen, D. (1987). Job related stress, social support, and burnout among classroom teachers. *Journal of Applied Psychology*, 72, 269-274.

Sabin-Farrell, R. Turpin, G. (2003). Vicarious traumatization: Implications for the mental health of health workers? *Clinical Psychology Review*, 23:449–480.

Shneidman, E. (1972). Foreword. In A.C. Cain (Ed.), *Survivors of suicide* (pp. 9–11). Springfield, IL: Charles C. Thomas.

Silverman, S.L. & Casazza, M.E. (2000). *Learning and Development*. San Francisco, CA: Jossey- Bass.

Steiner, H., Araujo, K. B. & Koopman, C. (2001). The response evaluation measure (REM-71): A new instrument for the measurement of defenses in adults and adolescents. *American Journal of Psychiatry*, 158, 467–473.

Stolorow, R., Atwood, G. Brandchaft, B. (eds.) (1994). *The Intersubjective Perspective*. Northvale, NJ: Jason Aronson.

Sur, S., & Ng, E. S. (2014). Extending Theory on Job Stress The Interaction Between the “Other 3” and “Big 5” Personality Traits on Job Stress. *Human Resource Development Review*, 13(1), 79-101.

Terry, D. J., Nielsen, M., & Perchard, L. (1993). Effects of work stress on psychological well-being and job satisfaction: The stress buffering role of social support. *Australian Journal of Psychology*, 45, 168 –175.

Trijsburg, R.W., Van T' Spijker, A., Van, H.L., Hesselink, A.J., & Duivenvoorden, H.J. (2000). Measuring overall defensive functioning with the defense style questionnaire: A comparison of different scoring methods. *Journal of Nervous & Mental Disease*, 188, 432-439.

Urdang, E. (2010). Awareness of Self—A Critical Tool, *Social Work Education*, 29:5, 523-538

Vaillant, G.E. (1977). *Adaptation to life*. Boston: Little, Brown and Co.

Vaillant, G. E. (1994). Ego mechanisms of defense and personality psychopathology. *Journal of Abnormal Psychology*, 103, 44-50.

Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas and illnesses. In C. R. Figley (Ed.), *Treating compassion fatigue* (1st ed., pp. 17-35). New York: Brunner Routledge.

van den Berg, P. T., Pitariu, H. (2005). The relationships between personality and well-being during societal change. *Personality and Individual Differences*, 39, 229-234.

Wastell, C. A. (1999). Defensive focus and the defense style questionnaire. *The Journal of Nervous and Mental Disease*, 187(4), 217-223.

Waugh, C. E., & Koster, E. H. W. (2014). A resilience framework for promoting stable remission from depression. *Clinical Psychology Review*.

Weinberger, D. A. (1990). The construct validity of the repressive coping style. In J. L. Singer (Ed.), *Repression and dissociation: Implications for personality theory, psychopathology, and health* (pp. 180-211). Chicago: University of Chicago Press.

Whalley, P. (1994). Team approach to working through transference and countertransference in a pediatric/psychiatric milieu. *Issues in Mental Health Nursing*, 15(5), 457-469.

Wheeler, H. H. (1998). Nurse occupational stress research 5: Sources and determinants of stress. *British Journal of Nursing*, 7, 40-43.

Wiggins, J. S. (Ed.). (1996). *The Five-Factor Model of Personality: Theoretical Perspectives*. New York: Guilford Publications.

Wiggins, J. S. (2004). Personality structure. In N.J. Smelser & P.B. Baltes (Eds.), *International encyclopedia of the social & behavioral sciences* (p. 11317). Oxford, UK: Elsevier Science Ltd.

Winnicott, D.W. (1965). *The Maturation Processes and the Facilitating Environment*. London : Karnac Books.

Yarker, J, Donaldson-Feilder, E., Lewis, R.; & Flaxman, P. (2007). *Management competencies for preventing and reducing stress at work*.

*Identifying and developing the management behaviours necessary to implement the HSE Management Standards.* Report no. RR553, London: Health and Safety Executive.

Young, K.M. and Cooper, C.L. (1999). Change in stress outcomes following an industrial dispute in the ambulance service: a longitudinal study, *Health Services Management Review*, 187 Vol. 12, pp. 51-62.

Zellars, K. L., Perrewé, P. L. & Hochwarter, W. A. (2000). Burnout in Health Care: The Role of the Five Factors of Personality. *Journal of Applied Social Psychology*, 30: 1570–1598.

Zenasni, F., Boujut, E., Aude Woerner, & Sultan, S. (2012). Burnout and empathy in primary care: Three hypotheses. *British Journal of General Practice*, 62(600), 346-347.