EDITORIAL

Now that the taboo over discussing death with children is slowly lifting, the educational system is more willing to accept that unsupervised encounters of young children with distorted images of death may adversely affect their cognitive, emotional and social development.

This new attitude among teachers has emerged since the recent implementation in the Israeli school system of the holistic programme of death education known as PACS SOS. This working model deals with the individual's *P*hysical, *A*ffective, *C*ognitive and *S*piritual perceptions and processing of the concept of death and the experience of loss, within the *SO*cial *S*upport systems of family and peers. The programme's group activities help the participants accept death as a natural phenomenon, validate a wide range of grief responses and encourage emotional expression – both verbal and non-verbal – in a safe, non-judgmental atmosphere. PACS SOS also offers cognitive training in dealing with loss and supports a spiritual search for the meaning of life and death. After the programme, sensitised teachers and school counsellors can offer primary prevention in developing coping skills, crisis intervention during a disaster, and post-traumatic healing.

Ofra Ayalon, PHD
Israel

FURTHER READING
Ayalon O, Flasher A. Chain Reaction. London: Jessica Kingsley, 1993.

Responding to children in trauma: A systems approach for schools



Elizabeth Capewell

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Schools are under enough pressure today without expecting teachers to become psychologists and trauma counsellors as well. However, for students to succeed academically and socially, schools need to provide an environment in which psychological well-being can be nurtured and the potential for damage minimised. At no time is this more important than when a school community is affected by a traumatic event – large or small.

A VITAL ROLE FOR TEACHERS

'The special needs of children following disasters have often been underestimated or unrecognised . . . more attention to this in teachers' training has been suggested as likely to be very beneficial,' reported the *Disasters* Working Party[1]. This article argues that schools and teachers, applying their normal roles and educational skills, are a vital part of this total psycho-social response to tragic events. It urges a move from a crisis reactive response to prepared, pro-active interventions[2], in which individual pupils and staff are viewed

EDITOR'S NOTE

When the working party that produced *Disasters – Planning for a Caring Response*[1] sought to involve community institutions up and down the country in commenting on early drafts, it had a very poor response from educational departments. It is therefore with particular pleasure that we concentrate in this issue on schools and how they cope or can be helped to cope with disaster and bereavement affecting pupils and staff. In this article, Capewell reports on her survey of schools in many parts of the world. She found common themes that, with a few notable exceptions, involved avoidance and much head-burying. She makes some valuable suggestions for the development of coping strategies in schools.

against their social backgrounds. Such management actions are important prerequisites for effective individual interventions including counselling. An environment is required in which all who are part of the disaster community have permission to receive help in a variety of ways and in which the school system, itself affected by the shock and trauma, can receive attention. (Detailed information on the impact of trauma can be found elsewhere[1, 3-7].)

A traumatic incident is a single event or series of events that is: sudden and unexpected; contains real or imagined threats to a person, property or values; overwhelms the usual coping mechanisms; or causes severe disruption or trauma to anyone. Schools may become involved directly (for example, by an event in school or on a school activity such as the loss of pupils when the *Jupiter* cruise ship sank) or indirectly, where the event has nothing to do with the school but survivors, witnesses, 'near misses', bereaved and others are student or staff. The school may be part of an affected community as in Lockerbie, Towyn or Merseyside (after 95 Liverpool fans were crushed to death at the Hillsborough football stadium) or it may be disrupted by major national or world events such as the arrival of refugees in the vicinity.

It is not just those involved in the event who are traumatised; carers, managers, teachers and auxiliary staff going about their normal tasks in a school affected by tragedy can succumb vicariously as if by osmosis to the symptoms of trauma. Whatever the event, trauma may:

- emotionally and/or physically hurt students and/or staff;
- disrupt school functioning;
- leave scars that affect behaviour and school performance and continue to influence the child in adult life; and
- undermine school systems and morale.

High-quality actions by individuals and management can ensure the school is supportive in a crisis and that long-term effects are mitigated and crucial lessons learned for life.

The ideas in this article are the result of 6½ years of research on how schools respond to traumatic incidents and examples of good practice. It involved action research in schools hit by tragedy; staff questionnaires; and interviews with practitioners and trauma experts throughout the UK, in Israel, Australia, New Zealand, Jordan, Scandinavia, California and New York. Particular attention was paid to the systems in schools and education departments for dealing with incidents, and the mechanisms by which the systems were triggered.

EARLY OBSERVATIONS

Although every traumatic incident and every school are unique, it was amazing how similar the post-trauma stories of staff and trauma consultants were across different countries and cultures. All events involved large numbers of children and adolescents, and not only those directly involved were at risk but also the children of emergency and caring service personnel, and the children of adults directly involved. Few agencies, especially schools, were prepared for dealing with children, and few were informed about the impact of trauma on them. Although adults, including professionals, tended to diminish the impact of trauma on children, they quickly formed a strong 'protective membrane' around any child survivor. This protective device, however, soon becomes a barrier to help being offered. Those most obviously involved, or who had problems that showed, were most likely to receive assistance, while others perceived that the help was not for them or that they didn't 'deserve' it. Some children who sought help directly or had obvious symptoms did not receive it if they were thought to be 'attention-seeking', had previous behaviour problems, or were perceived to have had stress passed on to them by 'neurotic' mothers.

A common reaction to trauma in schools was to start a fierce debate among staff on the question, 'To intervene or not to intervene?' There were also strong divisions between those who accepted their own stress and those who saw this as a sign of weakness and incompetence. Teachers who recognised the needs of students and tried to intervene – despite their usual heavy work load – suffered criticism, isolation and exhaustion. Those who continued long after others thought the event should have been forgotten were met with comments such as 'You're not still involved with that?' Few staff felt adequately supported by managers and management systems, and the long-term costs of a teacher helping affected pupils commonly resulted in anger, frustration, depression, absenteeism, breakdown and resignation, often without another job to go to.

Entrenched attitudes

Certain myths and cliches, which serve to shape and maintain institutional attitudes, were found in all countries:

'Children under seven don't understand and aren't affected.'

'We must get back to normal and continue the normal timetable' (Regardless of the scale of impact on the school.)

'Our students weren't killed so there's no need to mention the event in school.'

'We don't need outsiders helping us – our students/school/community is special, we have a wonderful pastoral system.' (A reason commonly given to explain why their school reacts differently to others affected by previous events.)

Rigid adherence to roles and procedures by bureaucrats in local and national government blocked the flexible, creative responses demanded by emotional situations following tragedy[8-12], as was described by Salter[13] with the Lockerbie disaster. Such inflexible attitudes have led to a denial that children are affected by trauma or that, if they are upset, it is short-term and not within the legitimate and normal role of the school to intervene.

Lahad[14] in Israel and Johnson[15-16] in the USA have quite separately pointed to the particular culture of teaching and the teaching profession. This has involved years of hard work and persuasion before schools have accepted the vital role of trauma counsellors. The culture includes the need to be in control and to have answers even to life/death questions, which have no definite answers, as well as to the stressful nature of teaching. Teachers rarely have their own space (such as an office) in which to retreat or time to deal with their own emotions. Unlike other professions, they always have a large number of demanding young people under their responsibility and are dealing both with complex and group processes. It is not surprising that many teachers fear mass

hysteria and strong emotions being expressed and take the option of avoiding the subject altogether. Following a tragedy, most professionals feel helpless, unskilled and forget the resources and skills they could apply to the situation[17].

Personal taboos

Like many other adults, teachers have taboos about death and disaster and may not have worked out their own belief systems. Particularly relevant, too, is the lack of opportunities given to teachers to process their own emotions, which are triggered by dealing with numerous pupils every day, or to deal with their present and previous life traumas.

Answers to the question 'What was the most stressful aspect of dealing with the aftermath of your school's tragedy?' illustrate the stressful impact of trauma on teachers:

'Trying to get work done and ignore the disruption.'

'Comforting children when feeling emotional myself.'

'Students making jokes and silly behaviour, anger and fighting.'

'Removing the names and belongings of the dead.'

'Other staff not talking directly about the deaths.'

Other replies indicated the importance of the role of the head teacher and of management systems, especially lines of communication: 'Not knowing who was involved and who was related to the dead.' 'Having to work out alone about how we could cope in school.'

Schools are particularly good at responses involving concrete action and planning, such as arranging memorial services and creating memorials. Nevertheless, apart from isolated examples of excellence, few could cope with dealing with emotional issues except by referring students to counsellors or guidance personnel. Assessing the extent of the impact in any systematic way before decisions were made and action taken was rare in schools. However, the courageous attempt by Liverpool Education Committee to undertake the massive task of assessing the numbers of students involved in the Hillsborough disaster must be recorded.

The need for training

When it is suggested to schools that they prepare and train in crisis management, most will decline because of lack of money, time or apparent irrelevance to the school. However, when help is given after a tragedy, teachers often wish strongly that they had received training. Survey replies relating to attitudes to death/stress education programmes in schools for pupils and staff were therefore disappointing:

'Such work only serves to depress.'

'We must get on with living, not dwell on death.'

'Only as and when it arises.'

'A subject for families, not school.'

'School is a haven in which the real world should not be allowed to intrude too often.'

Nigel Fisher's research[18] amongst teachers in Jordanian Palestinian refugee camps showed the reluctance of staff in Islamic cultures to deal with issues such as suicide or abuse that were seen to intrude in cultures with strong family ties.

Only those who bore the brunt of the work with survivors and the bereaved mentioned their wish for more training and for help from outside the school system. In general, death was not viewed as a natural part of life and certainly not of school life. Two schools that did follow up their experiences with further training both had the benefits confirmed within weeks, when further incidents involving death and injury of pupils occurred.

Of all the observations made, perhaps the most worrying are the instances where head teachers are so distressed by an event that their judgment is severely impaired. Inappropriate responses and administrative panic follow, especially where, as in many education systems, departments are now unwilling to challenge the autonomy of the school. In years of working with school principals, Ayalon[19] found that the active involvement of the head teacher is crucial. Even where a head teacher wished to deal with the crisis, staff sometimes sabotaged the attempt if the normal team management was poor. Stress exposes dysfunction, and the dysfunction has to be remedied before crisis work can be truly effective. Only policies, systems and pre-trauma planning – preferably at a district level – will ensure that every school responds well.

The ripple effect

It is important to understand the mechanism by which the effects of a disaster ripple out into different organisations and communities. Given that any individual is part of a group and that most are part of numerous groups, many people are affected by the impact of a traumatic death or injury. When a group has its dynamic changed by such an event, three stages have been observed[16]. The first stage is to recoil on impact; the group is disorganised but cohesion quickly follows and differences are put aside. This stage is followed – months or years later – by a reorganisation and a subsequent state of flux while the group copes with the new conditions and new knowledge about the world. It retains strength from stage one, but old conflicts re-emerge, fuelled by the stress of the trauma. Gradually the group moves into the third stage in which it restabilises, although group cohesion is higher or lower than previously, with the distinct possibility of break-up; it is rarely at the same level.

Now if this process is repeated in the many groups within a school or community, a set of dynamics is set up, the complexity of which is yet to be fully understood. When these dynamics are seen in small communities showing violent anger following a 'hit and run' death of a child, one can begin to guess at the processes set in motion by a disaster on the scale of the Hillsborough tragedy, which affected young football supporters world-wide.

SCHOOL RESPONSE TO TRAUMATIC INCIDENTS

The following scenarios were devised in order to understand how schools respond to traumas that impact on them and to describe the outcome of their actions. They also seek to draw out the common themes and predictable outcomes, but the reader should remember that each scenario is a map and not the whole territory.

Scenario 1

In this scenario, the resistance to the change that trauma always brings is so strong that the impact on the school is ignored or at best passed on to others to deal with. No interventions are undertaken and the trauma is unlikely even to be mentioned. Affected pupils and staff either will not value their own

emotions as worthy of help or will not dare to show or share them, leading to feelings of low self-worth and isolation. Suppressed needs and feelings may later cause depression, aggression and anti-social behaviour. The school will not try to learn from the event; the students, however, will learn, from unspoken messages, that death and emotions are taboo subjects. Like an 'invisible worm', repressed distress has the power to eat quietly away at the indefinable structures and processes that produce good morale and strong school spirit. This scenario can also be found in schools that might recognise the trauma but are too dysfunctional to respond.

Scenario 2

This scenario is by far the most common in all countries so far researched. Initial resistance is still strong and features of the first scenario are present. However, there exist some staff who, with or without the blessing of the head teacher, will respond to the perceived needs of their students. Some pupils and some staff will thus receive some help of some kind. It is, however, likely to be short-term, unplanned and unco-ordinated and may well be ill-informed about treatment of trauma and grief. The work may be done 'under-cover', in addition to normal teaching duties, and is unlikely to receive adequate support from management or colleagues. Pupils and staff suffering delayed reactions are unlikely to be recognised.

Although this scenario is a necessary stage in the long-term development of good crisis management, the initial outcome may result in more immediate problems – such as secondary trauma – than in the first scenario. This is because staff attitudes quickly polarise between the interventionist and non-interventionist camps – the 'strong' stiff-upper-lip brigade and those that are emotional and 'weak'.

The strength of the head teacher's leadership and willingness to seek help will be tested at this time of great stress and media attention. Unfortunately, many good non-crisis leaders are not the best in a crisis, although the wise ones will recognise those on their staff who are and delegate responsibility to them. Because of the polarisation, just a few staff are likely to carry the entire stress burden for staff, pupils and school and so are vulnerable to criticism from colleagues, and even scapegoating. It is not surprising that burn-out, illness and resignation follow. The second year following the trauma is a common period for problems to surface.

Scenario 3

This scenario is now being reached in such countries as Israel and several Australian states, where the national and state education authorities have taken the issues seriously enough to recognise the benefits and staff-cost savings of integrating crisis management into normal management systems and curriculum. Resources are now made available for the proper training of staff in areas, such as New South Wales, in which it is mandatory for head teachers to respond to trauma.

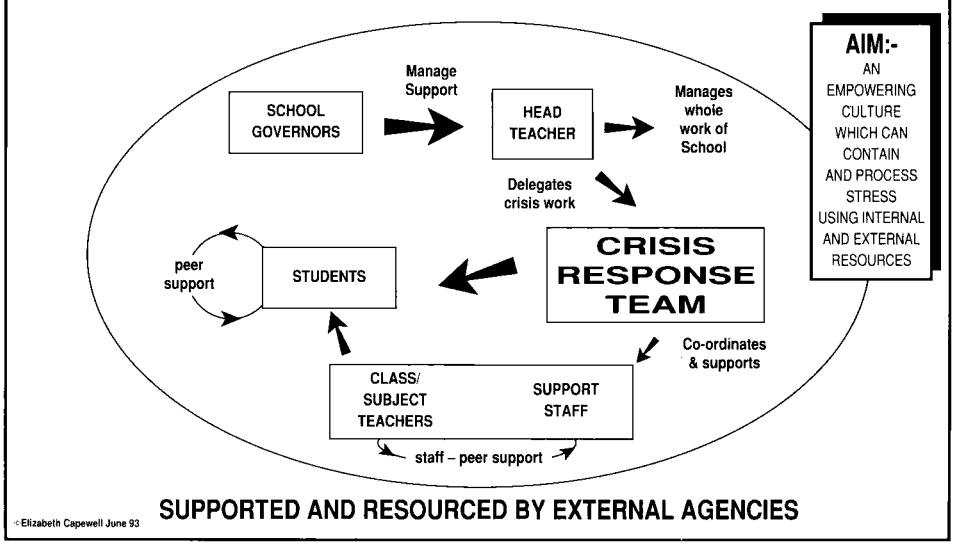
The feature of this scenario is that the work is legitimised and begun well before a school is in crisis. No time is wasted in arguments about whether or not to intervene or in dilemmas about what to do. Distress in students is recognised and understood, so diagnosis and needs assessment is rapid and pro-active. Roles, procedures and communications systems are known and tested, but are flexible enough to meet specific situations. Resistant attitudes will have been largely dispelled through sensitive training or will have been understood and will thus not prevent others from seeking help or working with distressed pupils.

The school environment will therefore allow needs to be expressed without fear or stigma, and a full range of support services (as described by Lahad[14] and Ayalon[19]) will be available for individuals, groups and the staff (including secretaries and auxiliary staff and governors). Staff support will be a crucial part of the programme, and team rebuilding afterwards will be expected and viewed as part of good management – not as a sign of weakness. So too will help from external agencies and consultants. Parents will be consulted, supported and included. Systems will be in place for as long as needed and those with delayed reactions will be recognised.

Apart from dealing with the impact of the trauma, the school will use the experience to create positive learning from tragedy. Students will have experienced good adult models for coping with future life stresses and learnt many new skills, for example how to write to, or approach, bereaved people. Much will be learnt that cannot be learnt from books. Hopefully, they will have been motivated to begin their search for their own answers to life/death issues.

Even if mistakes are made, the school will emerge with a strong feeling of self-worth. Not only will morale and group cohesion be enhanced but the benefits are also likely to spread throughout the community. For this reason, schools provide an invaluable vehicle in large-scale responses to major community disasters. Children educate parents, and so information and informal help can reach many people rapidly in a normal, safe environment.

FIGURE 1 CRITICAL INCIDENT STRESS MANAGEMENT SYSTEMS IN EDUCATION – Internal School System



Adapting existing management systems

In the third scenario, the internal system for managing a crisis needs to be flexible with clear lines of management and communication. Figure 1 (page 5) shows a framework that allows the crisis management to sit comfortably within the existing system. The governing body and the head teacher initiate the response as well as retain overall responsibility for the whole work of the school, ensuring that the crisis response is integrated and not opposed to the normal work of the school. Normal timetables should be maintained unless the impact is sufficient to render a large number of staff unable to teach and the pupils to learn, in which case the prepared crisis programme should be set in motion.

The direct crisis response team is a group of specially trained teachers from within the staff and can be supplemented by similarly trained teams from neighbouring schools or external agencies. This team assesses the emotional needs of managers, staff and pupils and carries out initial staff stress debriefing procedures. It advises the head teacher on issues such as letters to parents, which are part of the head's normal management duties, and supports class tutors who will undertake classroom debriefings[14], arranging special groups for pupils too distressed to be part of these. The team will initiate staff, student and parent support groups, bringing in others to help them where necessary, as well as maintain, support and monitor the crisis response for as long as necessary and at intervals afterwards to check on those with delayed reactions. It will review the response, and feed back any advice to their own school and others for the future.

Crisis work is physically and emotionally draining, particularly for the senior managers and the specialist crisis response team, who need to be supported and replenished from outside school (Figure 2). Such external groups could include consultants who have specialist knowledge of a wide range of incidents and are also able to deal with management issues that usually arise under stress. The education authority at state or district level, or the independent governing body that makes the policies, may also help by providing extra resources for training and the post-trauma response. It may also be able to co-ordinate or authorise support from other statutory agencies, such as social service departments, and ensure that learning is shared with other schools. Lastly, parents and voluntary caring organisations in the community, such as Cruse—Bereavement Care in the UK, can both help and be helped by the school in times of crisis. Two-way communication with parents is essential to minimise secondary crises in children and to ensure that school and family are working in partnership to help the child.

Successful crisis response systems

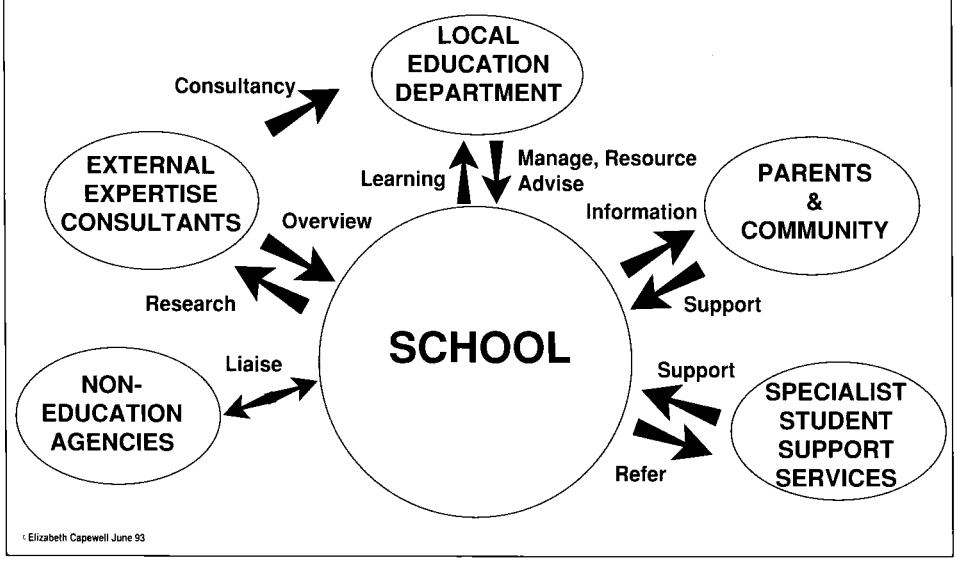
In general, crisis response systems are initiated, developed and implemented by a few dedicated, hard-working people who have found themselves in this work by chance. The state education authority in Victoria, Australia, however, provides one example in which the initiative to create a crisis response system came from within the system itself. This was in response to the Ash Wednesday Fires of 1983, in which many schools were affected and the need was obvious to all. An emergency department with an officer, staff and central control system was established to create policies and systems, but the process of implementation has also been long, slow and sensitive.

In Israel, a national stress prevention team has the right to enter any school after a crisis, although it aims to empower and support staff as soon as possible, whereas in New South Wales, Australia it is mandatory for head teachers to take action.

The five-year process that has led the New York City School Board to establish a co-ordinated system of district crisis response teams provides a good model of what generally happens. The stages follow a similar pattern to Rogers' diffusion theory, which was used by Heinecke in developing her model for implementing training in sensitive issues in schools[20]:

- a tragic event hits a school, exposing the helplessness of staff and other professionals;
- one or two key people who become involved record experiences and set out to learn about trauma responses;
- networking of individuals seeking solutions. Early attempts to interest schools and authorities in planning fail or the crisis team is not used;
- another school is hit by trauma. The head teacher approaches the new 'experts' or team with caution;
- if this head teacher has a good experience, the word will be spread with missionary zeal to other heads;
- once the work is acceptable among sufficient head teachers, the authority may become interested in a co-ordinated approach and the creation of policies. When 'take-off' is reached, it is often rapid and crisis management is given a place in regular training.

FIGURE 2 CRITICAL INCIDENT STRESS MANAGEMENT SYSTEMS IN EDUCATION – External Resources & Roles



Such a process may seem very time-consuming for events that rarely happen, yet those who have accepted the challenge have discovered that the benefits go far beyond the original intention and create much healthier, more open and better managed schools. Nor are the crisis response teams short of work, as they expand to deal with events such as youth suicide and abuse, which previously remained hidden. A school that can deal with stress as part of its normal routines will provide an environment in which students can be helped to become whole, mentally healthy adults equipped to deal with whatever life has to bring.

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*Disasters – Planning for a Caring Response is available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR. £14.00 + £2.25 p&p.

CLINIC FOR CHILDREN WHO HAVE SUFFERED ACUTE PSYCHOLOGICAL TRAUMA

A new Children's Psychological Trauma Clinic, the first of its kind in the United Kingdom, has been established in the Department of Child Psychiatry at the Royal Free Hospital, London under the direction of Dr Dora Black. The clinic will break new ground in the treatment of children who have suffered traumatic bereavement, that is who are bereaved as a result of violence and disaster. It offers a national specialist service to children and adolescents who, without skilled intervention, are liable to suffer severe long-term psychiatric disorder and academic failure. The clinic will also specialise in children traumatised by criminal violence, natural or man-made disaster and by war and civil conflict. In addition, it will undertake research and offer advice, teaching and training to professional workers.

The project is partly funded by the Department of Health and is associated with the national UK voluntary organisation Cruse—Bereavement Care. Dr Black is a consultant child psychiatrist and honorary senior lecturer whose work with traumatised children is well-known internationally. She is co-editor of *Bereavement Care*, a past vice-chairman of Cruse—Bereavement Care and co-author of the recent book *Father Kills Mother: Guiding Children Through Trauma and Grief*, to be reviewed in a future issue of *Bereavement Care*. She is assisted at the Trauma Clinic by Dr Jean Harris Hendriks and Dr Tony Kaplan.

LETTERS TO THE EDITOR

Dear Editor

We are interested in editing a book on 'Interventions with Bereaved Children'. We would very much like to hear from anyone who would like to contribute a chapter, particularly those who use Art Therapy, Dance, Psycho Drama or Music Therapy in their work. We would also be interested in hear from those who work with children from different cultures.

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Dear Editor

We were interested to read Rebecca Abrams' article 'Helping Teenagers and Young Adults Cope with the Death of a Parent' (*Bereavement Care* 1993; **12**(2): 16–18).

We are hospice based, have lots of bereaved adolescents and not much time to see all of them individually. Our experience is that, although we offer to see the family together, adolescents often escape the net . . . so what to do? We invited them to a group to talk together – we knew some of them from our pre-death contact with the family.

After making badges, introductions and general conversation between themselves, they talked fairly readily about their parent's death. They were then asked to write out questions on an index card for a Question/Answers box.

Issues they raised were funerals; school friends and their reactions; expectations by older members of the family who thought they should be sad when they wanted to laugh and have fun, birthdays and celebrations; and feeling that they wished the other parent had died, and then experiencing guilt about this.

We held three sessions, but it was our impression that the first session was the most productive. Some of them told us afterwards that they now felt less isolated and more confident about dealing with other people.

Our view is that some adolescents may benefit from long-term therapy. However, within limited resources, we were able to provide a safe environment for some therapeutic work on a short-term basis. We were able to 'normalise' their grief reactions and yet keep the door open between us and them.

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