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# **Adding Quality to the Quilt**

Adolescent Experiences  
of Critical Incident Responses  
in Secondary Schools  
in Aotearoa New Zealand

*A thesis presented in partial fulfilment  
of the requirements  
for the degree of Doctor of Philosophy  
in Social Work  
at  
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# **Abstract**

## **The Vision for the Quilt**

Critical incidents impact on populations that experience them. Within secondary schools in Aotearoa New Zealand, there is an expectation that a response is made to schools that experience such incidents. There is much conflicting international research as to the efficacy of these responses. The adult experts are making decisions that they believe are in the best possible interests of the young people; they are putting together a quilt that they believe will nurture young people. The expertise and knowledge of a major stakeholder – the young people involved in the critical incident response – has been for the most part, omitted from research. This particular study set out to gather data about young people's experiences of critical incident responses, so that the quilt being provided has input from this group and so is able to better meet their needs.

The study had four major facets. It incorporated reflections on my intrinsic involvement in this field of practice and was, therefore, heuristic. Secondly, qualitative research was utilised to explore with young people their stories about what happened for them at the time of an incident. Thirdly, it incorporated principles of participatory research as an acknowledgement that young people are central stakeholders in secondary schools and that their voice was one that needed to be heard in order that the best responses may be offered. Lastly, it was utilisation focused. It was designed so that the findings were not just written up and filed away but disseminated to those who make decisions at the school level and policy level.

At the analysis stage, two major methods were used. Firstly, inductive analysis was used to identify the themes that emerged from the interviews with the young people. Triangulation was then used to consolidate these themes using the input from Collaborative Groups and a systematic review of the knowledge that I have gained over the time that I have been involved with young people in the critical incident response area.

This analysis of the contribution from the young people resulted in several areas being highlighted. Firstly, participants asked that those responding to critical incidents considered the use of language and the power of words, Secondly, they believed that schools needed to act proactively and to have a plan and, in association with this, that they develop a culture that better cared for the needs of young people. Thirdly, the young people involved requested that the 'right' people responded at the time of an incident: the qualities of the 'right' people and the 'wrong' people were also identified. Next, the young people were well able to identify the positives that could ensue out of negative situations, and lastly, they expressed their wish that there be a place for their involvement at the time of a critical incident response.

# Acknowledgements

## Dedication

*This research is dedicated to my mother and my father, both of whom died during the course of the thesis. It is also dedicated to my brother who nearly died but his quilt, in the form of his daughters who love him, kept him here.*

This is an acknowledgement of their input into the quilt that has become my life.

## Other Contributors to this Quilt

First and foremost, I wish to thank the young people who have contributed. To those who contributed directly there is a special acknowledgement. To all the young people with whom I have dealt over the years, I am also very grateful. They have taught me that they have great wisdom and give me a lot of optimism for our future.

To my supervisors: my clinical practice supervisor, my peer supervisor, and my academic supervisors. Each of you has added different fabrics and colours to this story. I especially thank Leland Ruwhiu who has stuck by me since 1999. We have shared lots of different adventures way bigger than the thesis and I treasure this. I also thank Robyn Munford for being there when I needed her to be there and for keeping me fed with the much needed positives. Her quiet strength, often in the background, has been hugely appreciated.

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To my friends: you are the quirky bits of my quilt, the bits that make my quilt its own unique creation. I treasure you all. A special thank you to Paula, for the invaluable technical advice.

Saving the most important thing to last is deliberate: my family. As a collective and as individuals you are everything to me. Your support, encouragement and

teasing have kept me going. To the person who has specifically asked not to be mentioned, I love you and I thank you.

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# Chapter One

## Introduction

### The Bricoleur, the Quiltmaker

*How much piecin' a quilt is like livin' a life! You can give the same kind of pieces to two persons, and one will make a "nine-patch" and one'll make a "wild goose chase," and there will be two quilts made out of the same kind of pieces, and jest as different as they can be. And that is jest the way with livin'. The Lord sends us the pieces, but we cut them out and put 'em together pretty much to suit ourselves, and there's a heap more in the cuttin' out and the sewin' than there is in the caliker [calico].*

*Aunt Jane of Kentucky*

*(Hall, 1995)*

Recently there have been devastating floods in the area in which I live. One way in which a group of bricoleur<sup>1</sup>, quilt makers, responded was to donate a number of quilts to those who had lost everything. I saw this as a powerful symbol of nurturance and caring that epitomised much of the work that happens in this area. I saw it as metaphor of hope that reflects my own attitude to the field of practice that is critical incident<sup>2</sup> responses<sup>3</sup>.

Denzin and Lincoln (2003, p.9) have also presented this idea of the bricoleur and their description of this metaphor within qualitative research is a fitting one for this research:

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1 A bricoleur is a person who creates things from scratch, is creative and resourceful: a person who collects information and things and then puts them together in a way that they were not originally designed to do.

2 An incident is defined by Coggan, et. al. (2001, p. 6) as an event that:

Causes sudden and/or significant disruption to a school; or

Causes significant danger or risk that could traumatically affect students and/or staff within the school; or

Impacts on the operation of the school; or

Attracts negative media attention or a negative public profile for the school or the Ministry of Education.

3 I have opted to use the term 'critical incident responses' throughout this research in an attempt to make it a generic term rather than use terms that are aligned to any particular researcher or method of delivering such responses.

*The interpretive bricoleur understands that research is an interactive process shaped by his or her personal history, biography, gender, social class, race and ethnicity, and by those people in the setting. The political bricoleur knows that science is power, for all research have political implications.*

The exploration suggested by this quote underpins this research as critical incident responses and their impact on young people are looked at on several different levels in order to provide an integrated pattern for this field of practice.

## **The Questions to be Explored**

### **How is this Quilt to be Different?**

There are four key questions that have been explored in this research:

- What are the experiences of young people who have undergone critical incident responses in their secondary school<sup>4</sup> in Aotearoa New Zealand<sup>5</sup>?
- What could be done to improve these responses for young people?
- How has this affected their opinion of their position in secondary schools, and in society as a whole, in Aotearoa New Zealand?
- Do they feel that they have a voice?

There are three interwoven strands that run through this research:

- It is heuristic, qualitative, participatory, utilisation-focused research.
- It explores the realm of the voices of young people and how adolescence has evolved, both psychologically and sociologically: It examines where adolescents stand, and what influence they have, in our society at the beginning of the 21<sup>st</sup> Century.
- It examines the field of critical incident responses: to paint the background to this the history of these responses has been given; the issues at the

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4 Secondary school spans years nine (about age thirteen) to thirteen in Aotearoa New Zealand.

5 Aotearoa is the Maori word for New Zealand and can be used interchangeably with New Zealand or, as in the case of this research, in conjunction with it.

global level are examined and then the more specific level of such responses and the role that they play in our secondary schools is examined.

The remainder of this chapter is a narrative of who I am and my journey to the research and elucidates and clarifies the heuristic aspect of this research. Heuristic research itself is explored in greater depth in Chapter Seven, the Methodology Chapter. This chapter will also present the format of the thesis.

## **Heuristic Research**

### **The Colour I Add to the Quilt**

*Our lives are like quilts – bits and pieces, joy and sorrow –  
stitched with love.*

*(Zimmerman, 2006)*

My active involvement and commitment to this field of practice means that this is an heuristic inquiry. Patton (1990, p.72) gives a meaningful summary of heuristic research:

*The uniqueness of heuristic enquiry is the extent to which it legitimizes and places at the fore these personal experiences, reflections and insights of the researcher. The researcher, then, comes to understand the essence of the phenomenon through shared experience and inquiry with core researchers as they intensively experience and reflect on the phenomenon in question. A sense of connectedness develops between researcher and research participants in their mutual efforts to elucidate the nature, meaning, and essence of a significant human experience.*

This sense of connectedness, or the development of meaningful relationships, is what underpins my personal model of social work that informs my professional practice. Developing such relationships within this research was a personal goal that was congruent with this model. It was never intended that Interviewees would be just Interviewees who would serve their purpose and then be discarded. This is further discussed in Chapter Seven.

Further to this philosophy, and because of my intimate involvement with this field of practice, I feel it is necessary that I give a pen portrait of myself and how my focus on this field of practice has developed.

I take a humanistic position in my life, with a strong underpinning of respecting the spirituality of all people, having emerged from many years as a member of the Catholic Church. There are a number of core principles that illuminate this position (Patton, 1990; pp.124-125) and the research has been designed to remain cognisant of these principles throughout:

*Each person or community is unique.*

*Each person or community deserves respect.*

*Equity, fairness, and mutual respect should be foundations of human actions.*

*Change processes (and research) should be negotiated, agreed to, and mutually understood – not imposed, forced or required.*

*One expresses respect for and concern about others by learning about them, their perspectives and their world – and by being personally involved.*

*Change processes should be person centred, attentive to the effects on real people as individuals with their own unique needs and interests.*

*Emotion, feeling, and affect are natural, healthy dimensions of human experience.*

*The change agent, therapist, or researcher is non-judgemental, accepting and supportive in respecting others' rights to make their own decisions and live as they choose. The point is empowerment of others, not control or judgment.*

*People and communities should be understood in context, and holistically.*

*The process (how things are done) is as important as the outcomes (what is achieved).*

*Action and responsibility are shared; unilateral action is avoided.*

*Information should be openly shared and honestly communicated as a matter of mutual respect and in support of*

*openness as a value.*

I have been a social worker for 20 years. It is very important to me that I am an active member of a professional body (Aotearoa New Zealand Association of Social Workers), that I hold a current Certificate of Competency and am a Registered Social Worker.

I am also a narrative therapist<sup>6</sup>. This means that I have a philosophy that attempts to be very respectful of the stories that people live by (Romanoff, 2001; White, 1997; Freedman & Combs, 1996; Gilligan & Price, 1993; White & Epstein, 1990; White 1988-89) in the belief that as Sarbin (cited in Romanoff, 2001; p.246) says: "...humans think, perceive, imagine and make moral choices through narrative meaning". When we observe how people live their lives, we hear them tell stories about all aspects of it.

My interest in people's stories has developed over time to the place where it is now; these stories are the basis of the narrative therapy I undertake with clients. This personal perspective had its genesis at the same time as I began doing voluntary social work, in the early 1970s, as I listened to women who had experienced domestic violence. This philosophy of 'storying' is very much from a qualitative perspective and my research exemplifies this.

In the case of critical incidents, the narratives that we develop are often our way of making personal meaning of what has happened to us. This meaningfulness is crucial to our healing journey. If we make negative and destructive meanings then our healing is less successful. If we are able to make constructive and positive meanings then we are more likely to have better outcomes. The skills of a narrative therapist may be used to ensure that the latter option is the one that is attained so that people, in this case adolescents, have the experience of self efficacy, that helps develop personal power and mastery.

As such, narrative therapy is also openly political. Ungar (2004, p.30) again cites White stating that his work "...is overtly political, in that it seeks to add power to those who are marginalized by allowing them to interpret their

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<sup>6</sup> "The narrative metaphor proposes that people live their lives by stories – that these stories are shaping of life and that they have real, not imagined effects – and these provide the structure of life" (Gilligan & Price, 1993; p.36).

experiences in a way that gives their stories power”. As such, and referring back to the last paragraph, there is the opportunity to hear these stories and to develop the outcomes into the wider field of politics so that young people benefit.

The other influential model that has influenced my practice is the bioecological model of Urie Bronfenbrenner (Freisen & Brennan, 2005; Stevens, 2005; Farmer & Farmer, 2001; Bronfenbrenner, 1979). It has been significant because the way in which I approach my work, and life in general, is to look at all the facets, or systems, that may have an impact on people. Bronfenbrenner (1979, p.22) describes systems as being subsystems within larger systems like “a set of nested structures, each inside the next, like a set of Russian dolls”. Farmer and Farmer (2001, p.172) elucidate further by stating that: “...the individual functions as an integrated organism and development arises from the interrelationships among systems existing within and beyond the person”.

The appeal of this model, as well as being congruent with my ‘big picture’ way of thinking, is that it is an attempt to capture all the systems that the young person operates within while still paying attention to the characteristics of the individual. Another appeal is that each system influences other systems, that individuals affect and are affected by each system. Each young person is part of a system made up of six aspects, and usually depicted as increasing circles (Freisen & Brennan, 2005; Stevens, 2005; Farmer & Farmer, 2001; Bronfenbrenner, 1979):

- The ontogenetic circle refers to the individual person.
- The microsystem, which is the day-to-day environments that each person lives in - home, school, work, peers, neighbourhood, clubs/church.
- The mesosystem includes the same environments but accentuates the linkages that exist between the two systems. These may be strong positive linkages or more fractious, less helpful ones. An example of this would be the difference between a person who was both a parent and a member of the school’s Board of Trustees compared to a parent who was

timid about coming to school because of their own personal experience within the education system.

- The exosystem impacts on the individual although they themselves may not be directly involved with it. For example, the transport system, the District Council, the media, government agencies.
- The macrosystem impacts on every member of society; it is the dominant beliefs and ideologies that underpin and drive each society.
- The chronosystem is the time dimension and is the indicator of the stability and change within each person's life. Change and stability may be at a variety of levels; a country that is at war is as influential as is the break up of a marriage for a discrete family.

Another facet to this personal philosophy of acknowledging the systems we live in, and complementary to it, is an intrinsic belief in change. At the ontological level, some of the stories we live by are not helpful to the way we live our lives. In an ecological sense, these systems that we live within are also sometimes not conducive to this way of living our lives. There is, I believe, little choice but to take on these personal and systemic issues, so that change has become an imperative in the way I undertake my professional life. Along with this is the responsibility that comes with relative privilege and the responsibility of supporting change when it is possible to do so. I aim, then, to be a reformer, having a belief that working with systems in an informed way is a better way for me to influence change. 'Gentle', unthreatening conflict, I believe, is more likely to make people think and act positively:

*Conflict is seen as a force towards integration, consensus, and cooperation for the good of the whole. Pluralistic functionalists believe that conflict is resolvable. (This, after all, is the basis of democracy) (McLemore & Neumann, 1987; p.87).*

With this philosophical underpinning, that of a humanistic philosophy, and narrative and ecological approaches to my work and life, my involvement with critical incident responses has developed over a period of ten years. My first experience was when I was tutoring in social work and a mature, male student killed himself. Finding out about it from the police who, late one afternoon,

delivered a suicide note to me, put me in a position where I had to spend the night time hours, with a colleague deciding on the next step. The accompanying shock along with the practicalities meant for a challenging time. These practicalities were such things as ascertaining whether a death notice would be in the paper the following morning and if this was the case, it would affect how we approached the rest of the class the following morning.

There were two lasting memories. Firstly, the reactions that came from the students as a group, as well as how individuals reacted; from those who cried or prayed, to those who went for a walk, to those who sat in numbed silence or who said such things as: "Why didn't he ask for help?" Secondly, was my sadness that this man had to request from me, his tutor, the responsibility for his funeral because he had no-one else to ask.

The following year a student's daughter also killed herself and again I was invited to be part of the process. Along with this came the realisation that striving to get the process right is so important to resolving the grief in the best possible way. From there I worked in a Child, Adolescent and Family Mental Health Service (CAF) where a Critical Incident Team was developed after a cluster of suicides in a small rural town. I came on board shortly after this and responded to a number of incidents, mostly in schools, in the six years that I was part of the team.

There were ten to twelve incidents in which I was part of a team that responded. Each was very different: the schools involved (from private, independent schools to state schools at all socio-economic levels); the nature of the incidents (from completed suicides to accidental death of people in the school community but not directly associated); the population worked with (from staff to direct involvement with the students); the people involved in responding (from being a sole CAF response to working with Group Special Education [GSE]) Possibly one of the most valuable things that was done as part of this process was the debriefing after the event and the analysis that occurred to enable future responses to be more honed to the event.

While working at this agency I also did three stints overseas, one as a student on placement in Thunder Bay, Ontario, Canada, and two in the United Kingdom where I worked in London and in Harlow. While I was there, I looked at what services were available in schools in these areas. As with this country, there were some initiatives but few co-ordinated schemes that impressed as meeting the needs of those affected.

Since leaving CAF, I have been working independently on contracts funded through a variety of agencies. I am also working with some individuals and families. For half of my week I am a school counsellor in a private school. This was a deliberate choice as it allowed me to have contact with the age group on which the research is focused.

This has meant that I have been able to develop a Students Liaison Group in relation to critical incidents. The students are part of a team that review policy. They have also developed into a team within the school that has six boarding houses, so that when an event occurs they will have a role to play. They are the eyes, ears and voices of the students so any specific concerns that the staff may not be cognisant of may be passed on through this team. They are not front line workers but a liaison group so that there is a conduit for this information. In my experience, this has been lacking in previous incidents in which I have been involved.

I have also had three peer-reviewed articles focused on the critical incident theme, that were published in *Social Work Review*. The first article explored what was available in Aotearoa New Zealand to respond to incidents; the second looked at the effectiveness of responses for adolescents; and the third was an examination of the needs of adolescents as opposed to what adults were offering. Following these published articles, I have delivered four papers at the ANZASW national conferences and the School Guidance Counsellors Conference.

This background, then, means that I have a strong commitment and bias towards this field of practice. I accept that this research and the observations I

am making on the world are in a state of continuous change and that I am an active player in creating this.

Research adds to the quality of our society. If, in conducting research, any section of that society is excluded then the research is not as efficacious as it could be. Adolescents, as a section of our society, are not a small minority group. In Aotearoa New Zealand they make up 20 per cent of the population (McLaren, 2002) and that is not a small number of potential voters. They are integral to our society:

*The years from age 12 to 24 inclusive are critical for human development – they build on experiences of childhood and generate the foundation skills for adulthood. This is also a critical stage for wider society; young people ‘test’ it’s values and norms, enhancing its capacity to adjust to a rapidly changing world (McLaren, 2002; p.10).*

Those on the receiving end of such practices can rightly be seen to demand to play their equal role. Research that does not include the voices of our young people is an example of biased research and detracts from quality initiatives for this group. My bias would suggest to me that our youth, being a still developing and therefore vulnerable population, deserve quality responses for their long term benefit and for all the systems that they are part of; families, school, communities and society.

The catalyst for this research came from a young woman who had been involved in a critical incident response within her small religious school where a friend of hers had hung herself at home over the weekend. Near the end of the first day the teachers were trying their best to look after their charges. I overheard this young woman say to a group of her peers: “We’ve had enough of this, we just want to go to our next class”. At the time this comment had an impact as I have remembered it ever since and on reflection it gained in significance as I began questioning the responses that were being offered to this age group.

This, then, is the background that underpins and influences this study. Before proceeding further there is a consideration that need to be clarified. As part of this research the use of words that adults and adolescents use emerged as an

important theme. It is therefore also important to give an explanation of the use of some words within the thesis.

## **An Explanation of Words Used Using the Appropriate Stitches**

The word children is used by many to be inclusive of adolescents, teenagers, youth or young people. My experience with young people has told me very clearly that they object strongly to being called children. Any quotes that contain the words 'children' but that relate to young people have been left with the proviso that the reader remain cognisant that it is a word that may be challenged by young people.

The words teenagers, teens, students, young people, youth and adolescents have been used interchangeably through out this study. Specific words have also been used. The Collaborative Groups, who were all aged over 16, are specifically referred to as such. The Focus Group, who were recruited later in the research, and also all over 16, are a different group of young people. Those who were formally interviewed, all teens at the time of the incident they experienced, are referred to as the Interviewees. This is to avoid confusion because of the different levels of participation that were undertaken.

To conclude this chapter the structure of the thesis is elucidated.

## **Structure of the Thesis**

### **The Pattern of this Quilt**

Because I am an ecological social worker, where acknowledging the big picture is essential in making workable decisions, this thesis has been designed so that it can be used as a reference point for those who work in the field with all the relevant background information in one place. As well as the body of the work I have, therefore, included a number of appendices. Specifically, I have included: a compilation of the expected outcomes that may follow trauma; the range of

recommendations that have been made to schools; and the diagnoses that accompany trauma.

Because of this holistic philosophy getting the process right is of paramount concern so that the outcome is a solid one. For this reason the process became a very important feature for me of constructing this thesis so that the outcomes were a result of “walking the talk”: participatory practice with young people is not a destination but a journey.

The literature was extensive because I wanted to be able to give the background to the two separate facets that have come together in the research: the field of critical incident responses and the voice and position of young people in Aotearoa New Zealand. Subsequently the literature review spans Chapters Two through Six. The literature review process itself began with an emphasis on the critical incident research itself and this was broadened out to include the history attached to it. A psychological and sociological exploration of adolescents and adolescence followed this. These two preceding aspects were deemed to be the important two prongs of the study and where my original passion lay.

However, further to this, the field of studying young people was highlighted as being another integral aspect that needed considerable exploration as it became clear that it informed both the participatory nature of this research and is an important research area in itself. This highlighting focus of the importance of listening to young people (Ungar, 2007; Ungar, 2005; Ungar, 2004; Byrne, et. al., 2003; Smith, et. al., 2000; Taylor & Smith, 2000; Cloke & Davies, 1995; Butler & Williamson, 1994) emerged as an important aspect of the research and provides a foundation for subsequent research on young people, their experiences and the contexts in which they live. Ungar (2007; p.96) has written about the importance of researching young people saying that: “In fact, children can help to show us the ineffectiveness of the very interventions we adults employ to improve their behaviour”.

The chapters were designed to reflect this two pronged approach. *Chapter Two* is an exploration of the concept of adolescence and the development of our

present attitudes and policies. This underpins *Chapter Three* where I examine our present position regarding adolescents. Their role in society is acknowledged but often that is not yet clear to them or the adults and policy makers around them. It seems we are still in the process of defining this and as a result we have an ambivalent systemic relationship where both parties are reactive to the other. There is much written about allowing and encouraging young people to have a positive voice in society. Having listened to these young people and many others I am not convinced that, in the field of critical incident responses, we have gone far enough down this track as yet.

*Chapter Four* looks at the other major theme, that of critical incident responses themselves. To give depth to the discussion I have included a brief history that is designed to give an overview of the development of this field of practice. *Chapter Five* explores this field of practice by looking at the issues that surround critical incident responses in the present time. There is a huge raft of research in this domain. Because there are tensions between those who work in the field the result for me was, initially confusion, and then a doubt about why anyone would be offering responses when there is so much that is not validated. This was particularly concerning when looking at offering services to young people because of their developmental stage and position in society. *Chapter Six* specifically discusses where critical incidents are located, historically and in the area of policy, in schools in Aotearoa New Zealand.

*Chapter Seven* examines the process of undertaking this research using a heuristic, qualitative, utilisation focused and participatory framework. It looks at the convergence of the methodology, the experience of working with the young people and my personal learnings that occurred as the quilt was constructed. Following this, is a discussion of the inductive analysis and the triangulation that informed the process of identifying themes that emerged. This triangulation used information gained from several sources: the interviews; the input of the Collaborative Groups who were consulted at the initial stages of the research; the Focus Group, who contributed after the interviews had been collated, and from my analysis of the incidents I have been involved in over a number of years.

The next two chapters are devoted to the words of those interviewed and full weight has been given to the participants' contribution. *Chapter Eight*, has been devoted to allowing the adolescents to tell their own story. *Chapter Nine* weaves in the stories from Chapter Eight with the input that came from three other areas: the Collaborative Groups, my experience and previous research. and the literature review.

*Chapter Ten* takes the themes identified in Chapter Nine to a Focus Group to consult with them about these findings. This was designed to further triangulate the data by ensuring that young people had input at this stage of the research.

*Chapter Eleven* provides a summary of the findings and the associated recommendations. This will weave into the existing field of practice the threads that the adolescent participants have added. As continually stated in this thesis, they are the major stakeholders in our schools, and the *raison d'être* for this research and therefore their words will be pre-eminent. The onus after that will be on me, and those in the field, to utilise this contribution.

The next chapter starts to lay the foundation for the quilt that is being constructed. It examines the concept of adolescence from psychological and sociological perspectives and the historic and cultural milieu in which they have developed.

## Chapter Two

### The Nature of Adolescents

#### “Teenagers are Defined by their Lack of Wanting to be Defined”

*(Jeremy interviewed in 2005)*

*The young people of today think of nothing but themselves. They have no reverence for parents of old age: they are impatient of all restraint; they talk as if they alone knew everything... As for the girls, they are foolish and immodest and unwomanly in speech, behaviours and dress.*

*(Peter the Hermit, 1050AD)*

*(McManus, 1995; p.27)*

Chapter Two explores the journey that we have taken psychologically and sociologically in our understanding of young people. Those who have studied the development of human beings have generated a number of theories in an attempt to make sense of and classify humans into groups about which we can generalise. The purpose of this is so that we can predict, plan, explain and make sense of our part in our world. More recently there has been a growing understanding that adolescence is a social construction and that there is, therefore, another dimension that has previously been left unacknowledged and unexplored (Ungar, 2005; Sanders, 2004; Ungar, 2004; Ungar, 2003; James & Prout, 1990). In the words of Ungar (2004, p.102):

*Thus, we are ill advised to trust middle-aged adults, and the policy-makers they represent, to understand what is good for teenagers today, any more than parents of those power brokers understood the rebellion of the late 1960s and early 1970s. If we go searching, we can locate an alternate discourse hidden in our popular consciousness. Sitting there scarcely recognizable for what it is, a challenge to our understanding of what youth are supposed to be.*

This chapter gives an historic overview of this development from the psychological and sociological perspectives. This is in preparation for the

following chapter which is a discussion of where we are today and the directions that are being taken in contemporary research.

## **The Theories that Inform Society**

### **The Rules that Accompany the Making of the Quilt**

Historically, when talking about adolescents as a group there has been a range of theories that have sought to outline what happens when young people are within this developmental period. According to James and Prout (1990) there are some dominant explanatory frameworks that we have lived under for some time when it comes to explaining the phenomenon of adolescence. The hallmarks of this have been rationality, naturalness and universality:

*Rationality is the universal mark of adulthood with childhood representing the period of apprenticeship for its development. Childhood is therefore important to study as a presocial period of difference, a biologically determined stage on the path to full human status i.e. adulthood. The naturalness of children governs and is governed by their universality. It is essentially an evolutionary model: the child developing into adult represents a progression from simplicity to complexity of thought, from irrational to rational behaviour (James & Prout, 1990; pp.10-11).*

The following review of the literature is from the psychological and the sociological perspectives. These are acknowledged as being Eurocentric in nature and are the theories that have historically influenced Western-looking nations, including Aotearoa New Zealand.

#### ***Developmental Psychology***

##### ***What Makes the Craftspeople who they are?***

There are several authors who have become the 'fathers' of developmental psychology. These theories have emerged from the positivist paradigm<sup>1</sup> and as such have taken on a reality that belies their 'theory' status. Therefore, while

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<sup>1</sup> Positivism is a philosophy developed by Auguste Comte (widely regarded as the first true sociologist) at the beginning of the 19th century. It is "the view that understanding about human actions should be based on the methods of natural science...positivist or logical empirical approaches to theory imply a strict attention to experimental and statistical design of the tests of prediction and carefully tested logic in deriving and expounding the theory" (Payne, 1991).

discussing them as being informative to the age and stage that I am dealing with there is a caution that they are but theories that are historically and culturally bound. There is an acknowledgement here that this is the exact reason why young people's voices need to be heard in a constructive way as this same positivist and 'expert' voice closes them out by not being inclusive of their voices.

This discussion begins by looking at the contribution of Freud, who is known by many as the father of psychoanalysis. His ideas at the end of the 19<sup>th</sup> and beginning of the 20<sup>th</sup> centuries (Strachey, 1966; Freud, 1962; Freud 1949) have endured so that his views on the influence of the unconscious have filtered through psychology, human development and counselling (Papalia, et. al., 2001; Weiten, 1992).

Maslow (Papalia, et. al. 2001), in the middle of the 20<sup>th</sup> century, put forward his theory based on a hierarchy of needs. This was based on the belief that as humans we have a range of needs (physiological, safety, belonging and love, self esteem and self actualisation); the more basic needs have to be met before the higher needs are able to be attained. When applied to young people in a traumatic situation their safety needs may be compromised which will impact on all the other needs. However, the major criticism of this theory is from those who challenge the hierarchical nature of it. Maslow would argue that if the basic physiological needs are not met then individuals are incapable of acting at a level further up the hierarchy:

*History is full of accounts of self-sacrifice, in which people gave up what they needed for survival so that someone else (a loved one or even a stranger) might live (Papalia, et. al., 2001; p.37).*

Erikson (Papalia et. al, 2001) is one of the main contributors in trying to identify and qualify the social development of adolescents. He has named the stage accompanying adolescence as Identity versus Identity (role) Confusion. The task as he sees it is that developing a unique identity is primarily important. Young people use their new found ability to reason abstractly to help them synthesise their identity into one that will see them through their adult life. As Papalia, et. al. (2001; p. 447) summarise:

*To form an identity, adolescents must ascertain and organize their abilities, needs, interests, and desires so they can be expressed in a social context.*

Writing in the 1960s Erikson also portrayed adolescence as a pathological time by referring to medical terms that classified youth as having 'symptoms', 'neuroses', and 'psychoses'. He believed that the key task of adolescence is to:

*...resolve the conflict between 'ego identity' and 'ego confusion'. Failure to achieve a positive resolution to such contradictions, he argued, will adversely affect development later in life" (Papalia, et. al., 2001; p. 447).*

Freud's daughter, Anna, (Open University, 1988), in the 1950s, also commented on adolescence as being a time of disruption to peaceful life and that those who did not have a difficult time were abnormal. She saw adolescence: "...as a time of crisis in which the struggle between the forces of natural instinct and cultural constraints are acted out in behaviour patterns comparable to madness" (Open University, 1988; p.12).

In the cognitive field Jean Piaget (1972) has produced an ages and stages taxonomy that attempts to explain how humans' cognitive development unfolds. There are a number of concepts that he believes underpins the mental processing of teenagers and which he labels the Formal Operational Stage:

*They develop the capacity for abstract thinking, giving them a more flexible way of understanding their world,*

*They are able to manipulate symbols,*

*They understand metaphor and allegory,*

*They are able to explore possibilities,*

*They become idealistic as they look at how the world should be,*

*They are able to use hypothetical-deductive reasoning (Papalia, et. al., 2001; p.37).*

There are criticisms of his theory as well. A major defect that has been identified is that humans are not solitary and independent beings; that their social world is of primary importance in their development:

*The main tenet of the more recent perspective is that all psychological phenomena originate through interpersonal interaction and hence social and cultural contact provide the framework for how children learn to think, speak and behave (Boyden & Mann, 2005; p.5).*

Another theory that is of significance to this age group is that of Elkind who has identified what he has named the Immature Characteristics of Adolescent Thought (Papalia et. al, 2001). Adolescents, while able to operate abstractly are not able to do so at a developed level. This concept is very applicable to those who are working in the field of critical incident responses. These influential adults (and parents) need to be aware that there are a number of characteristics that are demonstrated by this age group and thus need to be factored in to any response. In particular Elkind (Papalia et. al, 2001) identifies:

- Argumentativeness as they explore their ability to reason more abstractly
- Indecisiveness as now they become more aware of possible options
- Finding fault with authority figures as they realise that the adults around them are not the idols they once thought they were
- Apparent hypocrisy means that young people offer discrepant views e.g. fighting for peace whilst still bullying their siblings
- Self-consciousness as they believe that everyone is thinking the same as they are. Elkind compares this to an imaginary audience in which the adolescent believes he or she is being observed
- Assumption of invulnerability where the personal fable is paramount; the time when the young person is 'ten foot tall and bullet-proof' and bad things, such as pregnancy, addiction and accidents, cannot possibly happen to them.

More specifically when looking at the development of adolescent grief Fleming and Adolph (cited in Balk, 1998: p.4) believe that there are five core areas that adolescents are learning and that need to be considered when grief work and critical incident responses are made.

- *trusting in the predictability of the events,*
- *gaining a sense of mastery and control,*
- *forging relationships marked by belonging,*
- *believing the world is fair and just, and*
- *developing a confident self-image.*

Adolescents, according to Kohlberg (Papalia, et. al., 2001), are said to be at the level where true morality is able to be developed. It is also believed that many will never get to this level. Kohlberg (1984, p.19) states that:

*Cultural and environmental factors or innate capabilities may make one child or group of children reach a given step of development at a much earlier point of time than another.*

For those who do reach this level Kohlberg (Papalia, et. al., 2001; p.431) says that:

*For the first time, the person acknowledges the possibility of conflict between two socially accepted standards and tries to decide between them. The control of conduct is now internal, both in the standards observed and in the reasoning about right and wrong.*

There are three steps within this level which Kohlberg (1984) has called Postconventional Morality. Firstly, there is the growth of social concern and a conscience. Here adolescents will believe that an act is wrong if it breaks rules or harms another person. The motive or extenuating circumstances will not impact on the decision. Secondly, there is: "morality of conscience, of individual rights, and of democratically accepted law" (Papalia, et. al., 2001; p.431). At this stage the welfare of the majority and society is paramount even if at times individual needs may need to be sacrificed. Lastly, is the stage called Morality of Universal Ethical Principles. Here, individuals will do what they think is morally right even if it breaks a law or transgresses what others in society may believe is right.

These theories, plus others such as Skinner, Jung, Rogers, Chomsky, Watson (Papalia, et. al., 2001; Weiten, 1992), have been influential in forming the views of the societies who subscribe to these theories. These have now been

acknowledged to be historically and culturally bound. As Ogbu (Cited in Ungar, 2004; p.105) states: “I suggest that the research model of dominant-group developmentalists ...is ethnocentric”. This has not been acknowledged in these mainstream theories until more recently (Ungar, 2004; Saraswathi, 2003; Sillitoe, et. al., 1998; Kagitcibasi, 1996; Ritchie, 1983). The essence of this is that rather than using white middle-class norms we, as a society, need to accept that this is only one set of rules, and that these themselves are multi-faceted. Ogbu (Cited in Ungar, 2004; p.105):

*...argues that society teaches its children how to succeed at the tasks necessary for each culture's subsistence. These tasks are, therefore, culture specific and the skills necessary for their completion are held in trust for each successive generation.*

This logically leads onto the next section of this discussion, the sociological perspective.

### **Sociologically**

#### ***Our Young Crafts People's Place in Society***

The concept of adolescence seems to be one that over the centuries has been marked as being a troubled time for the individual adolescent and also for the society to which they belong. Writing over two millennia ago Aristotle described young people as “...lacking in self-restraint, fickle and prone to carrying everything too far” (Open University, 1988; p.11).

Rousseau in the 18th century is attributed with inventing the concept of adolescence:

*Rousseau likened adolescence to a second birth, and viewed it principally as a period of emotional turmoil, which led to various forms of moral degeneration, and most particularly sexual precocity (Open University, 1988; p.11).*

Hurrelmann and Engel (1989; p.3) dates the development of the concept of adolescence at the middle of the 19th century as well. They wrote:

*The “emergence” of the phase of adolescence was closely linked to economic, political, and cultural changes evoked by the industrialization process and the accompanying establishment of a compulsory school system.*

At this time in history, young people were either child or adult. As a child they lived in the family home. This was often a very truncated period ending when the child was very young, when they went out into the adult world and worked (Hurrelmann & Engel, 1989; Open University, 1988). Over time, and partly as a result of men going out to work rather than subsisting at home, and the family changing as a result, the lives of young people were defined differently. Young people were seen to have different needs and behavioural demands from either adults or children. The development of a more formal education system further consolidated the role of young people. Gradually over time adolescence became more entrenched:

*Because of technological development and the spread of societal welfare systems, human working potential no longer had to be exploited to the same extent as before. At the same time, the restrengthened moral and pedagogical ideas on the necessity and appropriateness of a suitable development of the society's young members had to be met (Hurrelmann & Engel, 1989; p.4).*

Today, a common theme is that this stage is arguably the one that is the hardest work for those living through it. Butler and Williamson (1994, p.67-8) suggest:

*There may be doubt cast on the rigid 'sturm and drang' (storm and stress) hypothesis propounded in the early psychology of adolescence (Stanly Hall 1904), but few would dispute that late childhood and adolescence is a turbulent stage in the life-cycle, even if most young people continue to subscribe to ordinary, conventional and conservative values (Davis, 1990) rather than to the cultural resistance and rebellion ascribed to them by more radical sociologists and social theorists.*

Taylor (1988) agrees that adolescence for a number of young people is a very difficult time. He points out that in retrospect we may see it as a carefree stage of our lives, or society tells us that it is this way. Adolescence for many is not filled with happy memories. They are often faced with a combination that can add up to a very worrisome cocktail of worries for the individual:

*Understandably the very high rates of youth unemployment, the fear of joblessness, and the prevailing materialistic, worldly values that equate individual success with wealth, good looks and power make many young people, feel quite worthless and*

*cast out by society. Fatalistic attitudes are found more and more among young people. The threat of nuclear annihilation, AIDS, and lack of economic prosperity make the future uncertain, and reduce inhibitions about high risk behaviour. Broken relationships, unhappy family backgrounds, or other influences can destabilise any young people (Taylor, 1988; p.6).*

In contrast to this, there is another viewpoint that young people brought up in stable societies are actually doing better than previous generations. Tyyskä (cited in Ungar, 2004; p.95) writes that: "...on almost all indicators, youth today are healthier than youth a generation before". The adolescents themselves in van Hoorn et. al's work (cited in Ungar, 2004; p.89) were found to be: "...optimistic, even oblivious, to the economic and social upheaval taking place around them". Ungar (2004; p.95) believes that the chaos and strife that was talked about above is not present in the lives of the majority of young people and: "That our bias against youth persists says more about adult fears and vulnerabilities than about the experiences of youth themselves".

Adolescence, then, may be seen to be biologically determined as well as socially determined. The biologically determined argument, according to Hall writing at the beginning of the 20th century, sees each individual relive, "...the development of the human race from early animal-like primitivism (childhood) through savagery (adolescence) to civilization (adulthood)" (Open University, 1988; p.12). Associated with this was the idea that adolescents had to be protected from being precocious and so the idea of a "mild and steady socialization of teenagers" (Lesko, 2001; p.63) was mooted so that adolescence became a time of "perpetual becoming" (ibid). The effect of this was to stretch out the period of adolescence into a time that: "...demands a moratorium of responsibility yet expects them at the same time to act as if each moment of the present is consequential" (Lesko, 2001; p.107).

Those who propose that adolescence is socially determined include such people as Margaret Mead. Writing in 1928 her position was one of debunking the biologically determined arguments. As a result of her research on young people in Samoa she proposed that:

*...their adolescence was not characterized by any form of role confusions, conflict, or rebellion. She concluded that the state of adolescence was not universal, but culturally variable. The stresses of adolescence were socially, rather than biologically, determined (Open University, 1988; p.13).*

Later in 1954 Mead (Mead & Wolfenstein, p.451) continued this theme by widening her findings:

*We are coming to a new appreciation of the relationship between "culture" and "nature," of the ways in which our systems of learned behavior are safer than a reliance upon biological equipment, as well as to an appreciation of the hazard in the denial of the biologically given – as in the refusal to recognise the sexual awareness of the young child, its ability to receive lasting impressions in early infancy, or the differences among children in their readiness to use their eyes for reading, or to leave home*

Mead's work was criticised on several grounds. Examples include: the interface between culture and personality, the influence of the psychoanalytic framework, the development of cultural stereotypes from anthropological observations, and a naiveté about making connections in time and space (Keesing, 1981). Her basic premise, however, was that adolescence as a concept is not as simple as being biologically driven. Another researcher, Fass, writing in 1977 (cited in Open University, 1988, p.14). also writing of young people in the 1920s challenged Mead's view that adolescence for Americans was a time of trouble. Her research on American teens showed that: "...the young were essentially conformist, rather than hostile to parental attitudes, and she was struck by the absence of 'storm and stress' in young people's lives". Perhaps this could be seen as an indication that if we are primed to expect trouble then that is what we will get.

The important point here is that society, and in particular, adults have defined adolescence and adolescents. Pearson (Cited in Butler and Williamson, 1994; pp.2-3) described this tendency by saying:

*...that the history of childhood is also very much the history of adults' myth-making around childhood, the point that George Eliot makes too. Childhood is often no more than what adults say it is. In this sense, all we have ever had is centuries of adulthood.*

For those who argue that adults were adolescents once, we end up in a position where we are always a generation away from the reality of adolescence. Adults, therefore, are not able to make statements on the reality of life for adolescence without listening to those who live it. As Archard (1993, p.68) states:

*Thinking of all children as incapable is credible when the contrast is between a helpless infant and an able-bodied adult. It is less so when it is a teenager who stands next to an adult.*

## **Concluding Comments**

The theories that have been developed to help us understand our adolescents have been discussed in this chapter. As with most theories, the theorists who have propounded them have been limited by their time in history and by the cultural mindset that informed them. They are useful as guidelines but this research is underpinned by the belief that each adolescent experiences their world in a way that is unique to each of them individually; each young person has their own narrative, albeit influenced by the culture and systems in which they live their lives.

The next chapter, the Voice of Adolescents explores in more detail the evolution of our knowledge and attitudes to adolescents and adolescence. It discusses the status of young people in society and how this has developed with particular emphasis on the place that our young people's voices have had and how they are beginning to be acknowledged as important contributors to society, the fabric that makes up our quilt.

## Chapter Three

### The Voice of Adolescents

#### Adding to the Design of the Quilt

*I would that there were no age between sixteen and three and twenty for there is nothing in between but getting wenches with child, wronging the ancientry, stealing and fighting.*

*Shakespeare, in 'The Winters Tale', circa 1610AD*

*(Craig, 1974; p.337)*

All adolescents share some commonalities such as biological changes, and development in the social, cognitive, moral, spiritual realms. Further, each individual belongs to a culture. In this context I am defining culture as, "...those socially transmitted patterns for behaviour characteristic of a particular social group" (Keesing, 1981). This definition also needs to consider class, gender and ethnicity (James & Prout, 1990), and within that culture individuals have their own set of unique characteristics (for example, physical, personality, history, family) and need to be recognised for this. Fitting an individual into the 'adolescent template' could be argued to be a faulty premise as it does not acknowledge the diversity of young people. The 'template' may be useful in very general terms but it is only a draft, it is not the blueprint. Young people's voices have not, thus far, been included in a meaningful way in this blueprint and I suspect they would be the first to challenge this situation. Dredging this meaningfulness has become a central focus of this research.

### **Adolescence is Socially Constructed**

#### **Adult Scripts and Historic Quilts**

Our historic acceptance of the theories outlined in the last chapter is being questioned and this study adds to this wave of change. There are a number of challenges to the scripts that as a society we have been influenced by. The following have been identified as part of this research and will be dealt with in more depth as the chapter progresses:

- The acknowledgement that language is an emotionally charged tool
- The influence of the positivist position
- The place of adolescents in our society
- The welfare approach
- The reality and the ideal for young people

The way that society views its young people is not a concrete fact but based on its collective beliefs (Ungar, 2004; Papalia, et. al., 2001; Open University, 1988). Over time and by the beginning of the 20th century: "...youngsters of all classes were viewed as sharing certain characteristics solely because of their age" (Open University, 1988; p.15). Because this 'new' section of society was viewed as being less restrained by the discipline of work or family they began to be seen as a troubled and troublesome group.

It was not until circumstances changed in education, politics and culture that the adolescent was said to be 'constructed' (Open University, 1988). Papalia, et. al. (2001, p.13) confirm this point of view:

*The concept of periods of the life span is a social construction: an idea about the nature of reality accepted by members of a particular society at a particular time on the basis of shared subjective perceptions and assumptions. There is no objectively definable moment when a child becomes an adult, or a young person becomes old.*

This move to interpretive perspectives in the study of adolescence was a turning point in socially constructed perspectives where: "...childhood and children's social relationships needs to be studied in their own right, and not just in respect to their social construction by adults" (James & Prout, 1990; p.4).

The following discussion examines these social relationships in order to locate the general perspective on adolescents and adolescence at the beginning of the 21<sup>st</sup> century. It looks at the progress that is being made as those working in this field of practice make their mark in their research and in practical ways so that the evolution of our attitude to adolescence and adolescents gently veers off on a new tangent.

## ***Emotionally Charged Words***

### ***Quilting, Needlecraft, Patchwork, Frippery...?***

The very words we use are powerful and this powerful influence of language is central to post modernism (Ungar, 2004; Atwool, 2000; Payne, 1991). We need to explore what they mean to the people who are using them so they acquire a meaning: "...words belong to nobody, and in themselves they evaluate nothing" (Bakhtin cited in Ungar, 2004; p.25). An example is the language of psychoanalytic theorists. This is an esoteric one that alludes to hidden meanings and interpretations and as a result may preclude the voices of young people by using language and concepts that are unfamiliar to this age group. It has been a very powerful influence and as such as contributed to weakening the very important alternative voices, not just of adolescents.

Another example is in the way focus is put on the research and literature about adolescents. Experience with a multitude of young people over the years would indicate from their outspoken views that they would object to much of the literature about children's rights. They are included as children, and not given a name in their own right (whether it be young people, young adults, teens, teenagers, adolescents). Some of the teens that I have worked with, including one of those interviewed for this research, have never heard of the terms adolescence or adolescent so again we are using language that is not a 'fit' for them.

In the field of critical incident responses the use of terms such as traumatic incidents or critical incidents may have emotional connotations when applied to the adolescent population. These terms may be seen as emotionally charged and may, in fact, be suggestive of the way people are expected to react.

At one school the team from the Child, Adolescent and Family Mental health Service (CAF) was referred to as the "Crisis Team": The implication was that: this is a crisis situation...it is too big for the school to deal with...and therefore they have to call in the experts. It was a major incident, a sixteen-year-old student had killed herself, and the school was in shock. The school was experiencing the expected reaction to such an event. The outcome was that the

school could have taken a front line stand as they were well organised and in the right frame of preparedness to deal with it. They could have responded well with some consultation from the team who had more experience with such events but did not have the inside information into the culture of the school or the individual students and their reactions. Bringing in the labelled “Crisis Team” may have put a perspective on the response that “upped the ante” because of the implication that this was a “crisis” and “trauma” was attached.

”Forms of adversity” has been mooted as an alternative by Paton, et. al. (2000a, p.209). I concur with this attitude that alternative names need to be used as those in the field seek positive outcomes from such events. Being vigilant of the labelling we use is one aspect of which we need to remain mindful:

*Pursuing this paradigm shift (Dunning, 1999) also requires that we consider an alternative and more neutral labels to describe the focal “critical” and “traumatic” incidents and that we develop alternative ways of conceptualizing traumatic stress processes and intervention (Paton, et. al., 2000a; p.207).*

The need to remain cognisant of what Patton (1990) called indigenous concepts was important. In this case there were terms belonging to the school and adolescent culture that needed to be explored for meaning (Silverman, 2000; Stake, 2000; Patton, 1990). Within the school culture there also needs to be an understanding of the esoteric adult use of language within school. An example from an incident that I attended was at a school where the ‘special nature’ of the school kept being alluded to. When this was followed through further it had to do with being an independent(or private( school, with parents paying high fees and feeling, therefore, that they had a big say in the management of the critical incident. It also gave an insight into the reasons that underpinned the actions of the principal and staff.

Further to this, these indigenous concepts need to be recognised when talking with adolescents. When adults talk about adolescents and when adolescents talk about adolescents there is often a mismatch. This indicates a need for students’ voices to be listened to in more effective ways and that their input becomes more important:

*Whereas staff reported that students were offered support, in three cases the students felt that little attention was paid to the difficulty of their daily functioning in the school context (Ridling, 1995; p.14).*

Making assumptions about what young people meant by the language they used could have meant that the valuable dimension they contributed could have been lost.

### ***The Influence of the Positivist Script***

#### ***The Quilt's Mathematical Pattern***

Our understanding about adolescence has evolved from a strong script of a Western philosophy that has been based in a belief in scientific and medical models of objectivity and rationality. Knowledge has been a privileged commodity held onto by the 'experts'. As discussed in the last chapter, there have been some very powerful models that have influenced our way of viewing adolescents, particularly sociology and developmental psychology. There is a challenge to these viewpoints (Atwool, 2000; p. 60) in the form of looking at this age range as being a social construction:

*Such a view creates space for the child as an active participant in the process of growing rather than a passive product of socialization processes (Prout & James, 1990) or the equally passive product of the chemical produced by nature and nurture (Stainton Rogers & Stainton Rogers, 1992; Burman, 1994; Morss, 1996).*

This same script has painted teens as egocentric and self-centred and as a result: "Children are not often asked for their views" (Gollop, 2000; p.24), and Butler and Williamson (1994, pp.37-38) comment that:

*...most children and young people are not accustomed to being encouraged to articulate their opinions in an open and honest way; they consider them to be unimportant to anyone but themselves, a view often confirmed by the adults around them in their everyday lives.*

This lack of a voice has led to a Catch 22 situation where young people are lacking the positive power needed to modify the "bad press" that they receive:

*Troubled youth enjoy little of this power to define themselves as either healthy or resilient. Instead, like cultural minorities, are judged by norms established by the dominant group, usually adult professionals, who, for the longest time, were white and predominantly male from middle- and upper-class homes. (Ungar, 2004; p.107).*

Today, in Aotearoa New Zealand, the effect of these historic attitudes is to see such opinions enshrined in law so that a young person in university is still dependent on his/her parents until they are 25 years of age as they are unable to access their own Student Allowance when attending tertiary institutions. School leaving age, drinking age, voting age, driving age, age at which welfare benefits may be claimed, or young people may be deemed old enough to go to war, are all variables that reflect society's confused definition of their young people.

### ***The Place of Adolescents in our Society***

#### ***What can they Offer to the Quilt's Pattern?***

The next script comes from what can be seen as an implicit power struggle between adults and the adolescent need to have their voices listened to. Adults state that young people are 'too young', 'incompetent', 'too irrational' or that they are too 'self-involved' to be interested in contributing (Ungar, 2005; Ungar, 2004; Smith, et. al., 2000; James & Prout, 1990). They have been labelled as being a problem and using such terms as the "youth gang problem"— as happens in my community – is influential in forming people's opinions and feeding their fears:

*Instead, adults in the lives of high-risk youths want to blame peers, bad genes, almost anything, to avoid recognizing the sensibility of teens who, while facing enormous obstacles in life, muddle through as best as they can. High risk teens spend a great deal of time thinking about the congruence between who they are and what they do (Ungar, 2004; p.143).*

This quote paints a different reality to the one that is disseminated to society at large. Again in the words of Ungar (2004, p.23):

*Grey paints a picture, with lots of detail to back it up, that children are more sophisticated, more mature, even harder working, than were their parents thirty years ago. So far we*

*have just not wanted to believe it.*

To go a step further it would be firmly debated by some parents and professionals that the blame for bad behaviour needs to be placed squarely at the feet of young people. Some adults say that young people have too much power and often give the impression that they need to be controlled at all costs or else they will have adults backed into a corner: “The image that is created is of parents, rather than children, who suffer” (James & Prout, 1990; p.79). This was epitomised for me in a letter to our local newspaper:

*The youth of New Zealand, Wanganui<sup>1</sup> included, are getting away with murder and it is time that the adage if a boy does a man’s job he should get a man’s pay be used to effect. If a boy does a man’s crime, he should do a man’s time.*

*I think that there is too much whining and whingeing from youth and other minority groups and it is time that the squeaky wheels were dealt with properly instead of getting all the oil (Morris, 2004).*

In many contexts, people, and particularly young people, have a limited voice in our society. It has been suppressed in favour of the voices of those who have had the ruling doctrine on their side and allows subjugation, often benign, of other groups (Kelley & Murty, 2003; Lincoln & Denzin, 2000). In a world where such scripts operate, adults, when they are working with young people, have this position of power and it is the adults who are the experts (Ungar, 2005; Ungar, 2004; Atwool, 2000; Smith, et. al., 2000; James & Prout, 1990). In many situations we do not have a culture of listening to and consulting with our young people (Ungar, 2005; Ungar, 2004; Byrne, et. al., 2003; Smith, et. al., 2000; Taylor & Smith, 2000; Cloke & Davies, 1995; Butler & Williamson, 1994) and it is the adult ‘experts’ who are commenting on what young people are able to do and making decisions for them. It is the adults who hold the power that would give the young people their voice:

*Despite there being no study to our knowledge that reports the social world of children to be a relatively and comprehensible place, we seem unprepared to acknowledge the maturity and*

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1 Wanganui (also Whanganui) is a city of 43,000 people in Aotearoa New Zealand. The above letter would be representative of the views of a vocal proportion in this country.

*sophistication that children bring to their understanding of the world and their place in it (Butler & Williamson, 1994; p.35).*

There are also the adult 'experts' who attempt to advocate for young people but still discuss it from their own perspective as it in the following letter to the local paper (Fugle, 2007; p.6):

*That piece of PR fluff from Wanganui Inc concerning the Wanganui Youth Festival cannot be left to sink without comment. When the glossy pamphlet arrived at our household it was "choice!". The cover showed kids whooping it up in front of massive speakers and flying skateboarders, but inside it was just naff. Yes, the really, really nice kids were catered for – Harry Potter day, bead making and art (we assumed the lawn bowls was a joke, but if not, well good on 'em for offering) but other than that it was all YMCA camps which, as their organiser stated in your article (Aug 1) would have been happening anyway...Just out of curiosity, was it: too old, too scared, or just paying lip service to our youth?...The kids wanna crump, modify their cars, make music, spray paint the walls, and push, and push their board/bike to the limit.*

The Ministry of Youth Affairs (2002) acknowledges how critical the years between age twelve and twenty-four are. They see this as a time when youth test the prevailing attitudes and norms in a way that has the potential to enhance society. The Ministry (2002, p.10) has developed a strategy aimed at youth and states as its rationale that:

*How we raise and support young people is too important to be left to chance. A healthy and vibrant youth population is a valuable asset to our nation – for what it offers now and in the future.*

There are several principles attached to this strategy that are worthy of note (Ministry of Youth Affairs, 2002; p.15):

1. Youth development is 'shaped' by the big picture
2. Youth development is about young people being connected
3. Youth development is based on a consistent strengths-based approach
4. Youth development happens through quality relationships
5. Youth development is triggered when young people fully participate
6. Youth development needs good information

In the school setting, which is the context in which this research has been based, much work has been done into working towards including young people in a more meaningful and strengthening way within schools. In this country works such as Respectful Schools (Children's Commission), A Year in the Sixth Form (Nash, 1997), and Building Strength (McLaren, 2002) have contributed to this growing body of knowledge. In the latter publication, McLaren (2002), in working with young people under the auspices of the Ministry of Youth Affairs, has identified a number of areas in which this strength can be developed in the widest sense:

1. Surround young people with positive influences
2. Build abundant strengths into young people's lives
3. Support young people with rich resources
4. Deliver optimum parenting
5. Positive peer influence – the power of friends
6. Provide education that is accepting, sets limits and has high expectations
7. Place young people in well-resourced communities with supportive neighbours
8. Involve young people in constructive activities out of school and work

It can be seen that this does include education, however, there are still difficulties for some students. This difficulty appears to arise out of unequal power relations where the school's expectations demand conformity and the 'need' to control students has become paramount. Many young people fit the systems as they are today but equally, many do not. The individuality of young people becomes evident, and in the case of those who do not fit the system they may become more evident. These are the students who may be labelled as 'problems' There is a plethora of reasons why this might be: their family socialisation is at odds with the school socialisation process; the young person's 'make-up' and personality does not meld or mould to the demands of the schools; there is cultural dissonance between the individual and the school (Ungar, 2004).

Lesko (2001) has written about schools in the United States. She sees them as unpleasant, hostile and humiliating places for a number of students. Her explanation of why this might be combines both the psychological and the sociological position. She tries to make some sense of the shootings at the Columbine High School and moots the following:

*The local sheriff concluded that the motive for the Columbine High School killings lay in two boys' desires to become famous. He looked for sources only in the psychology of the two teenagers, but in this chapter I argue that, adapting the (above) quote from Coles, a school's politics becomes a teenager's everyday psychology. I imagine that such violence directed against others, as well as the self-directed violence of girls who cut themselves or binge and purge, is in part generated by the politics of the school and academic institution that dominates teenagers' lives (Lesko, 2001; p.173).*

High schools, then, can be seen to be very influential. All the systems that contribute to the education of young people are influential: the individuals, the staff, the families, the community, the political system, the cultural context and the historical moment(s). All of these contribute to the socialisation that is part of the school system. These expectations that are put on young people are a reflection of the expectations of society. This socialisation is often so intrinsic that it is not recognised by those who use the school. Eckert (cited in Lesko, 2001; p.175) identifies the following characteristics in student relationships as being modelled within schools in the States:

- *Isolation from outside communities*
- *Internal hierarchical structures*
- *Emphasis on role-oriented individual identity*
- *Task-oriented determination of interpersonal associations*

If these outcomes are generalised then the dissatisfaction that young people are experiencing may result in adolescents exercising their power in the reactionary manner that society complains about (as in the above letter). If young people are feeling that they are not understood by the adults around

them then the accompanying sense of powerlessness has the potential to have negative outcomes. As Lerner (cited in Ungar, 2004; p.81) states:

*The set of beliefs and feelings about ourselves leads us to feel that we will lose, that we will be isolated, that other people won't listen, and that in turn leads us to act in ways in which these very fears turn out to be true.*

Our history seems to be one of doing things to, and for, young people. Essentially, however, they have been seen as invisible and that they do not have a voice or an opinion that is worth listening to. This “unlistening” adult stance may be interpreted by youth as oppressive. While talking about child protection the research that Cloke & Davies (1995; p.XVIII) have undertaken demonstrates that:

*They also confirm that adults do not listen to them. They doubt adult commitment and ability to understand, with the result that there are probably large numbers of children 'at risk' about whom adults never get to hear.*

Not only do adults not hear about the young people at risk but they also do not hear about the stories from those individuals who successfully navigate the difficulties. Ungar (cited in Ungar & Teram, 2005; p.155) has called these “narratives of resilience”.

This history of doing things to and for young people did not develop out of any malevolent intent but out of a concern for our young people. The welfare of our young people was seen as paramount.

### ***The Welfare Approach***

#### ***Protecting the Young Sewers from Mistakes***

This script, alluded to in the last paragraph, of looking after young people's best interests to protect them for as long as possible, has been written with the best interests of our young people at the centre. After all, teachers are expected to exercise a duty of care (Ministry of Education National Administration Guidelines, cited in Beutrais et. al, 1997), and society assumes, by putting legislation into effect, that parents love their children and want to protect them from the ‘bad’ things in life.

The social welfare system in Aotearoa New Zealand, is set up by adults in the best interests of children and young people by adults who are 'experts'. While no-one doubts their benevolence the affect on the young people is that they could feel as if they lose their voice as others make decisions for them: lawyers, social workers, judges, teachers, mental health workers and parents and family. Butler and Williamson (1994, p. 9) recognise and warn:

*...only against the assumptions, deeply embedded in the practice wisdom of social work that the family comes first, that parental interests always coincide with the interests of children and that the adults' construction of family life is the only one to which attention should be paid.*

This benevolent welfare approach may have been done for the best possible reasons but an unexpected outcome from it is that it has resulted in the silencing of the adolescents' positive voices (Atwool, 2000; Smith, et. al., 2000; Stanley & Williams, 1995).

Historically these voices have not been well represented in the literature around social work. Interestingly, within the field of social anthropology, Mead (Mead & Wolfenstein, 1954; p.451), in the middle of the twentieth century, recognised that pathology needed to be balanced with resilience:

*We have slowly come to realize also that that insights that are based on trauma, failure, casualties of all sorts are at best only half the story; that we can make no complete plans without a second set of insights based on blessing, gift, success, upon a study of the happy combinations which produce something more than mere "adjustment"; and that from experience the growing child gains not only wounds and vulnerabilities but also extra strengths and blessings.*

Further on in the century, however, Butler and Williamson (1994, p.11) add:

*Scant regard continues, in many cases, to the voice of any client, least of all children who barely emerge from the shadow of their families in the social work literature. Fashions in our theories of cause and effects ebb and flow, with the common thread continuing to be an inability to demonstrate with confidence the efficacy of the knowledge that we have. With these points in mind, we could do much worse than to listen to those who have the most up to date knowledge and experience of childhood and the visits of social workers.*

In relation to trauma and critical incidents Lindy (cited in Stanley & Williams, 1995; p.53) has developed the concept of the 'trauma membrane' and suggested that:

*Severely traumatised individuals were often found to be surrounded by a small network of trusted people or an individual – a spouse, older children, parents, a special friend, or professional. These people served to protect and buffer the survivor from perceived external psychic distress, and attended to and monitored their needs. Those who functioned at the membrane tended to define for the survivor what was helpful and what constituted further trauma.*

Young people themselves have challenged this position as Jamison & Gilbert (2000, p.183) report:

*Decisions about 'best interests' need to be based on good information about what is going to advance children's welfare, including children's views on the matter. 'You listen to me I know what's best for you, but we're thinking we know what is best for ourselves'.*

Ungar (2004, p.127), has specifically researched young people in the area of adversity and resilience and supports this comment up by saying:

*They (adolescents) argued that their capacity to experience power in the social discourses that define them is the most important determinant of their ability to overcome adversity and the risks posed to their mental well-being.*

Perhaps the statement made by Adamson (1999, p.29) is the real indictment of our society: "It is said that the measure of a just society is in how it treats its vulnerable and disadvantaged citizens". As discussed earlier in this chapter, historically, adolescents have not been seen as vulnerable or disadvantaged, but rather rebellious and in need of discipline. Being viewed in this negative light, where few positives are acknowledged and where the opportunity to be consulted and listened to is not recognised, is not conducive to more socially acceptable behaviour. As a society we are in the throes of discovering and acknowledging the positive power that youth are able to contribute to society (Oliver, et. al., 2006; Ungar, 2004; Atwool, 2000; Gollop, 2000; Smith, et. al., 2000; Blum, 1998; Cloke & Davies, 1995; Butler & Williamson, 1994). Butler & Williamson (1994, p.5) have suggested that:

*The precise point at which competencies develop is too large a subject for these pages but our point in raising the issue is to forewarn against the cultural presumption that children and young people can have little or nothing to tell us either because they know little or nothing or because they do not understand (Butler & Williamson, 1994; p.5).*

The welfare approach that is evolving is one that is more inclusive and participatory and is further discussed in the section on Emerging Adolescent Scripts later in this chapter. The final script that is outlined is the one that demonstrates the gap between the reality and the ideal for young people in our society.

### ***The Reality and the Ideal for Young People***

#### ***The Pulls in the Sewing***

At a structural level this attitude of not hearing our young people's voices flies in the face of the United Nations Convention on the Rights of the Child (Atwool, 2000). This document has four general principles pertaining to children and young people: non-discrimination, best interests of the child, right to life, survival and development and views of the child (McLaren, 2002). Article 12, which was signed in 1989, states that: "... children are human beings who must be taken seriously and respected as participants in their own lives" (Cloke & Davies, 1995; P. XV).

Another very important part of section 12 states that children and young people should have a say in any decisions that are made that affect them. As Santo Pais (Cited in Smith, et. al., 2000) writes "...no implementation system may be carried out and be effective without the intervention of children (in this case, adolescents) in the decisions affecting their lives". We do not appear to be very good at practising true participation whether at the micro level (for example within families), or the macro level (for example at the policy level), or anywhere in between. Atwool (2000, p. 67) states:

*Children's invisibility is particularly pronounced at the level of society where policy is made. Policy related to mental health, social service provision and education must place a higher priority of children's (in this case, adolescents) rights to quality intervention.*

The rhetoric is often there but the follow through does not appear to be. It may be a case of "...all voices may be created equal, but all are not heard equally" (Ungar, 2004; p.295). Again, from my work, I have been involved in implementing the Mental Health Standards that call for consumer participation. The need to involve adolescents in consumer evaluation and policy and procedure development has been requested for some time. As Spicker (1995, p.195) suggests: "...consumer evaluations remain important and a means of giving the recipients a voice in decision making processes, and to that extent empowering them". Thus, it is interesting that achieving participation with this group of the population is seen as particularly difficult. The practicality of involving them, and perhaps actually paying them, is something that is very quickly relegated to the too hard basket, despite there being willing volunteers to take the task on.

It is possible that other agendas drive this rhetoric but the result is that progress is slowed. Ungar (2004, p.101) suggests that:

*To study problems while ignoring their social construction is short-sighted at best, and potentially violent to those whose realities are being objectified. In other words, discourses on adolescent health are constructed through linguistic rules and social practices that reflect the politics of knowledge-producing activities.*

In this part of the chapter the scripts that have underpinned society's attitudes to young people have been identified. These are being challenged and there is an attitudinal change evolving. The next section examines these developments.

## **Emerging Adolescent Scripts**

### **Changing the Quilt's Design**

This viewing of adolescence as a social construction is accompanied by the belief that adults need to be looking at the behaviours of this age group: in other words viewing the young people as social actors within their own social reality (James & Prout, 1990). Seeing young people as who they really are becomes important:

*When we step outside our adult-centric bias and look more carefully at today's youth, we see much more than copycat Columbines, the drugs, the media-hyped violence, and all the other symbolic representations of a valueless, immoral youth culture. Even for the most dispossessed youth, this monochromatic picture does not reflect their reality (Ungar, 2004; p.302).*

The second facet of this viewpoint is that adolescence, as indeed any age in life, is a dynamic time where: "...social reality is not fixed, constant or unitary" (James & Prout, 1990; p.15).

Acknowledging that this age group has a value and a part to play in society leads us to view adolescents differently from the ways in which they have been historically labelled. By being more inclusive of our adolescents the evidence tells us that we add depth to our existing knowledge (Hirsh & Dickinson, 2005; Ungar, 2004; Ministry of Youth Affairs, 2003; McLaren, 2002; Atwool, 2000; Ridling, 1995). If we are aware that there has been this historical discrepancy then we have the reason on which to base adaptations as we take the step to working in collaboration with this population. Kiri Lightfoot, a nineteen-year-old young person's advocate (Cited in Ministry of Youth Affairs, 1999; Preface) talks about the issues that impact on adolescents:

*Being young is about testing how far you can push the boundaries and explore different things, different attitudes, different styles, different ways of living, and sometimes this can mean exploring negative things like drugs and alcohol. When things go wrong, it can seem like we do not have the coping skills to deal with them. When the present and the future are scary and unsteady it can be hard to know where to turn and how to make the next step.*

Smith & Taylor (2000, p. ix) suggest that: "It is time for a new discourse which views children (in this case adolescents) as subjects rather than objects and as active participants in rather than the passive recipients of, research, policy and provision of services". It is their opinion, and one which I endorse, that if young people are given the opportunity to contribute in an environment where this is nurtured they will contribute in an insightful and intelligent manner.

*Rather than taking an objective outsider stance, we have attempted to engage with children in a reciprocal manner to*

*encourage them to tell us how things look from their point of view (Taylor & Smith, 2000; p.202).*

Recognising adolescents' individuality is important but equally important is recognising that politically they have also lost their voice, at least in any meaningful way. Lesko (2001, p.198) suggests:

*Can we connect with and repoliticize youths' needs, for example, by linking issues of poverty with human rights language? Somehow this process of advocating for youth in different terms, no longer as "developing" must include a clear attention to differences among youth currently elided in theories of development and socialization.*

Many believe that at this political level adolescents are well able to make decisions and put forward opinions about the things that are important to them (Hirsh & Dickinson, 2005; Ungar, 2005; Ungar, 2004; McLaren, 2002; Smith & Taylor, 2000; Taylor & Smith, 2000). It seems, therefore, that there is some distance to go before the partnership is well developed:

*The lack of knowledge and experience lies with professionals who fail to draw out, listen, and act upon the knowledge and experience of children and young people. The practice and policy of organisations and professionals is the richer for involving children and young people through an empowering process (James & Prout, 1990; p. 231).*

Edelman (Cited in Butler & Williamson, 1994; p.23) a former president of the Children's Defence Fund, drew attention to her belief that ignoring children and young people was an internal threat that could be seen as bigger than any external threat:

*Edelman's words are cited in support of developing a 'new ethic' as regards children which implies, for us, giving substance to children's education in the art and science of choice, listening to their construction of their world and attaching value to the meaning they give to it.*

Being inclusive of the individual voices is important for the healthy psychological development of our young people. Developing these into a collective, and diverse, voice is also important. It is important to be inclusive of all the population so no subsection is disadvantaged by assuming that there is but one

voice for this population. This was the rationale in the methodology for including narratives as well as the themes that emerged.

While there has been some movement in at least acknowledging the need to hear these voices at a societal and policy level we still need to establish this as an expectation. At this stage our young people are only just beginning to be included and the message that their voices are worth being listened to, is only just beginning to be disseminated:

*We need to place more emphasis on factoring in an expectation of participation by children (in this case adolescents), since it is clear that many children find it an unusual experience to be asked for their opinion or to contribute to a family decision-making, policy or research process (Taylor & Smith, 2000; p.203).*

Reesby, (2003, p.163) outlines the principles that inform this concept of participation for children (a definition that is inclusive of young people) as recognised by the Ministry of Social Development in Aotearoa New Zealand:

*An understanding and belief in the importance of giving children a say in decisions that affect them*

*Realistic expectations about participation and how long it will last*

*A commitment to making sure children understand their role in the process and that they will find the experience enjoyable and rewarding*

*Recognising that children, like adults, may have different views about an issue and making clear that you appreciate their individual views only asking children about issues that are meaningful to them*

*Viewing participation as voluntary*

*Having the attitude "I can learn from children"*

The commitment to making this change is a difficult one and, as mentioned in the last section often relegated to the 'too hard basket'. As part of this young people may need some 'training' in sharing their opinions. Butler & Williamson (1994, pp.37-38) found this to be explicable:

*But it is hardly surprising that it is often difficult to elicit views and opinions from children and young people – to get them to express their views. Most children and young people are not accustomed to being encouraged to articulate their opinions in an open and honest way; they consider them to be unimportant to anyone but themselves, a view often confirmed by the adults around them in their everyday lives.*

Alongside this is the need for adults to also be educated about listening to the young people (Gollop, 2000; Smith & Taylor, 2000; Taylor & Smith, 2000; Butler & Williamson, 1994). This research argues that this commitment needs to be met if we are serious about this progression. A 'bottom up' effort may make some changes but if it also comes from the people with power then it is more likely to have some impact. Cloke and Davies (1995, p. 208) say:

*The challenge for policy-makers and professionals is to make participation a reality for all children and young people so that, in the future, they are empowered to make a contribution to decisions that affect them as individuals and as a group at both local and national levels.*

Potentially, it does seem as if there are things to gain for all parties: the young people, the adults, schools and society as a whole (Hirsh & Dickinson, 2005; Ministry of Youth Affairs, 2003; McLaren, 2002; Smith, et. al., 2000; Bessant, 1995; Spicker, 1995). In the school setting, Blum, McNeely and Rinehart (2002) have researched the influence that education with young people in the realms of self-awareness, social awareness, self-management, relationship skills and responsible decision making has on young people. Their findings indicate that if these areas are developed with young people then a greater attachment to the school is fostered.

Ferber, Pittman and Marshall (2002) contributed five similar areas that they thought should be promoted to enhance adolescent development: learning, thriving, connecting, working and leading. Other authors (Edelman et. al., 2004; Pittman et. al., 2003; Sagawa, 2003; Larson, 2000; Blum, 1998) have contributed in a similar vein by advocating for the involvement of youth in leadership roles within schools and other organisations, planning activities, making presentations and participating in extra-curricular activities. They believe that this involvement leads to more self-efficacy, self-advocacy and self-

determination. All of these contributors put forward prime reasons for working with young people to constructively and positively develop them in the school and wider societal settings, as well as the long term benefit for them as individuals.

This research, with the focus on critical incident responses, was designed to explore with young people what they identified as being most useful for them. The ideas generated by the interviews with them are seen to be one of the gains that being inclusive of young people would engender.

## **Concluding Comments**

We have moved from a place where the scripts attached to our interpretation of adolescents' lives have been circumscribed by a number of challengeable attitudes. We have moved to a position that advocates for the value that this group is able to add to society, and to their position within it.

The research and literature demonstrates that the contribution that is able to be made by this population is a valuable one that has benefits to society, to teenagers and to individuals. The guidelines are in place for those who work with adolescents to be aiming towards the inclusion of young people in a way that is beneficial to these same parties. Based on this schools have the opportunity to develop collaborative and participatory practices with young people that will enrich their environments. This is the foundation of this research: to hear these voices with a particular emphasis on critical incident responses.

Chapter Four, a Brief History, begins to paint the bigger picture of this field of practice so that this research may be located within it. It is a summary of the history of critical incident responses to date. This underpins the position that we have come to in the early 21<sup>st</sup> Century and sets the scene for the following chapter on the state of critical incident response research.

## Chapter Four

### A Brief History

#### The Evolution of the Patchwork

*I'm glad I never threw them away; my scraps of yore are my quilts today.*

*(O'Brien, 1988)*

This chapter tells the story of how the field of practice that is critical incident responses has evolved. The responses that have developed over time can be analysed to ensure that those who deliver these are providing the responses that are best suited to those who receive them. This chapter summarises the journey of critical incident responses to date in order to underpin the subsequent discussion of where we have come to with providing responses for adolescents.

### The Development of Critical Incident Responses

#### How the Quilt has Developed

*I've had heaps of comfort all my life making quilts, and now in my old age I wouldn't take a fortune for 'em... you see, some folks have albums to put folk's pictures in to remember 'em by and some folks has a book and writes down the things that happen every day so they won't forgit 'em; but honey, these quilts is my album and my diaries, and whenever the weather's bad and I can't git out to see folks, I jest spread out my quilts and look at 'em and study over 'em and it's just like going back fifty or sixty years and living my life over again.*

*'Aunt Jane of Kentucky' written in 1898, by Eliza Calvert Hall.*

*(Johnson, 1992; p.6)*

The development of critical incident responses in secondary schools in Aotearoa New Zealand began in the mid 1980s. Historically and internationally the origins of critical incident research, where professionals began to take note of changes to people affected by such incidents, are located in the middle of the

20<sup>th</sup> century though there had been earlier publications which described critical incidents. Herman (1997, p.7) comments that: “periods of active investigation have alternated with periods of oblivion”.

### ***Early History***

Weisæth (2000) discusses Odysseus’ journeying home as a metaphor for a soldier’s processing of his war experiences. In the 6<sup>th</sup> century B.C. there are descriptions of stress reactions related to warfare (Everly, 1995a). Pliny the Younger (100-113 A. D.) wrote about an adolescent’s experience following the eruption of Mount Vesuvius (Pynoos, et. al., 1996). Post traumatic stress is documented in relation to the Great Fire of London in 1666 (Everly, 1995a). Johnson (1989) states that Shakespeare and Pepys both described the symptoms of Post Traumatic Stress Disorder in their writings. Charles Dickens is said to have described his reactions after being a passenger in a rail crash (Johnson, 1998; Everly, 1995a).

The late 19<sup>th</sup> century seemed to be one of those times when there was more active investigation. The US Government Printing Office documented human event-related distress in 1870 (Smith & Suda, 2002): “...restlessness, irritability, excessive fatigue, sleep disturbances, anxiety, startle reactions, depression, moodiness, muscle tremors, difficulties concentrating, nightmares, vomiting, diarrhoea, and suspiciousness” were seen in those who had fought in the American Civil War (Central Institute of Technology, 1994; p.2). Trimble (Johnson, 1989) discussed the concept of post traumatic neurosis in relation to English compensation claims when passengers were said to suffer post accident symptomatology; Jean-Martin Charcot was demonstrating that such symptoms were psychological as he could relieve them through the use of hypnosis (Herman, 1997). Likewise, Janet and Freud were examining the somatic complaints of hysteria as being attached to buried traumatic memories (Herman, 1997).

### ***Early 20<sup>th</sup> Century***

In 1909 effects of critical incidents on miners and their rescuers in a 1906 disaster were noted by Stierlin (Cited in Everly & Mitchell, 2000; Mitchell, 1998). Other names were used for the same phenomenon before formal recognition of

Post Traumatic Stress Disorder (PTSD) occurred. Raphael and Wilson (1993) have identified labels such as traumatic neurosis, shell shock, railroad spine, combat fatigue, operational exhaustion, and K-Z syndromes. McFarlane and Yehuda (1996) add the concepts of soldiers' heart and railway spine, Brom, et. al. (2000) irritable heart, and McCarroll, et. al. (1997) the thousand mile stare. Often these labels were seen as derisory ones and indicated a weakness, a tendency to malingering or cowardice (Herman, 1997; MacDonald, 1996).

The time of the First World War was a learning ground for those interested in the field of trauma. Kardiner (Cited in McFarlane & Yehuda, 1996; p.158) noted that after a traumatic incident there was: "...deterioration...not dissimilar to that in schizophrenia...the diminution of interest and intelligence is due to the continuous shrinkage of the field of affective functioning and the gratifications there from". Freud was said to be: "...impressed with the quantity and intensity of the stress response systems experienced by World War I victims" (Central Institute of Technology, 1994; p.2). He discussed the effects of repression on ego defence and the resultant neurotic symptoms and behaviours that might be displayed (Wilson, 1995). Freud hypothesised about a protective barrier, or stimulus shield. Once this barrier was breached he surmised that:

*...the pleasure principle no longer functions and the victim regresses to a more primitive form of functioning in order to master the stimulus. Helplessness is experienced, and obsessive repetition of the traumatic theme occurs. Defensive reactions may be utilised in order to avoid the painful repetitive stimulus (Johnson, 1989; p.37).*

In 1943 (Everly & Mitchell, 2000; Mitchell, 1998; Pitcher & Poland, 1992) Lindemann recorded the reactions of survivors, family members and rescuers to the Coconut Grove fire in the United States. There were nearly 55 people killed in this fire. The first crisis centre, the Wellesley Human Relations Centre, in Cambridge, Massachusetts grew out of observations made at the time.

### ***The Second World War***

The Second World War brought surviving a traumatic crisis into the limelight as a field of study. The bombing of Hiroshima has been a particularly poignant landmark. As Wilson and Raphael (1993, p.1) stated:

*Our knowledge of how traumatic events have affected the psychological functioning and adaptation of victims has developed gradually until the middle of the twentieth century when global warfare and massive social upheaval throughout the world caused an acceleration in understanding the impact of trauma to individuals and to entire cultures.*

It enabled detailed exploration of the experiences of those who survived it (Wilson, 1995; Hodgkinson & Stewart, 1991). Also at this time there was some research done on young people. Benedek (cited in Tierney, 2000; p.148) states:

*During World War II, the severe risk of psychological trauma experienced by children who were imprisoned, deserted, or subjected to the vicissitudes of war was formally recognised. At this time, the critical role of parents' and peers' demeanors in helping the child manage the effects of the trauma was highlighted.*

### **1950s and 1960s**

In the 1950s Gerald Caplan, a significant writer in the field of crisis research joined Lindemann in his writings about this developing field of practice (Pitcher & Poland, 1992). Also in the 1950s Schneidman and Faberow (Cited in Everly & Mitchell, 2000) were developing a programme aimed at suicide prevention.

This led into the 1960s with major developments in the field of crisis theory and practice. Much was published and it was recognised that it was becoming increasingly necessary to evaluate the ever burgeoning field. Pitcher and Poland (1992; p.26) commented that: "...it was difficult to reach any overall conclusions regarding the effectiveness of crisis intervention or even various crisis intervention techniques because of confounds in experimental designs".

A contributing field of practice from the sixties comes from an American military historian, S. L. A. Marshall who developed what he called "Historical Group Debriefing" (MacFarlane, 2000; Raphael & Wilson, 2000; Shalev, 2000). His model was an attempt to gather historic data but the soldiers reported that telling their stories turned out to be a psychologically effective process.

The first responses in schools probably originated in the 1960s. Literature started to emerge that focused on dealing specifically with young people.

Caplan (Shalev, 2000; Pitcher & Poland, 1992) discussed three levels of preventive intervention.

- Primary prevention; a school wide intervention that is aimed to be preparatory and educational and occurs when there is no incident present.
- Secondary prevention; a quick intervention at the time of an incident that is aimed at resolving the crisis as early as possible.
- Tertiary prevention; the time after the event that allows the school and the individuals to successfully resolve into the normal pattern again.

Gilliland and James (1997) believe that crises in schools have been on the rise since the 1960s when societal changes became more rapid. As a result of more families becoming engulfed by these changes and coping less well than earlier generations these authors believed that the schools had more responsibility to respond to the needs of young people within their schools:

*In a sense, schools had to take over parental responsibility and societal roles that were abdicated by everyone else. Thus, crisis work with children became only one of many social functions school leaders inherited by default (Gilliland & James, 1997; p.621).*

### **1970s**

In the 1970s Horowitz and Solomon worked in the United States with Veteran's Administration staff who were involved with the treatment of Vietnam veterans (Ostrow, 1996; Johnson, 1989). They wrote about the delayed responses being observed in the veterans. They attributed this to the cognitive processes that were attached to integrating their traumatic experiences into their present lives.

In addition, Mitchell began to publish his research and has become a seminal writer and researcher in the field. His interest in the field came from personal experience following a painful stress reaction he had as a fire fighter and paramedic when there was limited help available. He found it useful to talk about what had happened to him, to identify the worst part of his experience of the critical incident and to obtain information and reassurance that he was not

going crazy (Newberry, 1993). He worked on amalgamating his experience into an organisational protocol to enable debriefers from emergency teams to off load the negative impact of their work. The aim of the response was to “...reduce the impact of a critical incident on those exposed to it, and to accelerate the return of personnel to their regular functioning after the critical incident, before stress reactions become damaging to careers, families and peoples’ health” (Leadbetter, 2002; p.12).

Mitchell was pre-eminent in researching, publishing and advocating for the six phase process: Introduction, Fact phase, Feeling phase, Symptoms phase, Teaching phase, Re-entry phase (Mitchell & Dyregrov, 1993). It was designed to be part of a wider programme and not as a one-off procedure and was described by Mitchell (1998; quoted from tape) as a “...multi-componential, systematic, comprehensive approach to traumatic stress”. The aim was to maximise potential outcomes so that the crisis did not become bigger than it needed to and so that symptoms were dealt with as soon as possible (Mitchell & Everly, 2001; Everly & Mitchell, 2000; Mitchell, 1998). They emphasised that it was not therapy but could be seen as a form of “psychological first aid” (Mitchell & Everly, 2000; p.75) and includes:

- *Preincident education/mental preparedness training*
- *Individual crisis intervention support/on-scene support*
- *Demobilization after large-scale events*
- *Defusing*
- *Critical incident stress debriefing (CISD)*
- *Significant other support services for families and children*
- *Follow-up services and professional referrals when necessary*

They believed that if this process was consistently followed then there would be positive results but could be harmful to mental health if not followed properly (Everly & Mitchell, 1999; Mitchell & Everly, 2000). These positive outcomes would often be in practical measurable things such as a decrease in sick leave

and the consequent reduction in associated costs, improved productivity and less use of medical services (McNally, et. al., 2003; Morris, 2000; Raphael & Wilson, 2000).

Schools were not mentioned specifically in this research or in the guidelines that were being developed. When looking specifically at young people, however, it was in this decade that Stanley and Williams (1995; p.10) identified that “three influential reports<sup>1</sup> indicated that children may show severe and long lasting psychological consequences as the result of disasters”. Psychological debriefing was subsequently seen as part of good clinical care (Raphael, 2000).

### **1980s**

In 1980 the effects of critical and traumatic incidents were included in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSMIII) (American Psychiatric Association, 1980) as Post Traumatic Stress Disorder (PTSD) (Appendix One). Within this diagnosis three major symptom clusters were identified: intrusive psychological re-experiencing, psychological numbing, and autonomic nervous system hyperreactivity and/or hyperfunctioning (Everly, 1995). Previously there had been the beginnings of a diagnosis in the form of Gross Stress Reaction (GSR)<sup>2</sup> in DSMI (American Psychiatric Association, 1952) and Adjustment Reaction to Adult Life in DSMII (American Psychiatric Association, 1968) and which included GSR.

While Post Traumatic Stress Disorder was included in this manual in 1980, young people were not differentiated as a separate category. This was seen to be a concern because if they were not specifically included in the trauma equation they could be seen to be more at risk from such events:

*The omission of children and youth is serious because those in Western society have little opportunity for coping with death to*

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<sup>1</sup> Lacey (1972) researched the Aberfan disaster where a coal slag pit buried a school and village and 144 people in total were killed.

Gleser et. al. (1981) studied the Buffalo Creek disaster where, again, a slag dam collapsed killing 125 people.

Terr (1979) wrote about the Chowchilla kidnapping where 25 children and a bus driver were driven around for 27 hours with no fatalities.

<sup>2</sup> Mash and Barkley (2003, p.333) have said that: “The DSM-1 classification of reactions to traumatic stress was termed “Gross Stress Reaction”, a transient situational personality disorder. This classification was intended to cover acute responses to “intolerable stress”, unless the condition progresses to a more chronic neurotic’ disorder”.

*begin with and are often prevented from dealing with this harsh reality when it occurs. Consequently, they are considered to be at high risk for acute and chronic bereavement reactions (Toubiana, et. al., 1988; p.228).*

This non-inclusion was rectified in the next edition, DSMIII-R, printed in 1987 and included children and adolescents in the diagnostic criteria (Stanley & Williams, 1995).

Also in the 1980s Raphael began to publish and to disseminate information about the importance of a multi-componential model (Leadbetter, 2002; Everly et. al, 2000; Canterbury & Yule, 1999; Robinson, 1995; Everley, et. al., 1986; Raphael, 1986). Her belief was that additional support services should also be provided during any incident. She advocated an umbrella of care for all involved (the workers, victims, community) and that this should cover such strategies as triage, psychological first aid, psychosocial support, debriefings and referral for more intense psychological care.

Research from Israel also published at this time. Firstly, Toubiana, et. al. (1988) wrote about military experiences that they believed had an application to any incident. The optimal response for them involved immediacy (responding as soon as possible after the event), proximity (providing the service as close to the event as possible, community (in the military setting with those of like minds) and expectancy (this is a normal response to trauma and that returning to normal routines will ensue as soon as is possible).

Secondly, following further development of his own research Klingman (1986) began writing about the need for a broad-spectrum prevention based intervention for the education system. He introduced the concepts of:

- wellness optimisation which dealt with the whole school to promote adaptive and healthy functioning to give the young people the skill to deal with a critical incident should the need arise
- anticipatory guidance involved efforts aimed firstly at all students in order to ameliorate negative effects of the incident and secondly at interventions aimed at the more vulnerable or at risk students

- tertiary intervention which was designed to enable the school to systematically reintegrate those who have been affected so that their return to school is successful and contributes to their recovery.

### **1990s**

The impact of critical incidents was becoming increasingly researched and accepted in this decade. More models were developed and introduced. They were not specifically targeted at schools but they are relevant for this research. In summary, they included:

- Everly – the Mass Disaster/Community Response Variation of Critical Incident Stress Debriefing (Introduction, Fact Phase, Thought Reaction Phase, Emotional Reaction, Reaffirming Phase, Teaching Phase, Re-entry Phase) (Weaver, 2001).
- Dyregrov (Whitla, 1994) – a seven phase debriefing process (introduction, fact, thought, worst-thing, transition, teaching and re-entry phases) was introduced with an emphasis on the decision-making process of those involved and the need to normalise responses and reactions (Everly, et. al., 2000; Whitla, 1994; Dyregrov, 1998; Dyregrov, 1989).
- Pitcher and Poland (1992) advocated Immediacy, Control, Assessment, Disposition and Referral and follow up.
- Tierney (cited in Whitla, 1994) talked about mitigation, preparation, the actual response and the recovery phase.
- Paton (Cited in Campfield & Hills, 2001) suggested on-scene debriefing, post-incident defusing, educational debriefing, psychological debriefing to promote understanding and acceptance and normalise reactions.

The earlier theme, introduced by Mitchell (1988) of a comprehensive critical incident response plan continued. While using different names for the individual phases and considerations the collective message from the research was that prevention (before), intervention (during) and postvention (after) are all necessary for the most successful resolution for the greatest number.

Over time, as professionals recognised the impact of critical incidents on young people, and as incident responses became a more entrenched part of the community, responses were introduced into schools. The plans were developed from the guidelines that have been discussed in this chapter. As the impact on young people became more acknowledged, it was advocated that not only does there need to be a plan within the school but that it also needs to be a “living” plan: “Crisis plans need to become a regular part of conducting school...Crisis drills can save lives” (Pitcher & Poland, 1992; p.151). This is further discussed in the second part of the next chapter as the Aotearoa New Zealand experience of introducing responses into our schools is discussed.

## **Concluding Comments**

In this chapter I have looked at the history of critical incident responses so that the more specific discussion on responses within secondary schools in Aotearoa New Zealand may be located within the wider field. History shows that the development of the field of critical incident responses has not been planned but has developed in response to circumstances as they unfold.

This haphazard development means that critical incident responses may also reflect this. They have developed in a reactive way rather than being proactive. As this situation becomes more recognised, there is a likelihood that issues will be debated as more experience and research comes to hand. Chapter Five examines these debates; initially it looks at the debates within the wider field of critical incident responses and then examines the debates in the more specific area of responses within secondary schools.

## Chapter Five

### The Issues around Debriefing as a Field of Practice

#### The Amazing Technicolour Dream Quilt

*Take your needle, my child, and work at your pattern; it will come out a rose by and by. Life is like that – one stitch at a time taken patiently and the pattern will come out all right like the embroidery.*

*Oliver Wendell Holmes*

*(Whiteworks, 1998-2003).*

This chapter examines the issues that are debated in the field of practice that is critical incident responses. A key aspect of the research question was to explore with adolescents their experiences of such responses and their thoughts about how they could be improved. This discussion, therefore, is included as it sets the theoretical scene for the field of practice within which the research is placed. Further it demonstrates the genesis of critical incident responses in Aotearoa New Zealand that is discussed in the next chapter.

This chapter explores the ambivalence that is found in the literature. It discusses the key points of dissension that exist between those who are involved in the field of practice that is critical incident responses. This is followed by a discussion on the rationale of why we respond to such incidents at all. As has been shown in the exploration of the history humans appear to have a need to respond in some way and so the issues that are attached to providing these responses are examined. The third point looks at the outcomes that may be expected and the research that underpins these is examined.

#### **Ambivalence in the Research**

##### **Problems with the Materials Used in the Quilt**

The research in this field of practice has, at times, generated confusion as proponents advocate for their own particular theory or method. The themes that

have been identified in this literature review demonstrate that there is no unified voice to add stability to the responses that are being offered. If we apply this confusion to the adolescent population then their experiences may be compromised.

There are a range of different arguments as to why this is the case and these are summarised below. There is little agreement about the effects that critical incident responses have on those who have participated in one.

### ***Some Argue that Neutral or Negative Outcomes may be Expected***

Those who argue that there may be neutral or negative outcomes from providing critical incident responses state that the more empirical the study done the more likely it is that there is a neutral or even negative effect from the intervention (Health Innovation Management Services, 2004; Campfield & Hills, 2001; Silove, 2000; Gist & Woodall, 1998; Gist, et. al., 1998; Gist & Woodall, 1998; Bisson, et. al., 1997; Foa & Meadows, 1997; Ronan, 1997; Stephens, 1997; Kenardy, et. al., 1996; Raphael, et. al., 1995; Deahl, et. al., 1994; Griffiths & Watts, 1992; McFarlane, 1988). This outcome, along with the next ones, indicate the necessity for wariness in the field because there is not one consistent finding from those researching in the area.

### ***Some Postulate that Positive Outcomes may be Expected***

Conversely, there are those who advocate for the usefulness of providing responses and the positive outcomes that may ensue from formalised responses to critical incidents (Gardiner, 2003; Bennett, et. al., 2002; Bisson, et. al., 2000; Everly, et. al., 2000; Wenckstern & Leenaars in Coggan, et. al., 2001; Stallard & Law, 1993; Shalev, 2000; Everly & Mitchell, 1999; Mitchell & Everly, 1998; Robinson & Mitchell, 1993; Hodgkinson & Stewart, 1991; Dyregrov, 1989). They argue that the responses have been subject to controlled investigations, metaanalyses and, '...thoughtful qualitative analyses' (Everly & Mitchell, 1997; p.4).

Further to this, they argue that research design showing formalised responses do not work are flawed. There are a number of reasons for this:

- They analyse interventions that do not fit the accepted definition of psychological debriefing as posited by people such as Mitchell (McNally, et. al., 2003; Leadbetter, 2002; Taylor, 2002; Everly, et. al., 2000; Kenardy 2000; Mitchell & Everly, 2000; Morris, 2000; Dyregrov, 1998)
- The intervention group and control group have used self selection as a research method which counteracts the intent (Kenardy, 2000; Lovell, 2000; Stallard, 2000; Dyregrov, 1998), or have not used a standardised measure (Everly, et. al., 2000; Taylor, 1998; Raphael, et. al., 1995)
- The debrief process itself was not clearly outlined (Leadbetter, 2002; Deahl, 2000; Mitchell & Everly, 2000; Morris, 2000)
- The timing of the intervention is variable and partly outside the time period recommended for a response (Coggan, et. al., 2001; Stallard, 2000; Paton, et. al., 2000; Dyregrov, 1998; Paton, 1996)
- The intervention used seems to be clinically insufficient regarding the traumatic event experienced (Kenardy, 2000; Stallard, 2000; Dyregrov, 1998; Raphael, 1995, et. al.)
- The background and training of the persons who have carried out the interventions is unclear or possibly inadequate (Coggan, et. al., 2001; Deahl, 2000; Mitchell & Everly, 2000; Paton, et. al., 2000; Dyregrov, 1998)
- The groups in the studies are too variable so that a valid comparison may not be made (Leadbetter, 2002; Coggan, et. al., 2000; Deahl, 2000; Everly, et. al., 2000; Lovell, 2000; Stallard, 2000; Dyregrov, 1998; Paton, 1996). Related to this are concerns about not just the inability of having a control group and a non control group but the ethics associated with this (MacFarlane, 2000)
- Debriefing is investigated in isolation, and not as part of a critical incident response process (McNally, et. al., 2003; Leadbetter, 2002; Dyregrov, 1998)

- The incidents are all very different in nature, complexity and intensity (Leadbetter, 2002; Coggan, et. al., 2001; Deahl, 2000; Everly, et. al., 2000; Taylor, 1998) with no standardisation of definition (Paton, et. al., 2000)
- There appears to be a lack of understanding about the concept of recovery (Paton, et. al., 2000) and finally
- There is a lack of linkage between critical incident stress and trauma (Paton, et. al., 2000).

***Others Believe that Paradoxical or Iatrogenic Effects may be Expected***

Some independent studies have indicated a paradoxical or contradictory effect and further to that, possibly an iatrogenic<sup>1</sup> effect (Deville, 2001; Kaplan, et. al., 2001; Smith & Suda, 2001; Carlier & Gersons, 2000; Kenardy, 2000; Raphael, 2000; Weisæth, 2000; McLeod, 2000; Paton, et. al., 2000; Stuhlmiller & Dunning, 2000; Violanti, 2000; Morris, 2000; Gist & Woodall, 1998; Curtis, 1995; Raphael, et. al., 1995). Devilly (2001, p.6) has some harsh criticisms for debriefing saying:

*Debriefing people after a disaster – a process of iatrogenically presenting, priming, and prepping medicalised information – now seems to be a very poor response.*

Subsequently, the impression that is conveyed is that the research underpinning this field of practice is itself subject to debate. Despite this situation, critical incident responses have been mandated in Aotearoa New Zealand by the Ministry of Education and are being provided in our schools.

## **Why do We Respond to Critical Incidents?**

### **To Quilt or Not to Quilt**

In light of the discussion above, the reasons for providing critical incident responses to our young people need to be explored. It can be argued that

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<sup>1</sup> Medical term meaning “induced in a patient as the result of a physician’s words or actions” (Collins dictionary, 1979). In this case, it means induced as the result of the research itself.

developmentally adolescents are dealing with more variables than other segments of the population. They are viewed as a vulnerable population and because schools are such a significant part of most adolescents' lives, there is an assumption that schools need to respond in some way when these incidents occur. Hill and Foster (Cited in Coggan, et. al., 2001) comment that there are those who suggest that doing nothing is untenable and schools have a responsibility to provide an effective critical incident response. As Wilson and Sigman (2000, p.67) poetically suggest: "We have a natural propensity to process that which disturbs the soul, injures the self and damages our communities and social networks".

Offering responses, then, may be seen as a humane reaction to others' suffering. As Raphael and Wilson (2000, p.2) say: "...debriefing may be seen as the 'magic bullet' of intervention to prevent the suffering and chronic morbidity that may follow traumatic life experiences". In similar mode, Weisæth (2000, p.43) has labelled it "magic help".

There also appears to be a growing social construct that we have to undo the bad things that happen to us, to protect ourselves from the less pleasant things that happen in society (McNally, et. al., 2003; Chemtob, 2000; MacFarlane, 2000; Raphael, 2000; Summerfield, 2001; Weisæth, 2000; Raphael, et. al., 1995). Chemtob (2000, p.229) suggests further that there is a change in our "...cultural mores about the managing of painful life experiences" and that in the pursuit of happiness we are trying to block out the bad experiences. Implicit in all this is the philosophy that bad things have happened and we need to attempt to prevent, or minimise pathology, altogether.

Stuhlmiller & Dunning (2000, p.32) debate the previous position by saying that: "...in an age where the urge to do something, anything, often overpowers prudence, we seemed to have forgotten that oftentimes it is better to do nothing". There is also the argument that by providing such a response to secondary school students we may be pathologising what is an unavoidable stressful life event (Paton, et. al., 2000a; Silove, 2000).

A more cynical viewpoint, and one that is not directly applicable to Aotearoa New Zealand yet, would suggest that debriefing is offered to counteract litigation from those who have been through an incident and feel that an inadequate response has been made (Paton, et. al., 2000; Eyre, 1998; Cornell & Sheras, 1998). The legal repercussions for schools may paralyse them into offering a less than desirable response as they work out where the responsibility lies and what the legal implications might be.

Additionally, there are questions over who benefits from critical incident responses. In a controversial editorial in the British Medical Journal a group of writers (Raphael, et. al., 1995) posited that those who put forward positive opinions about the effectiveness of the response do so for three reasons. Firstly, there is the need of those directly affected to overcome their feelings of helplessness, guilt for surviving, wanting to make restitution and to experience and master vicariously any trauma. Wraith (2000, p.196) agrees and suggests that adults are reacting for reasons other than the overt ones:

*It would seem that often the strategies and programmes developed do not arise out of the individual child's needs, but out of the adult's anxiety and countertransference, including the desire/need to be protective or healing, and not infrequently in response to the impact of the event on themselves being displaced on to the child.*

Next, there is the need for some of those who have been directly affected to speak of what has happened, to understand it and to gain control. Lastly, there is the symbolic need for workers and management to assist those who suffered and to show concern.

There are times, however, when schools choose not to put a plan in place. Two reasons have been suggested for this. The fear of social stigma attached to using external professional services such as mental health services or, conversely, the difficulties accessing these same services. Secondly, there may be concern about contagion, such as copy cat suicides, in the case of a completed suicide. Together, these may also contribute to this lack of preparedness (Pitcher & Pollard, 1992; Carter & Brooks, 1990).

In Aotearoa New Zealand in the early 21<sup>st</sup> century, the provision of a response has become a social and political expectation (Morris, 2000; Paton, et. al., 2000) and, underpinning this, is the belief that it is inherently good to do so (Armstrong, 2000). Unfortunately, this may mean that the “pure” motive for offering it is lost in a struggle to be seen to do the right thing rather than the best thing (McNally, et. al., 2003; Armstrong, 2000; Morris, 2000; Paton, et. al., 2000a). Paton, et. al. (2000a; p.209) ask that: “posttrauma intervention be driven less by dogma and pecuniary interest and more by research and evaluation”.

Critical incidents will affect people in many different ways, not all of these in a negative way. This vast range of variables that affect individuals and that come into play at the time of an incident is summarised in Appendix Two. This suggests that schools may be accused of being remiss if they do not provide a response to ameliorate poor outcomes. Aiming towards best practice standards on which to base responses, so that adolescents’ experiences are as positive as they can possibly be, needs to be the goal of those who work in the field. To do this the debates need to be resolved so that progress can be made for all those who are affected by critical incidents.

## **So What Responses Do We Use?**

### **Tangles and Knots**

At present the debates in this area are continuing. To make some sense of the discussions and debates that are occurring the following is an outline of these issues.

#### ***Are Critical Incident Responses Preventive or Not?***

The preventive effect, that has been attributed to formalised critical incident responses, to avoid longer term difficulties from manifesting themselves has not been verified empirically (Health Innovation Management Services, 2004; McNally, et. al., 2003; Gist & Devilly, 2002; Kaplan, et. al., 2001; Smith & Suda, 2001; Carlier & Gersons, 2000; Deahl, 2000; MacFarlane, 2000; Morris, 2000; Raphael, 2000; Raphael & Wilson, 2000; Shalev, 2000; Stallard, 2000; Stuhlmiller & Dunning, 2000; Weisæth, 2000; Wilson & Sigman, 2000; Wraith,

2000; Yamey, 2000; Gist & Woodall, 1998; Gist & Woodall, 1998; Kenardy, 1998; Paton, et. al., 1998; Pfefferbaum, 1997; Hobbs, et. al., 1996; Kenardy, 1996; Ostrow, 1996; Paton, 1996; Deahl, et. al., 1994; Watts, 1994).

There is no proof that indicates that the palliative effect of formalised critical incident responses is any better than alternative interventions such as: "...psychological first aid, education, information, group support, focussed counselling, practical assistance and so forth" (Raphael, 2000; p.354) or cognitive reframing and psychological distancing (Armstrong, 2000; Gist & Woodall, 2000; Shalev, 2000; Stuhlmiller & Dunning, 2000; Gist & Woodall, 1998; Paton, 1996; Stallard & Law, 1993; Yule, 1992; Carter and Brooks, 1990). As Stuhlmiller & Dunning (2000, p.26) state:

*The demand to "let go" or vent when a traumatized person is desperately trying to maintain a sense of composure is in itself mechanisms reinforced. It would appear that debriefing reinforces a sense of lack of control, of vulnerability, of damage.*

Another important alternative is that talking to those people whom one knows and trusts is an important component for many as it contributes to maintaining the support systems that already available (McNally, et. al., 2003; Taylor, 2002; Campfield & Hill, 2001; Carlier & Gersons, 2000; Chemtob, 2000; Gist & Woodall, 2000; MacFarlane, 2000; Morris, 2000; Raphael, 2000; Stuhlmiller & Dunning, 2000; Wilson & Raphael, 2000; Weisæth, 2000; Ayalon et. al, 1998; Eyre, 1998; Gist & Woodall, 1998; Foa & Meadows, 1997; Ostrow, 1996; Paton, 1996; Paton & Long, 1996). Taylor, (2002, p.107) writes that helpers: "...should try to connect people with their family and support groups and with their cultural and religious networks".

### ***A Growing Field or a Business?***

A further complication is highlighted by the confusion between the original purpose of critical incident responses and the widespread growth of the 'debriefing business' (McNally, et. al., 2003; Summerfield, 1995). There are those who question why a model developed for emergency workers is now being applied as a method that has utility as a generic response in any and every circumstance and they are especially wary about its use with adolescents

(Chemtob, 2000; Raphael & Wilson, 2000; Stuhlmiller & Dunning, 2000; Wraith, 2000). Morris (2000, p.321), in exploring this further, advocates the following caution:

*In the absence of demonstrated effectiveness for wide population use it is perhaps safest to consider the application of debriefing only in the contexts for which it was originally developed: for stress (not psychological trauma) in emergency service workers.*

Mitchell, in particular, has been accused of making critical incident responses a business (Gist & Woodall, 2000; Ostrow, 1996). He was accused of developing a concept that was based on the “Barnum Effect” (after Barnum, of circus fame) where:

*A sound basic idea has an attraction all of its own. But if carefully wrapped and cleverly marketed, it can easily become much more than it ever was or ever should have been. Given the illusion of science and precision, through claims of theoretical roots and empirical evaluation, it readily transforms into something with a life and momentum all its own (Gist & Woodall, 2000; p.5).*

In response, Mitchell contends that the responses he developed are, by nature, versatile if delivered in the right way:

*Clearly crisis intervention techniques can be used in a variety of settings. The comprehensive crisis intervention system called CISM has many applications such as businesses or industries, emergency service organizations, schools and communities (Mitchell & Everly, 2000; p.76).*

This ambivalence in viewpoints confirms the need to step back from what is happening and examine what is the best way forward.

### ***The Short Term Nature of the Debriefing Response***

Responses have often been one-off sessions for those who have been involved in an incident. Questions have been asked about how a one-off intervention can be measured as effective for participants when gauged against what may be seen to be naturally occurring processes of healing and recovery (McNally, et. al., 2003; Leadbetter, 2002; Taylor, 2002; Rose, et. al., 2001; Armstrong, 2000; Deahl, 2000; Wilson & Sigman, 2000; Gist & Woodall, 1998; Wessely, et. al.,

1998; Raphael et. al, 1995). One of the major difficulties with researching this involves methodological considerations. As McNally et. al (2003, p.45) state:

*Although the majority of debriefing survivors describe the experience as helpful, there is no convincing evidence that that debriefing reduces the incidence of PTSD, and some controlled studies suggest it may impede natural recovery from trauma. Most studies show that individuals who receive debriefing fare no better than those who do not receive debriefing. Methodological limitations have complicated interpretations of the data, and an intense controversy has developed regarding how best to help people in the immediate wake of the trauma.*

### ***The Timing of the Response***

There is no empirical evidence that indicates an agreed upon optimal time for a response (Campfield & Hills, 2000; Kaplan, et. al., 2001; Pfefferbaum, 1997). In reality, a whole range of response times is advocated.

On the one hand researchers and writers in this field of practice argue that any intervention needs to be as soon as possible after the event (Annan, 2003; Carlier & Gersons, 2000; Shalev, 2000; Mitchell & Everly, 1996; Robinson & Mitchell, 1993, Stallard & Law, 1993; Poland & Pritchard, 1992; Yule, 1992; Dyregrov, 1998; Talbot, 1990; Burges Watson, 1987; Raphael, 1986; Horowitz, et. al., 1980). Shalev (2000, p.21) adds that recent psychophysiological findings indicate that the "...immediate aftermath is of critical significance" as memories may be consolidated during that time.

On the other hand others say that this immediate response is too soon and should not be conducted in the first two days (Newman, 2005; Rayner & Giarratano, 2002; Bryant & Harvey, 2000). Newman (2005) adds that we should not rush in as people need to be protected by natural opioids that manifest themselves after a shock or trauma.

Still others have indicated preferred times for intervention: Kenardy et. al (1996) advocate 24-48 hours; Paton (1996), Everley (1995), Robinson & Mitchell (1993) and Mitchell & Everley (1996) believe the response needs to be within 24 to 72 hours; Busuttill (1995) suggests 48 to 72 hours after the incident; and then there are those who suggest a longer time span again, maybe up to a few

months after the incident (Lovell, 2000; MacFarlane, 2000; Raphael & Wilson, 2000; Stuhlmiller & Dunning, 2000; Taylor, 2000; Foa & Meadows, 1997).

In light of the responsibility to provide the best possible outcomes for those affected by critical incidents this area of timing responses needs some firmer empirically based guidelines to enable these outcomes to eventuate.

### ***Mandatory Responses***

Initially responses were seen to be mandatory. This raised the issues of coercion, informed consent and legal liability (McNally, et. al., 2003) and early proponents have changed this so that only a general information session is mandatory. There is concern, however, that many of the responses that are offered in schools are still mandatory (Rayner & Giarratano, 2002; Kaplan, et. al., 2001; Armstrong, 2000; Stuhlmiller & Dunning, 2000):

*Mandatory, inescapable mental health treatment is generally only associated with those found criminally insane or in need of protection of self or society. To refuse to participate, even when voluntary, creates problems associated with the recovery of civil, or workers' compensation damages. It is inconceivable that the traumatized person is placed in a position of being compelled to receive a therapeutic modality that the provider cannot even guarantee has benign, at best, or positive results (Stuhlmiller & Dunning, 2000; p.27).*

Again, if looking at what is best for those affected, then this debate needs to be resolved, especially for teenagers who have different developmental needs than adults and may need more sensitive input than older people who have more coping and emotional resources.

### ***Responses that are Effective for All***

Mandatory responses do not have the necessary flexibility given that incidents happen in different settings, communities, cultures and contexts. What is offered in one situation may be counterproductive in the next. This would suggest that responses to incidents needs to be flexible and individually tailored so that the needs of those affected are best met (Rayner & Giarratano, 2002; Calhoun & Tedeschi, 2000; Chemtob, 2000; Stuhlmiller & Dunning, 2000; Wilson & Sigman, 2000; Paton, 1996; Lichtenstein et. al, 1995; Rivers, 1994).

Gist and Woodall (2000, p.90) would agree with this adding that any response needs to be the: "...least formal, least intrusive, and more conservative of available options".

Further to this, Stuhlmiller and Dunning (2000, p.14) suggest that: "Treatment of all exposed is excessive and ignores the healing effects of natural coping strategies". This is confirmed by Foy (cited in Butler, 1996; p.44) when he says that: "If people don't label themselves as abnormal, some will naturally recover if they give themselves six weeks to settle down biologically".

The provision of debriefing to this particular population is a further consideration. There are variables specific to this age group that need to be considered as part of any response. Wraith (2000) specifically names some of these as being: an inability to have their needs met because of the usual expected compliance to adult expectations; a likelihood that they may find it harder to disengage; that issues of confidentiality will be qualitatively different to that of adults; that adults will need to have different expectations, use suitable modalities, and be aware of the more limited experience-base that is brought to the event, and, in fact, need to be very skilled.

In addition to this, Calhoun and Tedeschi (2000) accentuate the need for safety within the process to allow the young people to participate and express themselves freely.

When providing responses, then, it is necessary to remain cognisant of these special features of adolescents. Stallard (2000, p.222) advocates the recognition of the importance of a fit for adolescents:

*Older children, as reported by Casswell (1997) may be more interested in exploring abstract issues that challenge their internal cognitive schema and causal attributions. Debriefing with this age group may need to focus more upon the cognitive and emotional stages thereby allowing causal attributions to be appraised.*

The other aspect that we also need to remain cognisant of is that adolescent populations, indeed any population involved in a critical incident, are not all culturally homogeneous. Western-trained traumatologists have been accused of

being 'culture-blind' (Silove, 2000; p.339). A response plan, then, that is reliant on a template may not be effective as more flexible responses. (Annan, 2003; Coggan et. al, 2001; Papalia et. al, 2001; Stewart, 2001; Summerfield, 2001; Ober, et. al., 2000; Perren-Klingler, 2000; Silove, 2000; Weisæth, 2000; Stewart, 1999; McCarthy & Hermansson, 1998; Gilliland & James, 1997; Paton & Sylvester, 1996; Wellington, 1996; Lichtenstein, et. al., 1995; Ridling, 1995; Rivers,1995; Klingman, 1993; Dale, 1992). An example of this comes from Summerfield (1995) who questions the use of Western psychological techniques on the world stage when debriefing techniques are used as a panacea rather than analysing the particular situation. Another comes from Perren-Klingler (2000, p.3) who suggested that:

*In many cultures, religion offers models or rituals for working through distress after threatening experiences, and facilitates the integration of what has happened. In the so-called first world, where religion plays a less salient role in this respect, psychology and psychiatry have assumed the task of supporting the survivors when difficulties arise in dealing with the aftermath of violence. The consequences are not, however, necessarily positive.*

Yet another example comes from Eränen & Liebkind (1993; p 958):

*Fatalistic, externalized belief attributions (for example, it is God's punishment) may result in learned helplessness and the failure to learn alternative ways to cope with the aftermath of a disaster (Caporale, 1987). On the other hand, where the culture emphasizes a belief in an internal locus of causation and effective coping, disaster impacts might be less pathological and lead to more adaptive forms of post-disaster learning and future preparation.*

Weisæth (2000, p.48) illustrated this necessity to remain cognisant of culture after he observed a group of Fijian soldiers in South Lebanon processing an artillery barrage:

*Among their traditional ways of coping with severe stress, the Fiji culture has the ceremonial use of kawa (sic) drinking, a mild intoxicant, in intense group settings. Observing the obvious value that the interactions in the group had in coming to terms with what had passed made us drop ideas about GSD (Group Stress Debriefing) because we realized that they had their own format for group processing and that the traditional GSD might*

*have disturbed their own way of working through.*

While this example is not related specifically to adolescents in schools it does highlight the need to be focused on what is best for the young people at the time of the incident. Some believe that this indicates that each individual needs to be assessed in their own right and in their own time so that the best possible outcomes are achieved (Smith & Suda, 2002; Armstrong, 2000; Wraith, 2000; Manning, 2000; Stallard, 2000; Violanti, 2000; Weisæth, 2000; Wraith, 2000; Paton & Sylvester, 1996; Raphael, et. al., 1995; Carter & Brooks, 1990). It has been colourfully suggested that:

*Forcing issues or squeezing everyone, like toothpaste, through a common intervention orifice, is unlikely to be successful for everyone and for some who could actually benefit the most and indeed (sic), for others, as this paper concludes, may actually be harmful (Manning, 2000; p.2*

These then are the issues that are still being debated and developed. The next section looks at the outcomes that may be expected from adolescents, not just after a critical incident and the ensuing response, but as a result of the way they approach problem solving in their lives.

## **Variable Outcomes**

### **We All Construct the Quilt Differently**

There is a further body of work that looks at different and variable outcomes. There appear to be fewer debates in this area but there is still robust discussion that occurs. The areas that are focused on in this section are: the personal growth that may occur after an incident; the resilience of some adolescents; and the outcomes for those who are less resilient. These add further depth to the issues that accompany this field of practice.

#### ***Personal Growth***

##### ***Learning How to be a Good Quilter***

A number of researchers (Smith & Suda, 2002; Coggan, et. al., 2001; Calhoun & Tedeschi, 2000; Chemtob, 2000; Paton, et. al., 2000a; Hill & Foster, 1996; Cornish, 1995; Kline, et. al., 1995; Munro & Wellington, 1994) have identified

critical incidents as: "...an opportunity for psychological growth and development" (Coggan, et. al., 2001; p.10) for those who have been affected by the incident. Calhoun and Tedeschi (2000) add that we need to remember that it is not the incident itself that develops this growth but the processing after it to allow the adolescents to develop positively. It is the responsibility of schools, therefore, to get it as right as they possibly can when dealing with their youthful charges. As Walkup (Cited in de Noon, 2001; p.3) says:

*(Kids) want to cope, they want to move on. It is part of human nature not to get stuck. They are going to learn stuff from this and move on and get back to their real lives.*

Smith and Suda (2002, p.3) support this by saying that: "Fear conditioning does take place in humans and animals. However, neither group always acquires fear in situations that should lead to fear conditioning". An example of this was highlighted after the Twin Towers incident when McNally, et. al. (2003, p.46) noted that:

*Sites were quickly established throughout the city to accommodate the countless numbers of people expected to seek psychological help. Yet few people showed up. The demand for psychological service was far less than most had predicted.*

McNally, et. al. (2003, p.46) state that only 10% of trauma affected people choose to speak to mental health professionals saying that:

*Traumatized people often relied on family, friends and church groups rather than seeking personal counseling. Not everyone exposed to trauma either needed or wanted psychological services.*

Social exchange theory (Paton, 1996) adds another consideration by suggesting that humans gain feelings of independence and interpersonal well-being by being able to provide a reciprocal give and take situation. When looking at critical incident scenarios humans feel they are gaining control if they are able to have choices in their own recovery process:

*These include accepting less help than is being offered, refusing certain types of help, denying the value of assistance, or undervaluing or degrading the debriefing process and/or those that administer it. In attribution terms, this reduces the*

*perceived power of the helpers over them and assists them to regain a sense of social equity and control within their social environment (Paton, 1996; p.172).*

McFarlane and Yehuda (1996, p.164) say: "...equally, such experiences can become powerful sources of motivation for some individuals, indicating that trauma can have a positive effect on those who survive the ordeal. It need not necessarily result in an enduring sense of demoralization or of having been damaged". Pynoos, et. al. (1996, p.332) add: "Indeed, it is a common assumption that personal creativity and character are often born out of early tragedy".

Identifying these natural coping strategies and maximising this potential for growth is a more positive way of reconfiguring our approach to critical incidents (Calhoun & Tedeschi, 2001; Davis, 2001; Calhoun & Tedeschi, 2000; Paton et. al, 2000; Perren-Klingler, 2000; Stuhlmiller & Dunning; 2000; Violanti, 2000). Violanti (2000, p.154) encourages those involved to become "active agents" in their own healing. Stuhlmiller and Dunning (2000) add that identifying the sources of hope, courage, and recovery help us to look at such incidents as being salutogenic or health focused.

### ***Resilience: Our Human Ability to Bounce Back***

#### ***The Pulls in the Quilt Can be Repaired***

*Most people say they feel stronger, more sensitive and more aware after dealing with a significant loss – they grow around their grief and make meaning of their changed lives in positive ways*

*(Pauline)*

*(Irving, et. al. 2002; p.37).*

The notion that some people are more resilient<sup>2</sup> than others and will survive a trauma better is important for those who are planning and responding to critical incidents (Oliver, et. al., 2006; Barton, 2005; Besthorn; 2005; SPINZ, 2005b;

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<sup>2</sup> "Although it is defined in numerous ways, resilience generally refers to an individual's ability to bounce back from adverse experiences, to avoid long-term negative effects, or otherwise to overcome developmental threats" (Garbarino, 2005; p.xi).

Ungar, 2005; Ungar, 2005a; Wong & Lee, 2005; Damon, 2004; Ungar, 2004; McNally, et. al., 2003; Benard, 2002; Leadbetter, 2002; de Noon, 2001; Papalia, et. al., 2001; MacLeod, 2000; Paton, 2000; Silove, 2000; Stuhlmiller & Dunning, 2000; Tierney, 2000; Blum, 1998; McFarlane & Yehuda, 1996; Paton, 1996; Rivers, 1994; Ursano, et. al., 1994; de Girolamo, 1993; Carter & Brooks, 1990; Klingman 1988).

Over several decades research has been developing that points to some young people being more resilient and displaying greater flexibility in dealing with the emotional and practical consequences of an incident than others (see Appendix Two). Tierney (2000, p.149) comments that "...the psychological and sociological factors possessed by individual children was seen to either protect or dispose them to the psychopathologic responses to trauma". As a result these children would not get sick, be psychologically unbalanced or in need of therapy (James & Giarratano, 2002; Hardgrave, 2001; Berman, et. al., 2000; London Resolve, 2000; Raphael & Wilson, 2000; Tierney, 2000; Grant, et. al., 1997; McFarlane & Yehuda, 1996; Paton, 1996; Munro & Wellington, 1994; Rivers, 1994; Belter & Shannon, 1993; de Girolamo, 1993; Pitcher & Poland, 1992; Johnson, 1989).

There is a developing body of work that identifies the characteristics that determine those who will demonstrate resilience in times of adversity (Besthorn, 2005; Ungar, 2005; Ungar, 2005a; Wong & Lee, 2005; Damon, 2004; Ungar, 2004; Blum, 1998). In concert with this, and of particular utility to parents and schools, are the mechanisms that enable this resilience to develop. Environments that allow this to occur can be developed and nurtured as Ungar (2004, p.54) has identified:

*(1) those that reduce sensitivity to risk (previous successful coping); (2) reduction of risk impact (parental monitoring, child's distancing from a deviant parent); (3) reduction of negative chain reactions (successful handling of family conflict and effective problem); (4) increasing positive chain reactions (eliciting social supports); (5) promotion of self-esteem and self-efficacy (successful coping with manageable stress); (6) neutralizing or compensatory positive experiences that directly counter the risk effect (a positive attachment to a healthy spouse); (7) opening up of positive opportunities (change of*

*home, or access to career and educational experiences); and (8) positive cognitive processing of negative experiences (a positive orientation towards life and acceptance rather than denial of challenges).*

From a social constructionist's point of view, the voice of young people has been limited in this field. When this voice is heard however, there is an alternative story that emerges that indicates that the adult population focuses on psychopathology rather than looking at the resources that adolescents possess. Ungar (2004; p.8) says that adolescents:

*...explain that the social discourse that defines them as high-risk youth is biased by generalizations about the state of their mental health. That discourse, they argue, is the greatest barrier to their experience of well-being, as it denies them access to health-enhancing definitions.*

The call is for resilience research to be contextualised (Ungar, 2004): that families will always have their own particular strengths and coping strategies that allow them to deal with difficulties in their own resilient way. Dealing with individuals and families using a blueprint could be seen as not acknowledging the reality of people's adaptive abilities (Barton, 2005; Boyden & Mann, 2005; Ungar, 2004; McCubbin, et. al. 1998; McNamee & Gergen, 1992; Murphy & Moriarty, 1976).

### ***Less Resilient Students***

#### ***Sometimes the Thread Snaps***

When a critical incident occurs change can be expected to manifest itself. A process of regaining the equilibrium of the system and the individuals within the system has been initiated. For most this natural resilient process of self healing will occur and most acute effects will diminish steadily over time. However, if an adolescent is taxed with intense stressors that are not alleviated, or if the adolescent is not able to utilise effective protective measures, maladaptation and symptoms of psychological distress may occur (Calhoun & Tedeschi, 2000; Grant, et. al., 1997; McFarlane & Yehuda, 1996; Shaw, et. al., 1996; Belter & Shannon, 1993; Johnson, 1989).

As a result there could be complications for the young person's future. Wilson and Sigman (2000) have contributed by drawing our attention to the need to be aware of high risk situations, high risk reactions and high risk persons. For young people who fall into this 'at risk' category there will be a longer journey that could result in a range of diagnosable disorders (examples would be Acute Stress Disorder, Post Traumatic Stress Disorder, Depression, Anxiety, Adjustment Disorders [See Appendix One]).

The inter-relationships between these variables (Appendix Two) are central to the outcome for all involved, whether it be a positive outcome or a more negative one. Pynoos, et. al. (1996, p.332) add:

*We have reached a point in childhood traumatic stress studies at which by incorporating new knowledge and methodology from the rapidly expanding field of developmental psychology, we can begin to enrich our understanding of the developmental impact of traumatic stress – including its effects on the acquisition of developmental competencies, the achievement of developmental transitions, moral development, and emerging personality.*

This range of variables indicates that each individual needs assessing in their own right and that responses need to be tailor made. Those who require help need to be identified quickly so that the best possible outcomes may be attained for them.

As these areas of debate have identified there is no unified stance that underpins critical incident responses. The whole area of the applicable research is a confusing one as the next section illustrates.

### ***A Messy Quilt or an Integrated One?***

The lack of a dominant and substantive body of research that advances the voices of adolescents complicates the picture when looking at the best response to provide. MacLeod (2000, p.181) suggests that:

*In order to understand what kind of intervention would be most appropriate and when it should be implemented, we need a detailed understanding of the psychological processes that underlie reactions and adjustment to trauma.*

As a result of these debates the quilt that has been pieced together has been informed by contradictory research that has resulted in a number of patterns emerging. The quilt that is available has a disorganised pattern rather than an integrated one. As a result, there needs to be a caution attached to the use of critical incident responses (McNally, et. al., 2003; Wessely, et. al., 1998). In The Cochrane Review (cited in Wessely, et. al., 1998; unnumbered) a useful summary of the state of affairs was posited when they stated that:

*...there is no current evidence that psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after critical incidents. Compulsory debriefing of victims of trauma should cease.*

To do justice to this age group a rigorous critique of all the research needs to be undertaken so that those in the field are cognisant of the empirically verified data.

## **Concluding Comments**

This chapter has been an examination of the confusing and ambivalent research and debates that are attached to providing critical incident responses. It examined the key points of dissension that exist between those who are involved in the field of practice that is critical incident responses. It then explored the rationale behind why we respond to such incidents at all. As has been shown in the exploration of the history, humans appear to have a need to respond in some way to critical incidents. The issues that are attached to providing these responses have therefore been examined in this chapter. Following this discussion, the range of outcomes that might be expected was delineated.

Having this awareness of the state of the research the next chapter moves on to looking more specifically at the school environment within Aotearoa New Zealand. This environment is a unique one for several reasons: schools are located in a different area to the provision of other critical incident responses; young people form a differently targeted group than adults who have experienced incidents; and the provision of responses is different to other countries because it has evolved from its own unique journey.

## Chapter Six

### Schools as a Unique Environment

### What the Quilt Looks Like Thus Far

*Blessed are the children of the piece-makers, for they shall inherit the quilts!*

*(Sticky-Wall-Words, accessed 2006)*

This chapter progresses from the general field of critical incident responses to the more specific one of adolescents in the school environment, particularly in Aotearoa New Zealand. The literature concerning the value of interventions to this population is limited. There is literature that examines the effects of trauma on adolescents, there are articles that outline what happened in particular instances and what was done at the time plus the emergence of guidelines based on multidisciplinary research, but there is little that is particularly targeted on the outcomes for this age group. As Stallard (2000, p.217) states:

*Reports of debriefing adolescents after life threatening events are notably lacking from the literature. This may in part be due to the comparatively recent acceptance that children and young people suffer psychological distress after critical life-threatening incidents. Until relatively recently the majority of studies have therefore been concerned with describing symptomatology rather than evaluating interventions.*

There is even less literature on young people's lived experiences of such responses and hence the rationale for this research. This becomes more understandable in light of the earlier discussion on the voices of adolescents where their place in society has not always been one of having a constructive input into decisions that affect them.

The intent of this study is to give voice to these adolescents so that those providing responses are cognisant of this population's thoughts and aspirations. Before these experiences are related in Chapter Eight, this chapter, gives an overview of the structure and range of schooling in Aotearoa New Zealand. It then examines the terrain in which the experiences of the participants occurred by outlining the development of critical incident responses within schools in this

country. This is followed by a discussion of the rationale for providing these responses in our schools.

## **The Structure of Schooling in Aotearoa New Zealand**

As discussed in the Concluding Comments of the last chapter schools are unique environments. Schools in Aotearoa New Zealand will have different attributes to schools elsewhere in the world. Schools have their own special culture that is reflective of the community within which they are based. The Secretary for Education (Fancy, cited in Ministry of Education, 2007; p.4), said:

*New Zealand's schooling system is facing up to the challenges associated with an increasingly diverse student population. Students come from a range of ethnic and social backgrounds, and have a variety of education needs. This diversity includes differences between groups of students, as well as differences amongst the individuals who make up those groups.*

Children and young people must legally attend school from the ages of six to sixteen. The vast majority of children begin primary schooling at the age of five, having previously attended a pre-school. Primary school spans the first six years of formal education. Following this, in years seven and eight, students may attend a separate intermediate school, remain within their primary school if it continues on to Year Eight, or be part of a composite or Area School (Ministry of Education, 2007). In smaller schools, usually in rural areas, all levels may be combined in one location. At secondary level students progress from Year Nine and can finish at either age sixteen or continue on to Year 13 when they are usually about eighteen years of age (Ministry of Education, 2007).

## **The Range of Schooling**

Within the education system there is room for diversity. The aspects that make education in Aotearoa New Zealand unique are summarised by the Ministry of Education (2007). All of the following schools may be day or boarding schools. Firstly, there are state schools. These are co-educational until secondary school, at which stage they may become single sex schools. These schools offer classes based in the New Zealand Curriculum. Adult students are accepted into some state secondary schools

Kura kaupapa Maori is another variation on the state school system and shares the same curriculum as mainstream schools. The teaching is in the Maori language (te reo Maori) and is based on Maori culture and values. The primary goal of these schools is to nurture students into an equal ability in both Maori and English with an emphasis on maintaining ones cultural identity throughout all facets of learning).

Integrated schools are also part of the state system. They have a history of being private schools but have opted into the state system and teach the New Zealand curriculum. They are different to state schools in two ways: they retain their own special character (usually a philosophical or religious belief) and their buildings and land are privately owned so they charge attendance dues to meet their property costs. There are also designated character schools that are also state schools. These have been granted leave to develop their own set of aims, purposes and objectives to reflect their own particular values.

Independent (or private) schools are governed by their own independent boards. As independent schools they charge fees, but may also receive government funding. They need to maintain standards in order to be registered.

Special schools are also in existence. They are part of the state system, deliver the same curriculum, and provide education for students with special education needs.

Lastly, there is The Correspondence School (TCS). This provides distance learning for more than 20,000 students. There are a number of reasons why students may be enrolled in TCS: they may be isolated, live overseas, need to study at home for medical reasons or have special education needs. Secondary students in mainstream schooling may also enrol in subjects that are not offered at their school.

This overview of schooling within Aotearoa New Zealand demonstrates the variety within the country and as such the provision of responses needs to remain cognisant of this diversity. The next section will give an overview of the theory & practice of critical incident responses in Aotearoa New Zealand.

## **The Development of Responses within Aotearoa New Zealand**

### **The Making of the Country's Individual Quilt**

On the international scene there has been a substantial amount of work published that theorises, advises and gives policy and ideological guidelines about the practical aspects of providing critical incident responses within the school environment (these have been summarised in Appendix Three). Within secondary schools in this country there has been a shorter history of published work on the management of such incidents. Dale (1992) was one of the first to publish in Aotearoa New Zealand. At the time she was working as a counsellor in a large secondary school. Her research was centred on her own experience and that of other counsellors who had had to deal with a high profile death in their school. She pointed out the need to respond to a critical incident as imperative and to not do so is to invite possible unhealthy resolution by those involved. Moreover, from her experience she had realised, the necessity of providing a comprehensive response that addressed:

*...the needs of, for example, siblings, parents, teaching staff, the crisis team itself, the emotionally disturbed, those already grieving, the withdrawn grievers, and those with children close to the age of the deceased. Students may have a widely flung set of personal contacts and death may affect several institutions (Dale, 1992; p. 25).*

Dale drew particular attention to the special needs of adolescents. She commented that young people are often hard to read so that the degree of their distress may not be evident and therefore they may not receive the help that may benefit them. The very nature of the developmental tasks of the adolescent means that their experience of the critical incident will be complex. At this time they are making sense of their world. When an incident happens this sense-making is challenged. Dale (1992, p. 28) comments that:

*It takes by surprise many teenagers in the throes of establishing their independence and identity. It throws them up against uncertainty and shakes the confidence in their future.*

Ridling (1995) corroborated these findings when she researched the effect that sudden traumatic incidents had on students, teachers and parents. Her

recommendations indicated the need for a school wide plan rather than a counsellor led response. This was not to downplay the counsellor's role but to include the whole school community as an integral part of any response especially considering the long term impact that the event could have on the school and on some of the individuals within it.

More importantly, with regard to this project, Ridling (1995, p.16) makes the point that:

*The views of students need to be sought, and in appropriate ways, they need to be involved in decision making and the development of crisis plans.*

There is nothing in the literature to indicate that this suggestion has been taken up although in individual schools this may have happened.

Rivers (1995, 1994,1988) has made a significant contribution to the field. He based his guidelines on a number of assumptions:

*Firstly, that people who experience trauma and who have unusual reactions are not necessarily disordered; secondly that those who live through the experiences of trauma are survivors, not victims; thirdly, that through communities taking care of their own a greater quality of recovery will prevail, and, fourthly, that through an understanding of the basic stages and the key concepts, communities are better able to restore those things that are essential to those communities' survival (Rivers, 1994; p.5).*

There were also a number of concepts that informed those who were working within this field of practice: that survivors are responsible for their own recovery; that survivors own the event, that survivors have the right to be included in the process of recovery, that matters need to be met as they arise; and to use the normal structures rather than implementing new ones (Rivers, et. al, 1993).

Following the publication of these concepts, a team of professionals, including Rivers, was commissioned to develop guidelines (Beautrais, et. al., 1997 and 1997a). A comprehensive plan for critical incident responses was developed. The responses were divided into four distinct parts: pre-impact, impact, post-impact and recovery. These principles are designed to decrease the risk of

suicide contagion within the adolescent community. These guidelines are included in Appendix Four.

These have been made available to all schools and are an attempt to help schools to deal as positively as possible with the prevention of suicide and postvention in the case of a completed suicide. The principles are applicable to a wider range of incidents than suicides alone.

After these had become available, McCarthy and Hermansson (1998) conducted a study that looked at schools' responses to these guidelines. The outcomes make grim reading if we are to look at the preparedness and the efficacy of the school to respond to an incident. Only 15% of the schools who responded considered themselves well prepared for an incident. In brief:

*Responses from only half of the nation's secondary schools were received. One could wonder if the other half were not prepared to look at the issue. Only 42% of the schools who responded were prepared to the point of having a policy in place to deal with a student suicide should it happen. Only 44% offered programmes to students that respondents considered to be part of suicide prevention. Only 48% of respondents listed any useful books the school had available on youth suicide. A very small percentage (15%) assessed their school as well prepared while a similar number, (17%), admitted to the school not being prepared (McCarthy & Hermansson, 1998; p.109).*

The need to provide responses has been recognised and supported by the government and in April 2001 Group Special Education<sup>1</sup> (formerly Special Education Services), and a section of the Ministry of Education, were contracted to give assistance to schools. This was recognised by a Document of Accountability between Group Special Education and the Ministry of Education (Coggan, et. al., 2001).

The current services that are available are easily accessible to schools through the Ministry website and hard copies of the documentation. The intent of these is described by the Ministry of Education (2007, p1) as:

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<sup>1</sup> There is approximately 2,500 Ministry staff working in special education throughout New Zealand. They are part of the wider Ministry of Education, and are called the Ministry of Education, Special Education (GSE).

*...intended to help build understanding around management of such events. The Ministry is committed to supporting schools and early childhood services to provide safe environments, and it gives staff responses to critical incidents high priority.*

A full copy of these guidelines, known as “Traumatic Incident Management Support for Schools and Early Childhood Education (ECE) Services” is attached in Appendix Five.

This discussion continues by outlining the development and rationale for providing responses in schools.

## **The Rationale for Providing Responses**

### **The Reason for the Quilt’s Pattern**

The development of critical incident response plans in Aotearoa New Zealand is discussed in this section. The unique environment of the education system is examined first. This is followed by recognition that there needs to be a plan in order to deal with an incident in a timely and effective manner.

#### ***Unique Environments***

##### ***Quilts are all Different***

As previously stated the school environment is a unique one for several reasons: young people are a different population to adults who have experienced incidents; the provision of responses is different to other countries because education services have evolved from their own journey within Aotearoa New Zealand; and young people are located in a different area to the provision of other critical incident responses. This last point is explored in this section.

Schools are seen as a unique environment in that they are a natural support system outside the family where young people who have experienced disaster are, in fact, a “captive audience”. Schools have their own individual systems. They are publicly sanctioned institutions that have daily interaction with young people. The time in school often matches the time that they spend within their families (Klingman, 1993). Because of this schools are in a very influential position, both socially and emotionally, and in the case of critical incident

responses they have a responsibility to manage their students' experiences so that the most positive outcomes are obtained.

It is proscribed under the Health and Safety Code of Practice for State Primary, composite and Secondary Schools, (section 70 [2]) of the Education Act (1989), that children and young people within Aotearoa New Zealand are kept safe within the school environment. This demands that minimum standards of health and safety be maintained. Therefore:

*If schools respond inappropriately to a traumatic incident, they are not working within their mandate of providing a safe and supportive environment for students (Coggan, et. al., 2001; p.7).*

Subsequently, the expectation from the Ministry of Education is that schools will develop policies to be used when there is a critical incident and that the responses will be: "...time-limited, problem-focused interventions designed to identify and resolve the crisis, restore the equilibrium and support productive responses" (Coggan, et. al., 2001, p.13). These guidelines put forward by Beautrais, et. al. (1997, p.40) on behalf of the Ministry of Education National advisory Committee on Health and Disability are unequivocal:

*Therefore, it is recommended that all schools have a traumatic incident response plan developed in advance, which provides appropriate processes for students and staff and minimises any harmful outcomes of the traumatic event. The traumatic incident response plan and its associated policies must be developed before such events occur so that planned responses can be implemented and staff, parents and students can be involved in appropriate programmes.*

As discussed earlier in this chapter there is agreement by many that a response needs to be provided within schools to allow the students (and staff) to deal with the experience and to allow for the best adaptive responding and the restoration of hope, rather than allowing for poor outcomes (Lerner, et. al., 2003; Coggan, et. al., 2001; McCarthy & Hermannson, 1998; Gilliland & James, 1997; Deaton & Berkan, 1995; Ridling, 1995; Roberts, 1995; Klingman, 1993; Siehl, 1990; Weinberg, 1990; Johnson, 1989).

The research above indicates that the management of the school is integral to the most successful response. "To be successful, school leaders must have a

well-developed vision of how their schools should function and what they want to accomplish” (Cornell & Sheras, 1998; p.297) and, of course, the ability to convey this to all facets of the school. Gordon (1997, p.3) highlighted the need for systems to be conducive to recovery:

*The integrity, organization and processes of the social environment comprise the greatest resource for personal recovery, mediate the impact of stress and trauma and determine the effects on health and well-being following a disaster.*

Following on from this research the objectives of providing postvention in Aotearoa New Zealand are:

- *To maximise resilience and to minimise risk*
- *To establish structures and networks to deal with suicide*
- *To establish a debriefing procedure and assist with the grieving process*
- *To ensure that those responsible for the care and education of young people can recognise early warning signs and provide appropriate assistance*
- *To prevent suicide by contagion. Ensure survivors understand that suicide is not a good choice and that help is available*
- *To normalise the situation as soon as possible. Everyone in the community has to deal with what has happened and restore everyday structures (Hirsh and Dickinson, 2005; p.18)*

While these suggestions are valuable, there is a gap in the literature. There is no specific reference to the bicultural nature of the country and no specific critique of critical incidence responses for rangatahi (young people). One of the defining aspects of Tangata Whenua is the involvement of whanau (family) at all levels of critical responsiveness (Ruwhiu & Ruwhiu, 2005; Walsh-Tapiata, 2002; Ruwhiu, 2001; Smith, 1999; Durie, 1998; Bradley, 1995). The health, safety and wellbeing of rangatahi are centred on whanau so that this becomes a crucial variable when responses involve Tangata Whenua youth.

With this background and the guidelines it seems clear that schools do need to have a plan. It is not as straightforward, however, as it would appear.

## **This Need for a Plan**

### **A Pattern is Required Before the Quilt is Started**

Many authors (Deaton & Berkan, 1995; Stanley & Williams, 1995; Eränen & Liebkind, 1993; Poland & Pritchard, 1992; Carter & Brooks, 1990) have commented on the fact that schools prefer to hide their head in the sand and avoid being pre-emptive about having a workable plan in the school. Deaton and Berkan (1995; p.98) epitomise this when they comment:

*It is human nature to believe that an unexpected fatality or series of deaths, particularly student suicides or homicides, will never happen at 'our' school or community. It is natural to treat death situations at the school or other workplaces as a taboo subject that one does not discuss openly or in advance of its unlikely occurrence.*

In contrast to this view, Rivers (1994) found that schools in Aotearoa New Zealand do have plans and policies that have emerged from the published guidelines (see Appendices Four and Five). The missing piece, however, is that: "...they do not have either clear understandings of individual human needs or clear understandings of the human impact" (Rivers, 1994; p.4). This could mean that they are paralysed at the time of an incident into not responding, or in responding in a way that is less than useful or effective for the students.

There are strong arguments, however, for a plan so that the duty of care to young people is well covered. Following the advent of a plan is the question of who the best people are to lead the response.

## **Who Should Respond?**

### **The Most Proficient Quiltmakers**

The theme from most authors at both the international and the national levels (Coggan, et. al., 2001; Paton, 1996; Eränen & Liebkind, 1993; Rivers, 1994; Hodgkinson & Stewart, 1991) is that the school community needs to lead as they know the culture of the school and, therefore, how best to respond. Further, by being centred in the school the response may be seen as less medically-based and more salutogenic, rather than pathological. There is a

belief that environments can themselves be developed to be salutogenic, or health creating, and can be designed so as to prevent or minimise adverse reactions and, in fact, encourage adaptation and growth. Paton (1997; p.2) says:

*Intervention strategies should, where possible, involve the mobilisation of resources and support networks that are internal to the community, rather than relying on external support and the imposition of solutions on communities.*

This call for a community, strengths based response, rather than a clinically driven one is supported by Rivers (1994) who says that his rationale for this is that survivors, rather than victims, are able to be active in their own, and other's, recovery and may in fact grow from it. It is an acknowledgement that this is an unusual but normal process and that people need to talk, cry and react as they reframe the experience to fit into their lives.

*From research and field experience it seems that recovery from a natural calamity is best derived from within the community. In addition, the need for psychological counselling is probably overstated. There is a clear need for many opportunities to talk about disaster, however this 'talking cure' can in a majority of cases be undertaken within the natural community groupings (Rivers, 1994; p.32).*

Rivers (1994; p.33) believes it is useful to look at the events in a psychological rather than a psychiatric way: "They are angry (not manic), they are upset (not experiencing trauma), they are crying (not emotionally labile), they are sad (not depressed)".

It is recommended, therefore, that the responsibility must stay in the hands of the school. If the school has a comprehensive plan and knows its population well, then this tailor-making of an effective response is more likely to happen. A quality intervention that is tailor-made for each individual is a recommended response by "...taking into account all the physical, psychological and social needs of the survivors" (Paton, 1997; p.4).

The involvement of other professionals and specialists, who may offer psychological or pharmacological interventions, is seen as being complementary guidance. The role of these professional outsiders needs to be

very clear, that they are there as an adjunct to the process, to bolster up the community as they operate within their natural support system (Coggan, et. al., 2001; Mitchell & Everly, 2000; Stewart, 1999; Beautrais et. al, 1997; Beautrais, et. al., 1997a; Paton, 1997; Paton, 1996; Deaton & Berkan 1995; Munro and Wellington, 1994; Rivers, 1994; Eränen & Liebkind, 1993; Klingman, 1993; Hodgkinson & Stewart, 1991; Carter & Brooks, 1990; Siehl, 1990; Weinberg, 1989; Toubiana, et. al., 1988). Munro and Wellington (1994, p.39) add another consideration for involving outside professionals: “The primary reason for involving an outsider is that those who are planning and leading the response will be affected by the crisis in some way”.

Caplan (cited in Toubiana et. al, 1988; p.237) emphasised this complementary role after experiences in Israel where the role of outside professionals was not clear:

*...teachers complained that well-meaning outsiders were intrusive in the corridors and classrooms of the school and usurped the teachers' authority, thereby undermining the self-confidence of the school's primary helpgivers.*

As Group Special Education (GSE) hold the contract to work with schools to manage critical incidents, and in light of these recommendations, its involvement needs to be clearly negotiated. GSE are well aware of these issues and research has been conducted (Coggan et. al, 2001) to ensure ongoing quality control of their processes.

## **Concluding Comments**

The debates that accompany the field of practice that is critical incident responses is a fraught one. Adolescents are a more vulnerable population than the adult emergency and rescue professionals for whom such responses were originally designed. Young people are often the secondary victims rather than the primary ones; they are reacting to something that has happened to somebody else rather than to themselves. Further, the models have been devised in other countries and as such any models utilised in Aotearoa New Zealand need to have an indigenous fit. In this research Indigenous is used to describe First Nations Peoples. It acknowledges that they are the first people in

lands that were later colonised by foreigners. The term indigenous was chosen because it is: “widely accepted by the peoples themselves, and (is) now adopted by the United Nations” (Burger, 1990; p.16).

There is a discomfort that comes from being caught up in a field that is full of unanswered questions, where expert voices have been debating the issues while leaving out the voices of the major stakeholder – the young people themselves. As shown by the literature review within this chapter there is little that has recognised the need to include our young people’s voices or experiences within the critical incident research. As Ridling (1995) indicated from her research, and as I have come to believe over the time I have been involved in this field, there is a need to have this group’s input so that they, as major stakeholders within schools, do have some influence at the time of an incident.

The next chapter, entitled *The Dimensions of the Research*, examines the methodology and my research experience of interviewing young people as I explored with them their stories of critical incident responses and their suggestions for any changes that they believed could illuminate and modify adult responses.

# Chapter Seven

## The Dimensions of the Research

### The Colours of the Quilt

*A bricoleur is a person who creates things from scratch, is creative and resourceful: a person who collects information and things and then puts them together in a way that they were not originally designed to do*

*(Wikipedia, accessed 25 May 2006).*

### Methodology

#### The Base of the Quilt

There has been a dearth of research internationally and within Aotearoa New Zealand in the area of adolescents' experiences of critical incident responses. This study makes a contribution to addressing this by posing the research questions outlined in Chapter One.

There are four questions to be answered:

- What are the experiences of young people who have undergone critical incident responses in their school in Aotearoa New Zealand?
- What could be done to improve these responses for young people?
- How has the critical incident response experience affected their opinion of their position in secondary schools, and in society as a whole?
- Do young people feel that they have a voice?

This chapter discusses the major methodological decisions that were made regarding how this research was undertaken. As indicated in the introductory chapter there are four major approaches that inform this research: heuristic, qualitative, utilisation-focused and participatory. Each of these is explored in more detail.

This is followed by a discussion about the triangulation that was used to strengthen the enquiry and enhance the value of the findings. This process is reflective of all four of the above processes. The use of inductive methods for the analysis of the data is then elucidated.

The final section looks at the use of a Focus Group which was utilised to discover the reactions of a group of adolescents to the findings and to provide further depth and relevance to the research findings. This was another strategy used to ensure that the layers of the quilt were all firmly stitched together to provide the nurturing cover that the participants had identified as being important to them.

Concurrent with these aspects of the research are comments about my personal journey throughout this research process: the highs, the lows and the dilemmas encountered.

The discussion starts by exploring the epistemological considerations that inform my research methodology. Firstly, the decision to use heuristic research is explained. This continues on from Chapter One and contains an overview of two considerations that became important in the course of the study: transparency and bias.

### ***Heuristic Research***

#### ***A Vested Interest in the Quilt's Pattern***

As outlined in Chapter One my involvement with critical incidents has meant that this is heuristic research. A researcher is in an influential position and as such it was important and necessary that my heuristic position in relation to this research was made clear. As Denzin & Lincoln (2000, p.1049) state: "The qualitative researcher is not an objective, authoritative, politically neutral observer standing outside and above the text". The idea of this research is as a "conduit", where efforts are made to bring: "...into public visibility the voice, opinions, needs, and aspirations of various marginalized groups of the world" (Gergen & Gergen, 2000; p.1041) has informed and underpinned the approach.

Concerns have been expressed about this type of research. For example, Byrne, et. al. (2003, p.10) contend that: “There are analytical, ethical and credibility difficulties in intertwining researcher and researched in the mutual creation and interpretation of data”. While not being able to completely overcome the disparity in the relationship, that was alluded to in this quote, the attempt was an important one for me being in agreement with Byrne, et. al’s. (ibid) statement : “Responding to the democratisation of knowledge making, we wish to make a case for inclusive and reflexive research paradigms” (ibid). This democratisation acknowledges that:

*...the nature of knowledge is an interactive link between the participants and the evaluator, that people create knowledge actively and that the findings are the product of the values of the evaluator and cannot be independent of them (Hughson, 2003; p.190).*

There are two considerations attached to me as the researcher that are further explicated in this section: transparency and bias.

### **Transparency - The Pattern is Public**

Because of my intimate involvement with the critical incident field of practice there needed to be some transparency about this both for myself and for the research participants (descriptions of these follow later in the chapter). There were a number of questions identified in the early interviews that needed to be further explored. Consequently, In the later interviews I was able to address these clearly in the early discussions. The following questions emerged as needing further explanation for some of those involved:

#### ***Am I going to become a political advocate for young people’s interests?***

This question was one that I grappled with as I contemplated what my role would be with using the information that participants shared with me. After all, as Bryson (1979; p.101) states:

*If we are serious about a desire to promote restructuring of the system then we will need to direct our information to those groups whose interests would be served by it and then become politically active in support of these interests.*

This role was discussed with the Interviewees. I covered the possible uses of the research (examples would be publication, conference presentations) before any interviews took place. I also mooted that there was the potential for research participants to co-present at a conference or to collaborate in publishing the findings with me.

Their reactions to these ideas varied. Two, Carla and Jeremy (all participants will be introduced in the next chapters), were slightly older than the others. They were developing some political awareness and were beginning to learn about working within systems. They were keen to be further involved. In reality, this did not happen because Carla went overseas and Jeremy took on full-time work. The others accepted that this dissemination of the findings would happen and were more interested in telling their stories in the hope that it might help things for other young people.

We discussed my intrinsic involvement in the field and the likelihood that this follow up would occur. We agreed that I would share the results with them when they were available and that any further involvement after that would be negotiated on a case-by-case basis.

### ***What's in it for me?***

Research of this nature needed to broach the question of the pay off for young people in participating. Furthermore, was the question of what personal investment they might have in being part of this type of research project (Byrne, et. al., 2003; Gollop, 2000; Cloke & Davies, 1995): Cloke & Davies (1995, p.275) put this succinctly when they pointed out that:

*Children and young people are interviewed, the research is completed, and then nothing changes. While the researchers may be used to this, the children and young people involved may feel let down and be left feeling cynical about the sincerity of adults who say they want to consult with children and young people,*

This, in fact, was a hard one to 'sell' to those who took part. On the face of it there was no 'instant gratification' for them. In discussion with them they were

well able to process the longer term benefits that could ensue, knowing that it would have no significant immediate benefit for them.

A benefit that was identified as part of this exercise was the potential for it to be a cathartic experience for the participants. This was based on the assumption that there may have been things they had not been able to share with others and that this would give them an opportunity to tell not just their story but also to identify the learnings that had occurred as a result of it. As pointed out by Munford & Sanders (2003) I was aware that this was very dependent on the relationship I was able to develop with the young people; this was part of the reason why I placed such emphasis on developing rapport with the participants. Further exploration of this relationship building is included further on in the chapter in the discussion on participatory research.

***Are you just a researcher doing this to fulfil some criteria totally unrelated to the students?***

Bryson (1979, p.90) suggests that:

*...academic research is often undertaken principally for the advantage of the researcher – for a higher degree or for career purposes.*

This describes my own position and I was, therefore, aware that I needed to be explicit about this. The young people accepted that this was the case and it did not appear to be an issue for any of them. On reflection, there may have been a number of reasons for this: the power differential could have meant that they felt they were not able to question this, especially the younger participants; they may not have had a clear understanding of the role of a researcher and I may not have fully articulated it; or they really may not have found it an issue.

***Who is the research for?***

The young people needed to be aware that there was a potential ambivalence about the target audience for the findings. As Finch (1986, p.208) has elucidated:

*Where qualitative research is designed not merely to add to the stock of knowledge about social life but also to influence*

*change in policies, an additional layer of difficulty may arise, because there is conflict between the researcher's desire to protect informants (whether individually or collectively) and the need to maintain credibility with policy-makers.*

Consequently, I believed the young people needed to be aware of my motivations as much as I needed to be aware of their position. Thus, I desired that this research should have two beneficiaries of which young people were the primary ones. Secondary beneficiaries were the other stakeholders: the school, the providers of responses (GSE, CAF, and other independent providers) the teachers, the staff, the parents and families, and in the widest sense, society and the policies that impact on our adolescents.

A transparent and honest process needed to be used that acknowledged the power differential, this differential being greater, I believe, in this research because of the age of the participants.

### **Bias - My own contribution to the pattern**

The natural bias that is attached to research is attached to this piece of work. Bruner (cited in Denzin and Lincoln, 2000; p.1049) argues that every researcher, myself included, is: "...historically positioned and locally situated [as] an all-too-human [observer] of the human condition". The agenda that is being followed by the research is one that aligns with my ideals and beliefs, and is, in fact, the motivation for undertaking this research.

Spicker (1995, p.194) believes this type of bias is more likely to occur in social policy research: "...because many researchers have a strong commitment to a particular policy or approach". Such bias comes with knowledge, experience and insight into the field and is, therefore, another influential and valuable variable (Chamberlain, 1999; Patton, 1990; Denzin, 1989; Smith & Noble-Spruell, 1986). There has been my hope, however, that this study has been able to escape McLemore & Neumann's (1987; p.87), possibly true, but cynical statement:

*...as social scientists, we are deceiving ourselves if we naively believe that we are not as human as the people around us and that we do not tend to aim opportunistically for conclusions that fit prejudices markedly similar to those of people in our society.*

The accompanying bias of being neither value-free nor neutral means that my partisanship has been declared and, therefore, needs to be factored into the research. This position has been discussed by a number of researchers (Chambers, 2000; Denzin & Lincoln, 2000; Fontana & Frey, 2000; Janesick, 2000; Lincoln & Guba, 2000; Schwandt, 2000; Spicker, 1995; Patton, 1990; Finch, 1986; Lindblom, 1986; Smith & Noble-Spruell, 1986; Rein, 1983; Oakley, 1981; Bryson, 1979).

By acknowledging our 'bents' and 'prejudices' we allow an insight into who we are. By knowing who I am another dimension is added to the nature of the research I chose to undertake. Along with Myrdal (Cited in Finch, 1986; p.198). I argue that: "...the important issue is to introduce value premises openly into research, to face questions of value rather than evade them".

The bottom line has been to present a credible, accurate representation of the information that has been obtained from the participants always bearing in mind the role that I have played in this process. As Patton (1990, p.474) argues:

*Evaluators should strive neither to overestimate or underestimate their effects but to take seriously their responsibility to describe and study what those effects are.*

This, then, is an explanation of the heuristic position taken and leads into the next section; an exploration of the decision to use a qualitative methodology.

### ***The Qualitative Decision***

#### ***The Pattern Fits the User***

*The border was chosen to complement the quilt and because it would be quick. In fact, it led to more quilting which took longer than the rest of the quilt.*

*(Chris Wase cited in Edwards, accessed 2007)*

As a reaction to positivism, thinking has now moved onto what has been termed postmodernism. Lincoln & Denzin (2000, p.1060) take up this idea of an evolutionary process by saying:

*...we are not free to "choose" postmodernism. It is the historical moment when the modernist epoch ends: contingent, pluralistic,*

*ambiguous, freed (or jettisoned) from the certainties of yesterday, decentred, noisy with previously unheard voices.*

There is recognition that individuals, cultures and society are inextricably linked through processes of socialisation (Denzin & Lincoln, 2000; Gubrium & Holstein, 2000; Janesick, 2000; Kemmis & McTaggart, 2000). Postmodernists see this socialisation, and indeed all human action as inherently meaningful and happening within an intrinsically important context (Denzin & Lincoln, 2000; Schwandt, 2000).

To me, as an ecological or systems thinker (as well as a narrative therapist) and as a researcher, the concept of quiltmaking, the piecing together of the pattern, the colours, the fabrics, and the textures, also reflects the concept of pluralism wherein multiple perspectives, self reports, philosophies and realities contribute to the whole (Vodde & Gallant, 2003; Lincoln & Denzin, 2000; Tunncliffe, 1998; Creswell; 1994; Klay, 1991; Guba & Lincoln, 1987). Congruent with the approach of this research: "...we need to employ many perspectives, hear many voices, before we can achieve deep understandings of social phenomena and before we can assert that a narrative is complete" (Lincoln & Denzin, 2000; p.1055).

Part of my philosophy is a belief that these endeavours, need to be documented and understood, in order to positively influence history. I see these stories as a hugely important tool to learn more about our world. As Gubrium & Holstein (2000; p.494) argue when discussing the contribution made by Foucault:

*(He) is particularly concerned with social locations or institutional sites – the asylum, the hospital, and the prison, for example – that specify the practical operation of discourses, linking the discourse of particular subjectivities with the construction of lived experience.*

Foucault's concept of 'lived experience' has a parallel for me in the work that I have done. Examples of this include; my early experiences with the abused women who had nowhere to turn before Women's Refuge became an established organisation, the stories of the young people who are developing life long mental illnesses, the stories of the adolescents who are in boarding school because their parents are unable or unwilling to parent them, the young

women with children but no idea how to nurture them, the Pakistani man who actively encourages Al Qaeda while trying to parent a severely disabled daughter in the UK, the young Native Canadian boy where the school on his reserve was burnt down...yet again. The stories from my career are endless.

Not only are these stories important but the post-modern age we live in has led us to a position of questioning and challenging “assumptions about truth and reality” (Wilkin, 1999: p.5). Essentially, then, quantitative methods were not an option for this research as this would have left out “...the crucial ingredient of human understanding, namely, the private experiences of the agent” (Gergen & Gergen, 2000; p.1027) whereas:

*Qualitative design requires the construction of an authentic and compelling narrative of what occurred in the study and the various stories of the participants (Janesick, 2000; pp.385-386).*

Importantly, qualitative research “...makes it possible for users to raise issues which matter to them rather than to the providers” (Spicker, 1995; p.214). Publishing and publicising the voices of the young is a potent way of expressing what is happening for them. As Kemmis and McTaggart (2000, p.598) state:

*It is a process in which people deliberately set out to contest and to reconstitute irrational, unproductive (or inefficient), unjust, and/or unsatisfactory (alienating) ways of interpreting and describing their world (language/discourses), ways of working (work), and ways of relating to others (power).*

One of my basic premises is that: if young people are affected by critical incidents then they need to have a say in what happens in the responses that are provided. One of the most cogent rationales for me about this approach is the inclusion of this group:

*If validity is not entirely in the eyes of the beholder, it clearly does stand in relation to the needs of those who have a stake in any particular research project (Chambers, 2000; p. 861).*

To add further depth, qualitative research allows for the time to hear the narratives at a level that is meaningful for the researcher, and hopefully, and more importantly, for the young person:

*Qualitative research provides an effective way to achieve this integration because it thickly describes the lives of children, especially those from culturally diverse backgrounds who may be doubly marginalized by both age and social address (Ungar & Teram, 2005; p.154).*

As well as giving voice to the young people it also gives voice to me as the researcher. Qualitative research allows me as a social worker, and a social researcher, to explore “issues of culture, power, oppression, social justice, policy-making and other issues congruent with social work values” (Vodde & Gallant, 2003; p.4). These are the issues that are paramount to social workers and qualitative research allows us to focus on what is important in our field of practice: he tangata, he tangata, he tangata<sup>1</sup>: People, and how they are nurtured by the society in which they live, need to remain our focus. As Janesick (2000; p.396) contends:

*Postmodernists and post-postmodernists (or whatever we end up calling the next wave of critics) have forced us to return to the heart of the matter: individual lives and how they are exploited in organizations on a daily basis.*

This suggestion of exploitation is congruent with Foucault’s concept of power (Vodde & Gallant, 2003) wherein people may be manoeuvred and manipulated in the course of research. Liberation politics had its genesis from such actions. In contrast to such misuse of power liberation politics needs to “...articulate a politics of hope. It should criticize how things are and imagine how they could be different” (Lincoln & Denzin, 2000; p.1054). As a social worker I have discovered that the concept of hope is essential to making progress with people. Once hope is lost then the consequences are dire and the chance of making positive progress is almost lost. Oppression, taking people’s personal power away by depriving them of a voice, is an effective way of extinguishing hope.

These stories have been valued at the micro level (the individual narrative of each participant). This ‘particularisation’ is based on: “...the notion that knowledge lies in understanding particulars” (Patton, 1990; p.487). These

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<sup>1</sup> From Maori, the indigenous people of Aotearoa New Zealand, and meaning: “It is the people, the people, the people”.

particulars set them apart from other stories and, as such they have been retained within this study because they are unique. It is acknowledged that as the person who did the interviewing and the transcribing that it was easy to get focused on the story and the individuals contributing them. At this level the narratives were seen as being limited in generalisability because of their uniqueness. As Ungar and Teram (2005, p.154) have stated: “Moreover, although offering these thick descriptions, qualitative research does not attempt to claim grand generalizations”.

Acknowledging this limitation, It was always intended that the micro would contribute to the macro; that the themes would be analysed and new meanings constructed so that a valid contribution to social action could be made by examining real life, personal and present contextual problems. Generalisable recommendations could then be formulated and promoted to those who have the mandate to make decisions (Briar & O’Brien, 2003; Chambers, 2000; Janesick, 2000; Stake, 2000). When defining generalisable, Berk and Rossi (1990, p.21) suggest that the question to be asked, is: “Are the findings relevant to other times, other subjects, similar programs, and other program sites?”.

It was important, then, that these recommendations be utilisation-focused so that changes could be made at the exo-system level, that of policy, in order to provide critical incident responses that are best suited to the adolescent population.

### ***Utilisation-Focused Research***

#### ***The Quilt Gives Warmth to the Users***

The individual stories that the participants contributed are important in themselves and these are also important in contributing to the bigger political picture as utilisation-focused research (Byrne, et. al., 2003; Vodde & Gallant, 2003; Chambers, 2000; Christians, 2000; Gergen & Gergen, 2000; Greenwood & Levin, 2000; Janesick, 2000; Kemmis & McTaggart, 2000; Shacklock & Smyth, 1998; Spicker, 1995; Patton, 1990; Finch, 1986).

The intent of this research has been that it is to be utilisation-focused, and therefore accessible:

*Utilisation-focused evaluation begins with identification and organization of specific, relevant decision makers and information givers (not vague, passive audiences) who will use the information that the evaluation produces. The focus is on intended use by intended users (Patton, 1990; p.122).*

Responding to critical incidents in schools has been mandated in Aotearoa New Zealand and a contract has been awarded to Group Special Education (GSE) to make these responses (a fuller outline of this was given in Chapter Six). As this is the case, then there is a responsibility, as a society who are the guardians of young people to ensure the best possible outcome. More importantly, our young people need to have faith that what we provide for them is the best available and that they have a voice in it (Chambers, 2000; Kemmis & McTaggart, 2000).

The more realistic side of this type of research is that those who participate in it will probably not benefit directly from it: "...frequently participants will have moved by the time the research is complete and any benefits that do accrue will often do so to other people" (Munford & Sanders, 2003; p.2). This does not negate the research by any means, as it is contributing to the future good of our society, but it does mean that it was important to clearly explain this to the participants.

In the case of this research the idea of being utilisation-focused was intended to be as wide as possible. Munford & Sanders (2003, p.5) use the term 'embedded research' and this "...includes a commitment to a diverse range of audiences and to developing a range of research products that can be very widely used". The reasoning behind this is that there are a number of important audiences who need to be made aware of the recommendations from this research: funders, providers of responses, schools and potentially the students who may have involvement with such responses.

All of these stakeholders (plus others: parents, families, communities, teachers, agencies to identify some of these) may be seen to be beneficiaries of this research:

*This broader perspective allows a much more powerful model of empowerment to emerge where all players become part of a collective system that can better support the programme's*

*overall goals and the changes that are required of all participants and systems (Munford & Sanders, 2003; p.31).*

Most importantly, empowerment of the students, the major stakeholders in our schools, is a worthy outcome as they, at this stage, appear to have the least power in what is happening (Stewart, 2005; Munford & Sanders, 2003; Gollop, 2000; Smith & Taylor, 2000; Taylor & Smith, 2000).

By choosing to conduct research that was aimed at making change, a political statement that deems this to be a valuable piece of research is being made. Byrne, et. al. (2003, p.5) ask the questions around this:

*But who decides which knowledge, generated by whom, by what means, contributes to the social good? Who is responsible for extending research methodologies to ensure that the social good is achieved? Who decides what is ethical and what is not?*

In this case by opting to do this research there was an implication that this would be a useful piece of work. I am also realistic enough to know that my belief may very well not be shared by those who are entrusted with implementing our social policies. I am prepared to take the risk of declaring my position knowing that those who read it will make a value judgment on it. The risk feels as if I could be dismissed as another 'voice' taking a position:

*To adopt an openly partisan approach may seem attractive for its simplicity and its apparent honesty, but there is clearly a danger that this will undermine claims to any authority which derives from the knowledge created through research, potentially relegating it to the status of just one version of issues in question, which is to the taste of some people but not to others (Finch, 1986; p.211).*

While I would hope that all parties, including myself, decision makers and students, have converging interests I am not naïve enough to believe that this will be the case because of conflicting agendas such as timeliness, cost, and political feasibility (Berk & Rossi, 1990; Lindblom, 1986; Weiss, 1973). Palfrey, et. al. (1992) suggest that improving the work of those involved is a worthy outcome of research while influencing political opinions is less likely. I agree with Weiss (1973, p.67) who asserts that: "...social science is not an easy or efficient route to social reform. It has effects, but the effects are likely to be slow

and erratic". After all, meaning is "...radically plural, always open, and...there is politics in every account" (Bruner, cited in Denzin and Lincoln, 2000; p.1049).

All research, then, is political (Denzin & Lincoln, 2000; Berk & Rossi, 1990; Guba & Lincoln, 1987; McLemore & Neumann, 1987; Finch, 1986; Lindblom, 1986; Rein, 1983; Bryson, 1979; Weiss, 1973) and as such I make my stance overt: my research comes from a personal position that advocates for the voices of adolescents needing to be heard in a meaningful and effective way. It acknowledges that young people are a valuable resource. This resource has been untapped because the political and societal ethos that accompanied the late twentieth century was one where adults were in the driving seat. This was not necessarily in a negative way, but in a way that precluded young people from contributing in a positive way. Further discussion on this issue occurred in Chapter Three.

My position is one that takes a watchful and wary stance because young people's voices have not been included in this field and because of the debates within the field (see Chapter Five). Questioning of the status quo is likely to elicit challenges, expected and unexpected, as it explores critical incident responses from the position I have taken here:

*In the case of qualitative research, as I have already suggested, there is a strong likelihood that the political stance adopted will be oppositional, perhaps subversive, in respect of the status quo, since the methods used will get close up to the person studied, and are very likely to challenge the 'official version' of their situation (Finch, 1986; p.210).*

However, as a researcher being prepared to live with this reality is essential. The underpinning premise is that this research will add some extra substance, another layer to the quilt, and as such will play a part in shaping this field of practice in Aotearoa New Zealand. This seems to be particularly important with the teenage population because of their developmental vulnerability and their position in society. One of the key aspirations regarding this research is to make the political link between the research and the change to practice (Byrne, et. al., 2003; Denzin & Lincoln, 2000). Being a reality shaper by giving policy makers a credible, balanced and useful piece of research to inform and guide the

implementation of their policies for the future is a worthwhile end for this research (Klay, 1991; Patton, 1990).

Participatory research is the next aspect that needs examination. This was considered and selected because of its potential to redress the imbalance that ensues when young people's voices have been excluded: where the "...politics of liberation must always begin with the perspectives, desires, and dreams of those individuals who have been oppressed by the larger ideological, economic, and political forces of a society or a historical moment" (Lincoln & Denzin, 2000; p.1048).

### ***Participatory Research***

#### ***The 'Human Richness' of Young People***

My reason for choosing young people for this research was that this was the logical cohort to study if attempting to gauge their reactions to critical incident responses. This is not a facetious observation but one that reflects the state of research in this field. Adult and 'expert' contributions and perceptions heavily outweigh the input of the adolescent stakeholders<sup>2</sup>. In similar mode to the work of Munford & Sanders (2003) this research challenged practices where the researcher was seen as the having the authority.

The potentially emancipatory nature of participatory research is congruent with social work practice, and subsequently, my commitment to social justice (Denzin & Lincoln, 2008; Ife, 2002; Fook, 1996; O'Brien, 1996; United Nations, 1995; ANZASW, 1993; Freire, 1972). The idea of sharing power with adolescents by enabling them to share knowledge about a field of practice that touches them seems to be a socially just way of expressing this commitment (Byrne, et. al. 2003; Vodde & Gallant, 2003; Lynch 2001; Jayratne & Stewart, 1991; Finch 1986).

The concept of value pluralism acknowledges that there are always a number of stakeholders (Lincoln & Guba, 2000; Guba & Lincoln, 1987; McLemore &

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<sup>2</sup> Stakeholder – "Stakeholders are individuals, or groups, who have a direct interest in the programme being evaluated". (Lawrence & Cook, cited in McLemore & Neumann, 1987; p.87). Adolescent stakeholders are, therefore, all those young people who have the potential to be affected by critical incident responses.

Neumann, 1987). It is my contention that the value pluralism in this field of practice is lacking in validity because the voices of those who are central to it are not included in a substantive way, they have been minimised and marginalised. As a result our quilt is missing an important colourful layer.

This also has to do with my distaste for unfairness and the consequent trampling of people's mana<sup>3</sup>. By not including these voices, that of the major stakeholders, there is a bias in the research (Ungar, 2001; Lincoln & Guba, 2000) and this needs to be redressed; how can we have a valid response to critical incidents in secondary schools if we are not hearing the reaction of the recipients to what we are offering? Thus:

*Instead of being ignored or denied, the informational needs of the stakeholders are built into the overall objectives and design of the evaluation. Since stakeholders are the prospective users of the evaluation results, their active participation in the evaluation process increases the likelihood of implementation (McLemore & Neumann, 1987; p.88).*

Further, to be congruent with personal beliefs about the value of listening and including young people's voices the decision to use participatory research became clear. This research was a real attempt to elicit from young people "...their knowledge (understandings, skills, and values) and interpretive categories (the ways they interpret themselves and their action in the social and material world)" (Kemmis & McTaggart, 2000; p.597). It was an acknowledgement that the participants were 'knowing' subjects, that they did know what was going on and that they had the wisdom to make sense of it:

*In practical reasoning about practice, the researcher adopts a more "subjective" stance to the practice setting, treating the practitioner and others involved as members of a shared world—as persons who, like the researcher him- or herself, deserves the respect due to knowing subjects who are not only "others" but also autonomous and responsible agents (Kemmis & McTaggart, 2000; pp.584-585).*

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3 Mana: integrity, charisma, prestige (Ryan1995).

People's perspectives, philosophies and realities, that is, their stories need to be heard at a level that is information-rich<sup>4</sup> and 'human rich'<sup>5</sup>. The adolescents in this study are important as individuals but also as part of society and, more importantly, what they contribute is valuable at every system level. Adolescents have what Rein (cited in Dewey & Bentley, 1960) calls a frame through which they view their reality made up of facts and values. In this research the respondents were selected for their ability to provide in depth, information-rich data: "...rich in the sense that a great deal can be learned from a few exemplars of the phenomenon in question" (Patton, 1990; p.54). They are the sum of many parts that enables them to contribute in a way that reveals the complexity of adolescent responses to critical incidents.

The intent here was to use intensity sampling<sup>6</sup> so that a variety of individual experiences were explored and examined. It was anticipated that the data that emerged would be, in the words of Patton (1990; p.40): "Detailed, thick description; inquiry in depth; direct quotations capturing people's personal perspectives and experiences".

This intensity sampling was designed to encompass the variables presented by the young people in a way that enabled the richness of the subject matter, some of this previously inaccessible, to emerge (Chambers, 2000; Janesick, 2000; Lincoln & Denzin, 2000; Stake, 2000; Klay, 1991; Patton, 1990; Denzin, 1989; McLemore & Neumann, 1987; Finch, 1986; Smith & Noble-Spruell, 1986). It is not an attempt to uncover any objective 'truth' but to examine the breadth and depth of 'individual truths'. As Denzin (1989. p.235) contends:

*Methods are like a kaleidoscope: depending on how they are approached, held, and acted toward, different observations will be revealed. This is not to imply that reality has the shifting qualities of the colored prism, but that it too is an object that moves and that will not permit one interpretation to be stamped upon it.*

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4 "Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term "purposeful sampling" (Patton, 1990; p.169).

5 'Human rich' is my term that acknowledges all that we, as human beings, are able to contribute; that because we are human there is a rich quality that goes with that.

6 "An intensity sample consists of information-rich cases that manifest the phenomenon of interest intensely (but not extremely)" (Patton, 1990; p.171).

To acknowledge the depth of information that the young people were able to offer, whether they were in the Collaborative Groups, an Interviewee or in the Focus Group, several features of participatory research needed exploring. Kemmis and McTaggart (2000, p.568) identify three distinguishing features of participatory research: "...shared ownership of research projects, community-based analysis of social problems, and an orientation to social action". This provided a substantial challenge to me as the researcher because it meant that I needed to be immersed in the settings that the participants were describing and included having an awareness that they needed to drive, and limit, their individual narrative for themselves (Byrne, et. al. 2003; Janesick, 2000; Kemmis & McTaggart, 2000).

I saw my role as that of a fellow participant in the research, although one with very different expertise to that of the participants. My expertise was to enable them to explore their experience and to share with me the reflections and interpretations that they had developed since the critical incident response. It was hoped that the research would become an 'us' project whilst acknowledging our different roles within that (Kemmis & McTaggart, 2000). By including the participants in the process as much ownership of the research as they wanted to accept was handed over to them (Kemmis & McTaggart, 2000; Street, 1998).

The journey that was followed was an interesting and thought provoking one. It has been divided up in to the main sections that were undertaken: Working in a Participatory way, Ethics Approval, Collaborative Groups, Recruitment, Practical Issues, Interviewing Young People, the Interviews, Triangulation, Inductive Analysis and the Focus Group.

## **Working in a Participatory Way**

### **Working with Creative Quilters**

One of the most enlightening parts of this research for me was the discovery, led by an astute supervisor, that along with my intent to hear young people in a collaborative way I needed to conduct the whole research in a collaborative way. This was to ensure that I produced a congruent piece of work that

illustrated that I practised what I preached, that my research was congruent with my profession. All work with these young respondents needed to model inclusion and participation (Byrne, et. al., 2003; Chambers, 2000; Gollop, 2000; Patton, 1990). The entire experience became one where the process was integral to the final outcome of the completed research. This caused some frustration when I realised that this needed to be done. I remember at the time throwing up my hands and groaning as I realised that this would involve substantially more work and would extend the project. If I was to model participatory practice it would mean extra consultation with Collaborative Groups as part of the Ethics Approval and a significant lengthening of the process before any participant interviews were undertaken.

Further, to be congruent with social work practice in Aotearoa New Zealand it was decided that two Collaborative Groups (a peer support group representing Tauīwi<sup>7</sup> and a group from a Tangata Whenua<sup>8</sup> community support agency) needed to be consulted at the earliest possible stage in the research so that there was a true reflection of Te Tiriti ō Waitangi<sup>9</sup> and also a reflection of ANZASW's (Aotearoa New Zealand Association of Social Workers) (2005) Practice Standard Two<sup>10</sup>. This Treaty, signed in 1840, underpins the bicultural fabric of society in Aotearoa New Zealand and associated with this is a commitment for social workers to demonstrate practice that is congruent with the principles expressed<sup>11</sup>.

The Collaborative Groups had the task of being consulted on the forms that were to be used at the individual interview stage (the Advertisement, Information Sheets, Interview Guide). It meant that the Ethics Approval needed

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7 Non-Maori inhabitants of Aotearoa New Zealand.

8 The indigenous people of Aotearoa New Zealand. Literally, the People of the Land.

9 The Treaty of Waitangi/Te Tiriti ō Waitangi: the constitutional founding document of Aotearoa New Zealand.

10 Aotearoa New Zealand Association of Social Workers Practice Standard Two states that: "The Social Worker demonstrates a commitment to practising social work in accordance with the Bi-cultural Code of Practice and an understanding of Te Tiriti ō Waitangi" (ANZASW, 2005).

11 "Social Workers need to understand and recognise the Tangata Whenua status of the Indigenous Maori people of Aotearoa New Zealand. Commitment to a bicultural society is a first step towards a multicultural future. A bicultural society is one in which Maori and Pakeha contribute equally to policy and decision-making and have equal access to resources at all levels. Social workers should not only have an appreciation of taha Maori, aspects of Maori culture and protocol but also an awareness of racism at personal and institutional levels in Aotearoa New Zealand" (Competent Social Work Practice, 1993a; p.22).

to be a two stage process: the first part to get approval for the forms that were submitted and to get approval to consult with the Collaborative Groups about the forms to be used; and the second part to get approval for the redeveloped forms that the young people wished to have submitted. It also meant more forms, as the Collaborative Groups needed to be given Information Sheets, Consent and Confidentiality forms.

For the process to be meaningful, for both the Collaborative Groups and the Interviewees, there needed to be an exploration with them about participatory research. This needed to be conducted in a manner that allowed and encouraged them to share their experiences of critical incident responses in their own way and at their own pace. This also meant there had to be a meaningful working relationship so that each participant saw their input into the process as a meaningful one (from contributing to the advertisement and having input into the forms used, to reading and correcting their transcripts and individual narrative that would contribute to the discussion, to maintaining contact with those who clearly said that they wanted to stay involved and hear the outcomes and negotiating with those who might take it further and take part in conference presentations or publishing).

While at the time I felt daunted at what I saw was potentially a much longer process the rewards that came from this have been at several levels. There have been the relationships that have developed, to varying degrees, with the participants. There has been the immense satisfaction of working through a piece of work that is congruent with the aims of the research so that the journey has been integrated and fulfilling (and long). There have been the “sideways” diversions associated with giving presentations and writing papers and seeing the information disseminated and received positively. These have also cemented the directions of my own personal future research that I was unaware of at the beginning: the voice of young people and the accessing of parents’ stories are two stand-out areas.

The excitement was sometimes overshadowed by the practicalities of actually working with non -researchers who were, as well, young people. A crystal ball would have been needed to anticipate the many actualities that eventuated.

Despite the best intentions and the best planning to be transparent, inclusive, respectful of confidentiality and to role model collaborative research for the participants, the outcome was never going to be predictable. This is explained further as this chapter progresses.

## **Ethics Approval**

### **Getting the Quilt's Pattern Approved**

The first major hurdle to negotiate was gaining ethics approval from the University to conduct the research. I was fearful because not only was I intending to interview adolescents but I was going to interview those who had been through a critical incident. Because of my experience in working with young people who had been through such incidents, there was an awareness that those involved in the research could be potentially vulnerable. Young people are still developing cognitively and emotionally and as such have fewer coping skills when dealing with difficulties in their lives. Examples from my own practice would include young people who turn to alcohol and drugs as a response to a friend's suicide, and girls who have tried a séance to contact their dead friend.

Because society has the welfare of young people to the fore (as discussed in Chapter Three) it was necessary to ensure that their well being was maintained throughout their involvement in the study. My supervisors were aware of the potential difficulties and as a result ensured that all possible foreseeable difficulties were well covered in the application (See Appendix Six).

As it transpired the only changes to be made to the Ethics Proposal were either grammatical or of a practical nature, rather than to the research methodology itself. This opened the way to putting the Collaborative Groups together.

## **Collaborative Groups**

### **Dyeing the Fabric**

Because of the decision to model participatory practice, two Collaborative Groups were formed. As already discussed these were designed to be reflective

of Te Tiriti o Waitangi. The group that reflected the Tauwiwi branch of the Treaty was recruited from a Peer Support group run by the Public Health Unit in a medium sized rural town. The Public Health Nurse who took responsibility for this group, was approached about the idea of them taking part in the research. She agreed that it would be a useful experience for them and so I was invited to one of their regular late afternoon meetings to explain the research to them and to discuss with them what their role might be as adolescent representatives.

The Tangata Whenua group were from a community-based organisation in a small city. Again I was invited to discuss the concept with them so that they could consider whether they would be interested in taking part in the study.

Those who agreed to participate (five in the Peer Support Group and seven in the Tangata Whenua Group, and all over 16 years) were brought together as two separate Collaborative Groups. Again their role was clarified for them: they were to discuss the forms (advertisement, [Appendix Seven] interview guide, [Appendix Eight] information sheets [Appendix Nine]) that I had put together and to amend these to be “adolescent-friendly”. Informal discussions about critical incidents took place as they worked and, at the same time, related their own stories of incidents that had happened in their lives. It was intended that they were to be included in all stages of the research as long as they decided that they wished to remain involved:

*In contrast to conventional methodologies, researchers utilising participatory methodologies seek to engage in meaningful partnerships with the researched from the initial planning and design stages to ‘following through’ on implementing policy/action recommendations (Byrne, et. al., 2003; p.6).*

However, because of the extended time frames the young people involved in these groups had actually left their schools and the groups they were involved in, and as such they became too disparate to utilise again as Collaborative Groups. Over time it became clear that for consultation about the results of the research another group would need to be formed. This is discussed further on in this chapter.

It was hard to model participatory practice when adolescents could not be included until after the Ethics Proposal had been accepted. Consultation at this stage was somewhat of a *fait accompli* because much of the methodology and some of the forms (Consent Forms [Appendix Ten], Confidentiality Forms [Appendix Eleven]) had, by necessity, been completed.

The experience of working with the Collaborative Groups was a positive and enlightening one. The practicalities of it were not always straightforward as we dealt with a lack of keys to open the building, a forgetful supervisor who forgot the fish and chips, the baking of several batches of muffins to be devoured (from a personal belief in hospitality and giving as well as receiving [manaakitanga]), travelling 160 return kilometres on cold nights after a day of working and juggling the ebb and flow of two groups that changed in composition and attendance.

Both groups worked well on the forms about which they were being consulted. The form that I hoped they would really make their own was the advertisement as it was the one that was to be used for recruitment (Appendix Seven). When they had come up with a draft that they were happy with they agreed to share it with the other group. The Peer Support Group were very impressed with the style and creativity of the Tangata Whenua Group's effort and so voted to go with that as the final version.

These forms then went back to the Ethics Committee where they were approved for use and the recruitment of suitable Interviewees could then take place.

## **Recruitment**

### **Choosing the Colours**

After this process a sample of Interviewees who were able to give an account of their experience was sought. This work was an example of aggregate analysis<sup>12</sup> (Denzin, 1989) where young people opted into the research, with some

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<sup>12</sup> Aggregate analysis: Research where individuals are selected for study, not groups, relationships, or organisations and where there are no obvious social links between those who participate (Denzin, 1989).

provisos<sup>13</sup>, with a common core of having participated in a critical incident response. Sampling, therefore, in this study was intended to be purposive: that is, it focused on a small group of between twelve and fifteen young people, who were seen as a reflection of the major issues involved in this field of inquiry.

The intent was for Interviewees to be recruited by advertising through a free, national magazine, Tearaway, that is readily accessible through many outlets, to the target group. On talking with the management of the magazine they believed that the topic was a very valuable one and they suggested that they put it out through their email contact system. They believed this would be a more effective targeting of the potential participants. Initially this was done just before the summer holidays in 2004 and there were four responses that came to nothing as generally they were young people who wanted to talk through related issues, not those specified for the research.

At this point I went back to the advertisement to ascertain whether it was worded correctly. It was decided that it did outline what was needed and I decided to try again in the New Year. This happened in February, 2005. There were several responses but none of these came to anything for a variety of reasons; distance (examples were West Coast of the South Island and North Auckland when I was in the southern part of the North Island), timing, their moving house and unsuitability. This unsuitability was again because they were young people who needed to talk to someone about their experiences in a therapeutic way. I suggested to them that they follow this up in their local community. Another was refused permission by her parent and still another was too scared to talk to her parents about doing an interview. Consequently, these responses were gradually whittled down to one. He (Sam) was interviewed in the South Island later in the year when I was there at a conference.

A formal advertisement was the next option. When quotes for the proposed advertisement were received from the magazine they were in the thousands. The magazine said that the cheapest price at which it could be done was \$800,

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<sup>13</sup> If under 16 parental permission was given, were not in therapy for this incident or any matter, had not been involved in a critical incident response in the last 6 months, had not been involved in a critical incident response that I had provided.

which would have used up virtually all the funding that was available. We went back to the drawing board.

One of the ideas that was mooted, in discussion with my supervisors, was that I could talk to a group of young people who were part of a youth advisory group. I approached this group and was invited to talk to the core group about the research. Two people (X and Jeremy) from this were interested in taking part in the research. As well, I had been travelling around a large area of the Lower North Island in my job as a National Assessor for the Aotearoa New Zealand Association of Social Workers, and I had had the opportunity to talk about the research with a range of people. Another suitable candidate (Karla) was obtained from this source. My principal supervisor had also been talking within his circle of sporting and community contacts. Four young people from these expressed an interest (Catherine, Paul, Simon and Jason).

All of these young people were given the advertisement and once they expressed their interest in participating in the study they were given the Information, Consent and Confidentiality forms and a copy of the Interview Guide. Once these were completed and returned they were followed up to set up appointments for the interviews.

## **Practical Issues and Philosophical Discussions**

### **Cotton, Needles, Stitches...**

Getting this part of the quilt making right was essential so that the best quality results would ensue. The whole journey with the young person needed to be carefully planned and nurtured to allow for this quality:

*When researchers listen to participants, we learn new things. Participants become more than transmitters of raw data to be refined by statistical procedures. They come to be active agents, the creators of the worlds they inhabit and the interpreters of their experiences. At the same time, researchers come to be witnesses, a word whose root means knowledge. In bringing their knowledge – of theory, of interpretive methods, and of their own intellectual, political, and personal commitments – to participants' stories, researchers become active agents as well (Maracek, et. al., 1997; p.6).*

There was a need to discuss with the participants a range of practical issues and some more philosophical concepts before any interviewing took place.

### ***Location, Date and Time***

Deciding the location, date and time was generally straightforward. Three of the young people opted for the interview to happen at their home. The bonus of this was that I was able to meet parents. One asked if his mother could sit in to which I consented. Some valuable comments were gained from her as she supported her son through his interview. She also commented that she had been unaware of a lot of what her son had experienced.

### ***Questions from the Interview Guide***

The Collaborative Groups had input into the Interview Guide (see Appendix Eight). They believed that the questions were suitable for the young people who were to be interviewed. The intent here was to continue modelling participatory research by attempting to truly value what the young person was communicating. In the relationship that was developed, albeit brief, the Interviewee was made aware that they did not have to answer all questions; that they might be too hard, too painful or they just didn't know how to answer. This was clearly outlined before the interviews took place as part of developing the most open and trusting relationship possible in the time allowed.

This was also so that the Interviewees could feel a valuable part of the research and so that they could feel free to remain involved. Discussions took place for as long as the young person needed so that anything they were unclear about, or that they needed to know, was answered until they were satisfied with the answer. It was hoped that, as far as possible, they truly understood the concept of informed consent in order to be able to sign the Consent Form (Munford & Sanders, 2001; Wilkinson, 2001; Janesick, 2000). Wilkinson (2001, p.21) defines informed consent as consisting:

*...of a requirement of consent, which precludes force and coercion, and a requirement that the consent be informed, which rules out manipulation and imposes positive duties of disclosure and checking understanding on the researcher.*

### ***Research Use***

The initial discussion covered how the research would be used and that they would be consulted if any changes were being considered to their particular contribution to the research. In line with the collaborative research philosophy, negotiation around the role of the young person was made explicit. They were informed that it was their information and that they were able to access it and edit it, that they could withdraw parts or all of it, and that they had a right to have a very clear explanation of what the research was to be used for (Byrne, et. al., 2003; Patton, 1990; McLemore & Neumann, 1987; Smith & Noble-Spruell, 1986).

Because this research has been designed to be of use in influencing policy and the procedures attached to critical incident responses, the use of the research beyond the actual project also needed to be discussed. Discussions were had with those involved about this potential. This was accompanied by a proviso that signed consent would be part of any use of their data that was beyond the consent already obtained.

### ***Power***

The issues that surround power needed to be well explored with the participants, both the Collaborative Groups and the Interviewees, at the time of the initial discussions. Because research is often with those who are relatively powerless in our society (Ungar, 2005; Ungar & Teram, 2005; Ungar, 2004; Jack, 2003; Christians, 2000; Finch, 1986; Bryson, 1979) it was anticipated that it would take some exploration to make it as collaborative as is possible, while acknowledging that it was never going to be completely equal. As Ungar and Teram stated (2005, p.159):

*Collaboration between youth and researchers to determine research questions and research methodologies does not instantly erase the power differences between the two groups.*

A further dimension of this was to acknowledge the cross-cultural nature of the interviewing as I, a middle-aged Pakeha<sup>14</sup> woman, interviewed young Maori, both male and female. Again this was made overt; the discussions covered concepts such as rangatiratanga<sup>15</sup>, colonisation and the impact that research can potentially have on moving development on for indigenous peoples. Munford & Sanders (2003, p.112) have commented on this saying that:

*Participatory research approaches and the principles of community development have guided our research process and led us to carefully consider issues of power; self determination; the role of local and indigenous knowledge (in New Zealand this means understanding the impact of colonisation on the indigenous people, Maori, and understanding how past injustices can be addressed); and understanding about research that can potentially contribute to bringing about positive social change for those whom we research.*

The adolescent population who were worked with challenged ethical considerations when it came to working in a participatory way. The demands of the prevention of harm to participants, informed consent, no deception, provision of confidentiality or anonymity added an extra dimension at all stages of the research. This was particularly marked when it came to interviewing the participants. I was very aware that:

*Selection is necessary but in a collaborative partnership who selects what themes to be prioritized can also be a reflection of dominant research interests and relationships and the unilateral exercise of power (Byrne, et. al., 2003; pp.37-38).*

With the Interviewees the intent was to use power in a positive and constructive manner so that the young people felt they were part of a project that was going to have outcomes that would benefit them and their peers. In reality each participant wanted a different outcome so a tailor-made agreement was negotiated with each Interviewee. Some wanted to have basic involvement, that is, to only take part in the interview, while others expressed a desire to continue on until the end and receive the outcomes when they became available.

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14 In this context: "...Pakeha": is defined as 'white people of Western Eurocentric origin' who identify strongly with Te Tiriti o Waitangi partnership principles that underpin the development of this South Pacific nation (Ruwhiu, 2001; p.62).

15 Maori word meaning sovereignty, self determination (Ryan, 1995).

Another, Jeremy, offered to be part of any potential conference presentation that might arise. Street (1998, p.158) had a similar experience:

*A post-modern project enables the divergent voices and expectations to disrupt the symmetry of the consensus process where power can be exercised subtly when we adopt an artificial semblance of agreement. Now I tend to work with looser alliances of stakeholders and tolerate ambiguity and dissension. When I negotiate I try to enable each member of the group to explore what a satisfying outcome of the research activity is for them personally. Those who choose to write for publication I co-author with, but those who regard an improvement in a situation or the development of policy is what they want, then we affirm this. The power-sharing democratic focus is not an equality in contribution and outcome but on the level of satisfaction of personal, professional, group, community or social goals (Street, 1998; p.158).*

As the researcher, having the discussions about power was paramount so that the issue was acknowledged and transparent. Most of the discussions were not held in any great depth especially with the younger Interviewees. The older ones were more aware, but all accepted that at the initial stage of the interview there were no difficulties in going ahead with the interviews.

Collaboration and the use of power, then, became an overt exercise as I juggled to 'get it right'. As Jack (2003, p. 122) has written:

*Collaboration with service recipients can only be built on respect for them and the contribution that they can make to the generating and attainment of solutions and goals. It can only be established and advanced when a relationship of mutual trust is able to grow. Within the context of a helping relationship there is never an equality of power, but the issues of power must be addressed and reduced by privileging the client's voice and position. If we do not do so, we risk colonising or disenfranchising the service recipients by our collaboration with other workers and positions.*

### **Confidentiality**

I anticipated, again from personal experience, that these discussions around confidentiality, and written agreement, would be of vital interest to those interviewed. Because this is research from a small number of information-rich respondents, and is in an area that is more readily identifiable than some, there is more likelihood that individuals could be identified. The intent was to minimise

the risk of being identified as much as was possible whilst knowing that I could not guarantee complete confidentiality (Finch, 1986).

Two candidates chose to use a nom-de-plume, X and Sam. The others showed no discomfort at using their own name. None asked to have the tape recorder turned off and no-one declined to answer any questions. Despite schools being informed that they had a student taking part in the research, and they were invited to contact me with any questions or concerns, there was no communication from the schools. No reason was ever discovered about why this might be the case. In reality, none of the adolescent Interviewees became distraught at the time of the interview. There was the opportunity for follow up by email if it was needed but none of the participants used this to express any discomfort after the interview. I am not aware of any that needed any further follow up from other sources in the time after the interviews.

Further to this, was my responsibility about disclosure by any young person that could have been damaging to themselves or others. The consequences of this were made clear to the participants by saying that within social work practice I am not able to collude with any secrets, such as a disclosure of suicidal intent or threats to harm another person.

It is often the case that those being interviewed will reveal more than is intended (Patton, 1990). My position needed to be congruent with earlier statements about collaboration with this group so that they were the ones deciding what happened to their data. If their data was for the purpose of the thesis only that request was to be respected. If it could be widened to other purposes such as conference papers this needed to be a collaborative effort with the young person being ultimately responsible for the use of their data.

An example would be the situation that I encountered in my early days as a social researcher, when an interviewee, after reading the transcript of her tape wanted to change some things that were said. For me, it felt as if some of her changes were unethical, that she was 'doctoring' her tape to make her work sound better than it was. I needed to accept that she had the right to change her position, for whatever reason.

### ***Parental Consent***

Related to confidentiality, and despite my ideals about entering the world of adolescents on their terms, parental consent needed to be obtained for younger adolescents under sixteen (Gollop, 2000; Cloke & Davies, 1995). Initially there were a number of potential participants who were under 16 and who did not want to ask their parents for permission and one was denied permission when she did ask to be part of the research. There were three participants under the age of 15 who took part in the research and none of these had any difficulties with accessing a parental signature, and with two of those interviewed I met one of the parents. Another interesting aspect of this was that one of the teenagers who was over 16, was quite happy to have his parent sign the consent form, and another, also over 16, asked to have his mother sit in the interview.

### ***Risk Assessment***

Because of the nature of the research population, and the critical incident response field of practice, a risk assessment was an imperative. It had the potential to involve more risks because of its ability to tap into the personal world that people live within (Byrne, et. al., 2003; Gollop, 2000; Janesick, 2000; Patton, 1990).

As the adult in the relationship I needed to monitor the young person's emotional safety, while at the same time negotiating with the young person to self-monitor. Critical incidents are fraught with the possibility of sensitive areas that need to be negotiated in whatever way works best for the teenager:

*In inviting another to speak about a private, personal experience for the purpose of research, the researcher intrudes into that life, interprets aspects and represents that life for public display and consumption (Byrne, et. al., 2003; p.20).*

The aim was, therefore, to develop the best and safest relationship for all involved in the research. In the words of Street (1998, p.150):

*The adage do no harm is hardly enough of a safeguard for relationships within a critical project, rather the emphasis on how we collaborate, develop collegiality and how we treat each other respectfully as fellow human beings. This kind of rhetoric reads well but is hard to achieve; it requires constant thought-*

*fulness.*

In the case of young people I have often been impressed with their astuteness and awareness of the things that happen around them. Young people are not 'cultural dopes' (Giddens, cited in Kemmis & McTaggart, 2000; p.573) and, indeed, present as assertive and willing to contribute their experience. If there are any gaps in one's stated position, whether as a parent, a social worker or a social researcher, adolescents will be in with a challenge. Erikson (Papalia et. al, 2001) proposed the concept of adolescent idealism. For most young people this quality is still intact and as a researcher, parent and adult, I did not wish to be responsible for a premature challenge to idealism by challenging them in a negative way, or questioning the ideals and values that they held.

As a result of this knowledge I was aware that flexibility, sensitivity, honed observation skills and adaptability would be needed when working with the young people. A number of potential issues could have arisen up in the interview situations. Examples of these could have been that the Interviewee might have felt tearful or retraumatised, that they may have felt that they had to continue as they had given their consent, or that had failed because they are unable to answer. The part of the researcher that is the expert had to come into play in a sensitive and affirming way so that the self esteem and emotional health of the young person remained intact. However, if the young person needed further therapeutic input I saw it as my responsibility to ensure that this occurred. When I accepted the young people for interview I ensured that their school was sent an information sheet about the research. For those who were no longer in school the possibility that they might have a reaction to the interview was discussed with them and I ensured that they had support: an example of this was that Karla now works in the social service field and had access to support though her work.

Further to this, as an experienced practitioner in a mental health setting in therapy and crisis work, and in a school setting with its many varied situations, I was aware that these interviews were in neither of those settings. It would have been dangerous and unethical if I did not recognise this had a different focus being research, not therapy or counselling. I had become aware of this early on

in the study because over the years I have fine tuned my clinical practice so that nuances are detected as they present. I anticipated that this could continue to be the case in a research setting and had to prepare myself to let some things go. Street (1998, p.152) summarised this by saying:

*This was not too difficult in structured situations as I could pre-plan how I would speak and act as a researcher and how I would ignore cues to adopt a counselling role...I had to safeguard my research ethics whilst also safeguarding both sets of professional ethics (Street, 1998; p.152).*

In reality, no situations developed that would have caused me concern or indicated that further support work was needed by any of the Interviewees.

Another safety issue that was considered was the concept of protecting the wider group, in this case, adolescents as a whole. As Finch (1986, p.207) says:

*The problem here is not so much that individuals might be damaged, but that a whole social group may be stigmatized by the research findings or popular prejudices about them may be confirmed.*

Finally, as part of the risk assessment my emotional well-being as the interviewer was another important consideration. Because of the nature of the interviewing to be undertaken it was also possible that I would need debriefing myself (Byrne, et. al., 2003). I envisaged that my supervisors would enable me to process issues that arose. However for more immediate issues I negotiated with a colleague, experienced in crisis work, to be available should the need arise. As we have a peer supervision arrangement this provided an opportunity to reflect on processes throughout the research.

The reality of being aware of all the risks that could have occurred was that there were no known negative consequences either for the Interviewees or for myself. I was able to talk the interviews through with my research supervisors in the way that had already been planned as there was no need to use the urgent back up option.

### ***Leaving the Field***

After consulting with and interviewing the two categories of young people involved in this project, decisions needed to be made about ongoing relationships. This was a dilemma because I had to consider not only my needs but also those of the two Collaborative Groups and the Interviewees. Byrne, et. al. (2003; p.41) captured this by stating that:

*...the field is best left when the researcher has met the demands of their role to the satisfaction of themselves, and their subjects and of those whom they have negotiated access.*

It was very necessary that the process of the young people was respected and that they had a say over future involvement. The three groups who were involved, the Collaborative Groups and the Interviewees were in different positions.

In the case of the Collaborative Groups, whose task had been to ensure that the forms used were appropriate for teenagers and who had had some informal discussion about critical incidents as part of this, the process was clearer. The members of the Peer Support Group were all in their last year of secondary school and were following the natural process of leaving school and mostly going on to further study. This meant that they were all leaving their home area and there was a natural curtailment of contact. There is contact from time to time with some of them. One of these has read the findings and has commented on them. Her views are included in Chapter Ten.

The Tangata Whenua Group were in another area to where I was based and had been called together specifically for the sake of the Collaborative Groups. None of them had developed relationships with me by phone, texting or email so the development and maintaining of relationships did not eventuate.

Those who were interviewed have had more of an ongoing relationship with me as they have read their transcripts, contributed to their narrative and still receive information as it becomes available. Some are keen to stay involved and to continue on with further projects (one has offered to be part of a conference presentation) and some have opted not to respond at all.

Some aspects, however, were less participatory than I had hoped for. Despite the efforts to model good communication and the efforts that went into developing trusting and open relationships it proved to be very difficult to maintain the links. At the time of the interviews it felt as if the relationship was one that was conducive to good sharing but over time this feeling became less strong. The opportunity was given to all of those involved to respond to my messages but I made the decision that if they did not respond there was a reason for this that could only be guessed at. These guesses ranged from the one-off nature of the face-to-face interview so that we only met once and an ongoing relationship was not viable, the long time frames between interviews and the collation of the results; the distances that separated us, to being busy adolescents with different priorities or feeling as if they had made their contribution and that there was no real need for them to continue. It felt like a fine line between maintaining communication and respecting their wishes.

As well, the young people said they were very happy to proofread their interviews (Leitz et. al., 2006) but the return rate, despite the stamped envelope, was 50%. Again 50% opted to have copies of their completed transcripts. Despite this, once the research is complete, they will all still receive the next posting which will be a summary of the outcomes from the research. Accepting their positions and responding appropriately to what they are opting for has and will determine the nature of any ongoing involvement.

## **Interviewing Young People**

### **Sewing at Last**

Human beings, in this case, adolescents, are complex. They are made up of a range of components such as rationality, objectivity and detachment balanced by intuition, subjectivity, feelings and creativity (Chamberlain, 1999; Patton, 1990). Being mindful of this, the interviewing of this population in an effective manner that truly represented what they wanted to share was always deemed to be a challenge.

### ***Rapport Building Through Communication***

I was aware of two imperatives when interviewing adolescents; to establish rapport<sup>16</sup> and to effectively communicate (Byrne, et. al. 2003; Fontana & Frey, 2000; Janesick, 2000; Gollop, 2000; Cloke & Davies, 1995; Patton, 1990; Guba & Lincoln, 1987). It seems obvious to say that if this initial step is not successful then neither will be the research. It is bigger than just forming a relationship as it needs to invest them in the research project as well. As Hughes and Baker (cited in Gollop, 2000; p.22) state:

*When children feel respected, accepted, and safe in the interview, they respond more freely and honestly. The child's relationship with the interviewer is the most important determinant of the child's communicative competence and openness.*

The need to take time and to work hard to develop genuine trusting relationships was acknowledged. This work involved acknowledging that I was not the expert in this relationship; or, at least, that I had a different expertise and was genuinely a naïve enquirer (Leitz et. al., 2006; Byrne, et. al., 2003; Munford & Sanders, 2003; Fontana & Frey, 2000; Patton, 1990). Glesne and Peshkin (cited in Worrall & McKenzie, 2003; p.147) succinctly explained the development of positive working relationships by stating:

*Good listening, with its attendant reinforcement, catharsis, and self enlightenment are the major returns researchers can readily give to Interviewees...Although researchers do not wittingly assume the role of therapist, they nonetheless fashion an interview process that can be strikingly therapeutic.*

Developing this type of relationship, therefore, was imperative as it would allow the research to move towards the required level essential for gleaning the necessary wisdom. As Byrne, et. al. (2003; p.5) have stated:

*...the sociologist has had a privileged position in interacting with others. Awkward questions can be asked, provoking unsettling emotions in the researched. Intrusion into the private sphere of people's lives is tolerated.*

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<sup>16</sup> Rapport has been defined as: "...the ability to convey empathy and understanding without judgment" (Patton, 1990; p.317).

Tapping into this wisdom would have the potential to add depth and effectiveness to the responses we are able to make with secondary school students (Vodde & Gallant, 2003; Gergen & Gergen, 2000; Kemmis & McTaggart, 2000; Finch, 1986).

My history demonstrates that over a long period of time I have actively participated in the wider field of mental health where I have worked in collaboration with adolescents to ensure that their needs are met. To give an example; a staff member wanted me to 'discipline' a young woman who had sworn at me. Her belief was that this was not acceptable behaviour. She was unaware of the context in which this incident had arisen. It was, in fact, an interaction that demonstrated that a collaborative relationship had been established that allowed her to work through attachment and grieving issues. To have taken on the role of disciplinarian would have undermined this hard fought position.

When it came to the research, therefore, I was well used to developing working relationships with young people. This trust was developed by moving at the pace of the young person, by ensuring: that everything promised was delivered, that they made the initial decisions about the practicalities of the research, and by ensuring that we had a comprehensive and robust conversation about the process of the research and the later use of it. This included their potential role in this. This was achieved through consistent and clear communication using emails, texts, phone calls and face-to-face discussions, the method of their choice.

Much of the rapport building, then, happened before the interview so that when it came to the actual interviews, the engagement of the participants was achieved relatively easily. They were, to varying degrees, open in their discussions and most were happy to disclose personal information. Only one treated it as an impersonal research project and personal information was not revealed. He was a little older than most of those interviewed, and had spent some time at university. Although he had experienced incidents at his school he wanted to take part in the research at this level rather than at a more personal one. This was a position I respected.

Conversely, the reality of attempting to form an equal partnership was in fact not as easy as the ideal to which I aspired. As already discussed, I was aware that there were always going to be differences in status, knowledge, age, power and motivation between myself and the adolescents, as well as gender and culture in some cases (Byrne, et. al. 2003; Lincoln & Denzin, 2000; Street, 1998).

### ***Entering Their Reality***

Attention to my personal presentation contributed to relationship building. My experience of this is that young people are very aware of genuineness so it was not as easy as adopting adolescent argot or wearing the right clothes (Gollop, 2000; Street, 1998; Butler & Williamson, 1994). An ability to enter their reality as a genuinely interested observer is what has worked in my experience. As a mother and a therapist I am aware that young people have a knack of spotting any falsity or acting, and letting one know when they have done so.

To enable me to enter their individual realities, any preconceived ideas of the world of adolescence needed to be left behind and the conversations grounded in the individual participant's contextual reality. Adolescents have their own style and pace of communicating which needed to be worked with; they have their own unique reality that needed to be entered. This shedding of pre-conceived ideas entailed an acceptance and non-critical stance on aspects such as disclosures of misbehaviour or even criminal activities, such as alcohol and drug use, or their own unique ways of communicating. An example of this is the way young people are more likely to conceptually jump around which makes the task of finding the path to valuable informative knowledge a challenging one.

Playing the role of the disapproving adult, therefore, was not destined to bring about collaboration with the young person. Gauging the congruency of language between the young person and myself was essential to enable the depth of research desired:

*The use of language, particularly the use of specific terms, is important in the creation of "sharedness of meanings" in which interviewer and respondent understand the contextual nature of specific referents (Fontana & Frey, 2000; p 660).*

## ***The Generation Gap***

The process of interviewing young people involved methodological considerations that needed to be taken into account. Firstly, as the interviewer I was asking questions of an age group that I was two steps removed from as not only have I seen my own children through adolescence but my grandson is entering this age group as well. My own adolescence was only marginally relevant to that of the Interviewees as the reality of adolescents' lives now is quite different to what I experienced in the 1960s.

Skill and techniques are undoubtedly important, but as noted by Butler and Williamson (1994, p.48), researchers need to set aside the 'methodological niceties' outlined in research textbooks and replace them with 'personal sensitivities which are most likely to secure credibility with those whose views they are seeking to reflect, analyse and represent.

Secondly, the young people were being interviewed about an area of their lives in a way that was different to their usual experience. An example of this in the school setting could be that students are told what to do at the time of a critical incident. The school policies are a fait accompli and as such the views of the young people are secondary to this.

The methodology used then needed to be one that enabled me to access this world in a genuine manner that was sensitive and respectful of the Interviewees. Varma (cited in Cloke & Davies, 1995; p.69) suggested that:

*...the exercise must be premised on a preparedness to learn something from people whose views generally do not carry any weight and which takes full account of children's daily experience of dialogue with adults that has too often promised more than it has delivered. What is critical is that the perspectives obtained are grounded in genuine social reality of children's lives and in order to achieve this one needs the key to enter their 'social world', which may often be one which is imbued with secrecy.*

## **The Interviews**

### **Collecting the Fabric for the Quilt**

The interviews were conducted using participants who were seen to have the potential to be information-rich. In this study it was anticipated that 10–15 interviews would give the depth desired. When it came to conducting the interviews, eight were completed. This was because it proved to be very difficult to recruit suitable participants. After doing the first few interviews this difficulty was discussed with my supervisors and it was decided that two Focus Groups could give needed depth to the data.

The Ethics Committee was approached and they said that another Ethics Application needed to be made so this was duly submitted and approved (see Appendix Twelve).

At this stage a few more information-rich interviews had been taped and on discussion with my supervisors it was decided that data saturation has appeared to have been reached and that the focus groups would not add any new substantive data.

This was also informed by the consideration that there were two other sources that contributed to the research: there was the data that the Collaborative Groups had generated and secondly there were the experiences that I had had over a number of years. These experiences ranged from informal discussions with individuals and groups of adolescents, to ‘eavesdropping’ at the time of incidents to having formal discussions as part of a Critical Incident Student Team at the school at which I work. A systematic review of this experiential data indicated that what the Interviewees and the Collaborative Groups had indicated was congruent with the analysis that I had made. As Robson (2002. p.192) has suggested: “...you keep on gathering data until you reach diminishing returns and you are not adding to what you already have”.

The data was, therefore, deemed to have reached saturation (Barbour, 2008; David & Sutton, 2004; O’Leary, 2004; Robson, 2002; Charmaz, 2000). Saturation is defined as:

*Saturation refers to the point at which the currently held set of concepts seems reasonably able to describe and even predict the situation they seek to theorize (David & Sutton, 2004; p.80).*

### ***Interview Guide approach***

An Interview Guide approach<sup>17</sup> was used for the interviews (Appendix Eight). As already discussed the Collaborative Groups had this document and it was validated by both groups with no changes.

The rationale for using the Interview Guide approach was that I was anticipating that there would be a common set of issues that could be explored within each interview. It was compiled using questions that were as generic as possible so as to minimise my influence as the interviewer. The questions, both closed and open ended, were designed to enable me to enter their reality by eliciting a thumbnail sketch of the participant, their story of the incident itself, their responses to it and their subsequent learning from it. The Interview Guide, then, was a framework within which questions could be asked. The purpose of the interview was to be extensive enough to ensure that the whole range of question styles was covered to enable different perspectives of looking at the same situation to emerge and to cater for the different strengths that people might bring to the interview. Other topics were able to be included if they were important to the person being interviewed, but the Interview Guide served as a touchstone to ensure that the key research questions were covered.

A copy of this Interview Guide was distributed to participants before their interviews. This was done so that the Interviewees had time to consider their experiences of critical incident responses and to formulate their answers. Being prepared meant that their process became primary. It also meant that I was able to focus on this process and the maintenance of a constructive relationship so that the best quality information could be elicited.

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<sup>17</sup> "An interview guide is a list of questions or issues that are to be explored in the course of an interview. An interview guide is prepared in order to make sure that basically the same information is obtained from a number of people by covering the same material" (Patton, 1990; p.283).

After the participants had completed their interviews, these were transcribed and proofed by those Interviewees who decided to undertake this part of the process, the next step was to put together their narratives.

## **The Individual Narratives**

### **We All Sewed a Different Piece**

The individual narratives have been an important part of valuing what the participants have to offer. Furthermore, this was to ensure that the authenticity of their individual voices were maintained. The way the Interviewees have experienced critical incident responses and how they envisage improvements being made has been the focus for this research. Understanding the way this particular group make sense of their experiences is an important contribution in ensuring that the best responses are provided.

The generation of the knowledge from the interviews was intended to be conducted in a collaborative, mana enhancing<sup>18</sup> process. To further value these relationships each story was maintained as an individual narrative so that the voice of the individual was respected, valued and validated (Byrne, et. al., 2003; Stake, 2000; Patton 1990). To achieve this I have wanted to explore, and unravel, this field of practice without a predetermining map of the territory. The rationale behind this was so that multiplicity, cultural complexity and possible contradictions could be maintained as the young people told their stories and shared their wisdom (Vodde & Gallant, 2003; Chambers, 2000; Gergen & Gergen, 2000; Janesick, 2000; Maracek, et. al. 1997; Spicker, 1995; Patton, 1990; Bronfenbrenner, 1979).

The intention of maintaining these narratives was to ensure that they were not lost in the analysis that followed:

*Staying close to the data is the most powerful means of telling the story, just as in the dance the story is through the body itself. As in the quantitative arena, the purpose of conducting a*

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18 Mana is the Maori word for power or prestige and is: "...either inherited or bestowed on individuals, environments, groups, interrelationship roles and so forth...Mana-enhancing has to do with making sure that those interrelationships with people, the gods and nature are beneficial to all" (Ruwhiu, cited in Connelly, 2001; p.60)

*qualitative study is to produce findings. The methods and strategies used are not ends in themselves. There is a danger in being so taken up with methods that the substantive findings are obscured (Janesick, 2000; p.389).*

There was, then, no attempt to provide one voice from the respondents. Each individual narrative was treated as a credible contribution to the research where credibility was seen as answering the questions: 'Does the explanation fit the description?' or, 'Is the explanation credible?' (Denzin & Lincoln, 2000; Janesick, 2000; Patton, 1990). Each participant was given the opportunity to have their story heard so that those who provide critical incident responses could consider their wisdom. As Foddy (1993, p.126) has suggested:

*All of these social scientists have stressed the cultural relativity of meaning – that is, that respondents' acts must themselves be understood in terms of the meanings that the respondents themselves assign to them – coupled with the idea that the meanings that are ascribed to an act in one situation can be very different to the meanings ascribed to it in another situation.*

These narratives took into account chronology and history, key events, various settings, the people involved, the processes that were followed, and the memories that the young people deemed to be significant (Byrne, et. al., 2003; Denzin & Lincoln, 2000; Stake, 2000; Patton, 1990). The intent was to give a holistic and in depth picture of each individual's experience so that in the end they became powerful "cultural stories" and credible representations of adolescent experiences. In the words of Miller and Glastner (cited in Silverman, 2000; p.824):

*This means examining the rhetorical force of what Interviewees say as Interviewees deploy these narratives to make their actions explainable and understandable to those who otherwise may not understand.*

These narratives were compiled from the interviews and returned to the Interviewees for them to ensure that what was written was how they wished to be represented. There was a slightly better return rate at this stage with five out of the eight returning their corrected story. Permission had already been gained to use all the interviews in the analysis.

Having captured these narratives in order to maintain the integrity of the individuals interviewed, it was time to consider the process of triangulation in an acknowledgement that there was a breadth of knowledge that went further than the interviews.

## Triangulation

### The Threads Make a Whole Quilt

As part of reflecting on the research process, it became apparent that there was more data available than what the Interviewees had importantly contributed. Because of the information that had come from the Collaborative Groups and from my background in this field of practice it was decided that data triangulation<sup>19</sup> could be achieved by using multiple data sources (Denzin & Lincoln, 2008; Singleton & Straits, 2005; David & Sutton, 2004; Fontana & Frey, 2003; Richardson, 2003; Robson, 2002; Fine, et. al., 2000; Janesick, 2000; Creswell, 1994; Patton, 1990; Denzin, 1989). This was to acknowledge that there was a wider pool of data than what had emerged from the interviews. The contributions from the Collaborative Groups plus my own analysis of my experiences added rigour and validity to the identified themes. The use of a Focus Group to contribute their reactions to the themes that were identified also added to this depth and will be discussed near the end of this chapter.

This also served to further acknowledge that humans are complex and that the process to making sense of our lives is not a linear one and that the outcomes come from "...adding' one layer of data to another to build a confirmatory edifice" (Fine et. al, 2000; p.118). As Fontana and Frey (2003, p.99) have contributed:

*Human beings are complex, and their lives are ever changing; the more methods we use to study them, the better our chances to gain some understanding of how they construct their lives and the stories they tell us about them.*

This use of more than one source of data became important in that it allowed for a wider view of the question: how have adolescents experienced critical incident

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19 Data triangulation: "the use of a variety of data sources in a study (Patton, 2000: p. 187).

responses? A further question could also be addressed: what changes would they like to see happen? Along with Richardson (2003) the idea of seeing triangulation as a process of crystallisation made sense because dynamic properties of crystals are an apt metaphor for the dynamic properties of humans and, in particular, young people. Richardson (2003, p.517) proposes that:

*...“validity” for postmodern texts is not the triangle – a rigid, fixed, two-dimensional object. Rather, the central imagery is the crystal, which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities, and angles of approach.*

Another aspect of this is the concept of validity. Triangulation has the potential to confirm or challenge the findings from those interviewed. As Robson (2002, p.175) has mooted:

*Triangulation can help to counter all threats to validity. Note, however, that it opens up possibilities of discrepancies and disagreements among the different sources. Thus interviews and documents may be contradictory; two interviewers may disagree about what has happened.*

In this study gathering the viewpoints of young people was a primary focus. The aim was to identify the themes that emerged while not denying Robson’s ‘discrepancies and disagreements’. These, in fact, were acknowledged to add extra colour to the quilt and to remain worthy of consideration by those responding to incidents.

The quilt is my “crystal” with its colours, shapes and patterns. The young people’s voices form a valuable layer while the research and experience that I am able to bring give a further dimension to their contributions. There are more layers that may be added as well, but these were beyond the realm of this research. Accessing data from parents, for instance, was a question that was raised for me after interviewing a young man who requested that his mother be present in the interview.

An inductive analysis approach was deemed to be the most appropriate tool to use in analysing the data collected from the interviews.

## Inductive Analysis

### The Developing Pattern of the Quilt

After hearing the comment: “I’ve had enough of this I want to just get on with my classes”, the idea of using the inductive approach became a reality. This method of data analysis means that:

*...the patterns, themes and categories of analysis come from the data; they emerge from the data rather than being imposed on them prior to data collection and analysis” (Patton, 1990; p.390).*

The earlier comment, from a young woman at the time of a critical incident, became the catalyst for this particular methodology as I realised that drawing meanings and themes from interviews with young people was a powerful way to plumb their knowledge and experience. Fook (1996, p.4) explained this by suggesting that:

*...practitioners may in fact use, and benefit from using, a more inductive approach whereby a more general theory of how to act might be developed from a series of specific experiences (through a process of articulating the implicit theory).*

On the journey preceding the research, and during the research itself, especially with the Collaborative Groups, ideas had begun to form about what the Interviewees might potentially contribute. After hearing the above comment, I had become aware of this need to suspend my presuppositions in a conscious fashion so as not to second-guess research outcomes (Patton, 1990) As a result of this I discussed with the Interviewees that there was no pre-determined or anticipated outcome, and that I genuinely wanted to hear their voices, with the intention that they would be more likely to share their valuable experience with me so that responses could be made the best they possibly could. Gollop (2000; p.24) reinforces this view by saying that:

*The interviewer takes on a non-expert role by emphasising that he/she doesn’t know what it’s like, for example, to have parents who have separated, thereby putting the child in the role of the expert.*

In the next chapter full weight will be given to the stories that the young people told. In Chapter Nine, however, the analysis happened at another level where

this individual essence became less important and the collective voice became significantly important (Denzin & Lincoln, 2000; Stake, 2000; Creswell, 1994).

Gilgun (1994) discusses idiographic and nomothetic generalisability. Nomothetic is used for identifying: "...general laws, abstracted from time, place and specific person'. For this research, therefore, it was decided that the former, a more 'bottom-up' approach, was more appropriate. Fook (2002, p.84) defines idiographic generalisability as: "...theory that is developed from specific situations and can be tested for relevance for, and its ability to provide understanding of other situations".

Consequently, an awareness of the need to make meaningful and accurate categorisations was maintained. The inductive analysis set out to explore and integrate the young people's contributions so that these could be synthesised into workable and enlightening recommendations to influence the people who make the decisions, and the practitioners working in this field who are entrusted with providing strategic informed responsiveness (Janesick, 2000; Stake, 2000; Spicker, 1995; Jayaratne & Stewart, 1991; Patton, 1990; Babbie, 1989; Strauss, 1987; Finch, 1986).

This became a very demanding section of the research. The need to remain cognisant of the heuristic nature of the research and of the influence of myself as an analytical tool became paramount:

*Here investigators seek ways of demonstrating to their audiences their historical and geographic situatedness, their personal investments in the research, various biases they bring to the work, their surprises and "undoings" in the process of the research endeavors. The ways in which their choices of literary tropes lend rhetorical force to the research report, and/or ways in which they have avoided or suppressed certain points of view (Gergen, & Gergen, 2000; p.1027).*

Over the time of the research, the importance of reflexivity became highlighted as being a necessary tool to be used within the research. Fook and Gardner (2007, p33) define reflexivity as: "...the ability to recognise that all aspects of ourselves and our contexts influence the way that we research or create knowledge".

Being aware that I did have an agenda that could get in the way reflexive processes were implemented with my research supervisors and my clinical supervisor as they read the research and talked it through with me. This allowed these issues to be brought to the fore, discussed, challenged and made sense of so that the impact on the interpretation of the data was lessened. An example was my whole motivation for conducting the research. I wanted to identify, and include the voices of young people in the critical incident response field, and this in itself made it value laden. As Fook and Gardner (2007, p.29) write:

*Being reflexive by taking into account subjectivity will involve a knowledge of who I am as a whole being (social, emotional, physical, cultural, economic, political) and understanding the effects this has on the knowledge I perceive and create.*

Further to this motivation, once I had heard these voices there was a risk of putting myself in a position of advocacy for them and that this could hold the risk of being a lonely position. As Finch (1996; p.220) has written:

*If – as is frequently the case in qualitative research – we reflect the viewpoint of a relatively powerless group, we ourselves become automatically entangled in power relations, since in general our society operates on a ‘hierarchy of credibility’ that accords more credibility to those in top positions.*

There has also been the temptation to become the voice of the group whom I have researched, or worse still, the voice of all adolescents who have been through a response (Street, 1998; Finch, 1986). This has not been the intention. In the longer term what would be considered to be more in line with my ethos would be to enable this disenfranchised group to find effective voices of their own with the intent of eventually decreasing existing power differentials (Lincoln & Denzin, 2000; Jayaratne & Stewart, 1991; Klay, 1991, Bryson 1979). Bryson (1979, p.102) succinctly expressed it as follows:

*We must direct our attention towards those questions the less powerful want answered and those problems they want solved, and we must attempt to employ methods, which do not reduce their power.*

Negotiating the fine line between describing the experiences and making causal interpretations that could be legitimated and verified needed to be undertaken. Moreover, differences between the two positions needed to be made explicit in

any discussion so that interpretations were mine alone (Patton, 1990). Ensuring that this stitching held the quilt together became a challenge. Janesick (2000, pp.389-90) used a different metaphor to describe this process:

*The role of the qualitative researcher, like that of the dancer or the choreographer, demands a presence, an attention to detail, and a powerful use of the researcher's own mind and body in analysis and interpretation of the data...no one can interpret your data but you. Qualitative researchers do not hire people to analyze and interpret their data.*

Within this context, my task, then, has been to 'dredge' these constructions so that the full extent of the subject under exploration was brought to light. As McLemore and Neumann (1987, p.48) state: "The full complexity unfolds as the research progresses. All data becomes relevant, thus increasing the validity of the research". All data, then, needed to be constantly analysed and it has been suggested that this takes as much time as the interviews themselves (Janesick, 2000).

To unearth this complexity it was decided that the data that was collected from the interviewees' transcripts would be colour coded as the themes became apparent. This thematic analysis (Fook, 2002) was done by hand with each theme as it was identified being given its own colour coding and then collated as quotes into a master document so that all references to the theme were together. Once this was done the themes became clear to me. However, this was the stage that required reflexivity (Barbour, 2008; Denzin & Lincoln, 2008; McIntyre, 2008; Leitz et. al., 2006; O'Leary, 2004; Fook, 2002; Fook, 1996; Creswell, 1994) and these themes were discussed with supervisors to ensure that my interpretations were valid.

After this process was undertaken, there was still constant checking that the themes were valid and at times they were amended and readjusted as new data from the interviews came to light. The categories and codes took on a fluid quality. While this was happening a process of frequently checking back with the original transcripts to ensure that the coding stayed close to the original data was conducted (Barbour, 2008; Leitz et. al., 2006; O'Leary, 2004; Creswell, 1994; Okely, 1994).

From this constant analysis of the data, and the reflexivity process that was undertaken, it became apparent that another layer to the quilt would add to the validity and rigour of the findings. The following quote from O' Leary (2004, p.184) illustrates the process that was conducted. It highlighted that more depth would add this additional rigour:

*It is a process that requires you to: manage and organize your raw data; systematically code and enter your data, engage in reflexive analysis appropriate for the data type, interpret meaning, uncover and discover findings; and finally, draw relevant conclusions, all the while being sure to keep an overall sense of the project that has you constantly moving between your data and your research questions, aims and objectives, theoretical underpinnings, and methodological constraints.*

As a result of this it was decided that a Focus Group would add depth to the data and provide the extra warmth that the quilt needed. While this data had been enlightening in itself, having it examined by a group of young people was an exercise in cross checking for similarities and differences. It also enabled the findings to be put into a wider context that had also included my own experience and practice. Barbour (2008), Fook (2002), Clandinin and Connelly (1994), Creswell (1994) and Glaser and Strauss (1967) recommend this practice of paying regard to all contributions to the area of study.

## **The Focus Group**

### **Consulting on the Developing Quilt**

The use of Focus Groups had been discussed at the time of interviewing but it had been decided that data saturation had been achieved. However, as the analysis progressed there was still some discomfort that the quilt may not be substantial enough and so, as Ethics Approval for a Focus Group had already been obtained it was decided to go ahead with a Focus Group based at the school in which I work. This would provide an opportunity to feed back the data analysis and key findings to an interested group who were familiar with school environments and with the potential impacts of critical incidents. This group, the Critical Incident Student Liaison Group, is made up of senior representatives

from each of the schools' boarding houses<sup>20</sup> as well as staff representatives. Their task is to be informed about the nature of critical incidents, and in the case of an incident to act as a conduit between their respective houses and the critical incident team who are directly responding to the incident.

As part of this group's initial orientation they were educated into the nature of critical incidents and the school's policy in responding to them. They had also had some practice in responding at the time of a low key incident. They were, therefore, seen to be a group who were well able to comment and respond to findings from the other participants. The contributions from this Focus Group are discussed in Chapter Ten.

## **Concluding Comments**

This chapter has endeavoured to "tell the story" of the decision to approach this study in a heuristic, qualitative, participatory and utilisation focused manner with young people. It also explores the realisation that triangulation needed to be utilised to encapsulate all the data that was available. It continued with a discussion about the decision to use inductive analysis to identify the themes that give colour to the adolescents' quilt. This quilt, then, has been constructed from all these layers.

Also central to this has been the decision to produce research on the impact of critical incidents on young people that is congruent with social work practice. A Code of Ethical Practice for Social Work (Appendix Thirteen) informs the ethical practice of this profession and this research has attempted to be cognisant of this. To illustrate this congruence a number of qualities have been identified as crucial for research: appreciation of diversity, respect for the rights of the individual, integrity, honesty, respect and courtesy, professional competence, tolerance for frustration and ambiguity, political astuteness, and personal awareness especially of the impact the research may have on them (Guba and Lincoln, 1987). These values, I see, as integral to, and congruent with, social

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<sup>20</sup> The school is a co-educational independent boarding school with a roll of 520 students. Two thirds of these students are boarders and two thirds are boys. There are six boarding houses: four for boys and two for girls.

work. They are also important when working with adolescents who are a distinct group because of their life stage.

Chapter Eight, What Young People are Saying, is devoted to the narratives contributed from each of the adolescents who were interviewed. The decision to allow these stories to stand alone is to acknowledge their potent role in informing this research.

## Chapter Eight

### What Young People are Saying

#### A Quilt Always has a Story

*My first sampler quilt. The great thing was the camaraderie within the group. I learned to use fabric and much more confidence and boldness.*

*Pam Croger*

*(Edwards, 1996; p.86)*

This chapter is focused entirely on the narratives that were written by myself, in collaboration with the Interviewees. While they emerged from the interviews they are separate to them. The reason for doing this is to give full weight to the experiences and stories that each of the young people have contributed. These narratives could then stand alone as an important contribution to our understanding of the research questions.

To reiterate, the research questions ask:

- What are the experiences of young people who have undergone critical incident responses in their school in Aotearoa New Zealand?
- What could be done to improve these responses for young people?
- How has this affected their opinion of their position in secondary schools, and in society as a whole, in Aotearoa New Zealand?
- Do adolescents feel that they have a voice?

Several layers are being sewn together to produce the finished quilt that answers these questions: the individual interviews, the two Collaborative Groups and my experience and previous research. The focus group at the conclusion of data analysis provided a further opportunity to explore young people's views on critical incidents and their perspective on the research findings.

Eight young people were interviewed:

- there were four females and four males;
- two were under sixteen, two were over twenty, with the rest in between;
- two identified as Maori (one as part-Maori) and the rest as either Pakeha or European;
- one was from the South Island and the rest from the North Island;
- all were from urban areas or smaller provincial cities.

From these interviews two interweaving aspects were identified as working together to contribute to the finished quilt: the stories that were told by the young people in their interviews (the quilting pieces) and the bigger picture that is an analysis of the themes that have emerged (the stitching that holds the quilts together). This chapter is devoted to the narratives that the young people have been part of collating.

From each interview a summary has been compiled that captured the essence of each Interviewee's story. The final version, proofread by most of the participants, is included in this chapter.

## **The Critical Incident Response Stories**

### **The Quilting Pieces**

Interviewing eight young people who had undergone what they perceived as a critical incident in their own lives was a privileged experience. Because of these events they were encouraged to consider what they had to offer to others in identifying what could improve the varying responses that they experienced. Their stories identified eight very different individuals who in no way could be perceived in the derogatory way that we often see teenagers portrayed. The transparent fashion in which they approached the research was notable. In their honesty, openness and thoughtful presentation, they portrayed a belief and an understanding that their experience could contribute to the well-being of others. I believe that what these individuals contributed gives a texture to the quilt that

is different to the quilt that is presently offered at the time of critical incidents. Their stories form the pieces of the quilt that are stitched together with an inductive analysis that emerged from the interviews.

## **The Narratives**

### **The Colours! The Textures! The Patterns!**

#### ***Simon's Story***

*“But you don't want to talk about it all the time...if you ask them once and they say “No”, say if on a Monday you ask them and they say “No” then you could say, ‘In a couple of days if you've received no help then just come back and see me...you may need to ask them a week or so later or something after that cos they might need some help”.*

When Simon was interviewed he was a seventeen-year-old adolescent who identified as European. He lived with his father and two brothers. He had just finished year 13 at a small co-educational school when I interviewed him. In his interview he talked about the sudden death of his mother who had died of a heart attack 3½ years previously.

His mother experienced the heart attack after not feeling well for some time. She was in her local regional hospital and flown to Wellington for an operation where she passed away. The family, including his mother, thought she would be fine so it was a big shock for them. Simon was at school taking part in the school promotional road show and when he got home the phone rang. His father was not home as he was taking a rugby team for training and later when he rang back they were told that she had passed away. Simon said: “We were just sitting on the couch all together, the three boys and Dad” and “We just supported each other”. Very quickly friends and family came together and Simon's experience of this conveyed a feeling of safety and nurturance. “Before the funeral we had Mum here for a day. Heaps of people came round, it was very humbling”.

For Simon, despite it being a very difficult time for him, the experience was largely a positive one. He realised how important his family and family friends were to him saying: “I wanted to be with my family, Dad's friends. I just felt real

good at home". He worried about going back to school: "...you just want to be with friends and I felt comfortable. At school it didn't feel normal". When he did return he said: "Yeah, it was a bit rough the first day. I didn't know how people would react". He found that the school was a positive environment for him, and while it was still a very hard time for him especially if others talked about their mothers, he felt supported and cared for. He was also aware that: "...if I had been unhappy at school I might have done something stupid".

Simon in his interview showed that he learned a lot about himself and life: He learned about the value of talking, the value of family and caring for each other, he feels he understands people more, that he tries to do his best at whatever he does and that he is a better and more mature person. He was able to recognize that some good things have come out of his experience and that life goes on: "I think we've done fine. We're still laughing".

### ***Jason's Story***

*"...it's turned me into a nicer person, a more understanding person."*

Jason is Simon's younger brother and he, too, identified as European. He was 15 years old when he was interviewed and 12 when his mother died. At the time of the interview he was attending the same high school as his brother but at the time of his mother's death he had been at an intermediate school.

He had been upset at the time that the family felt they were given little warning that she could die. "I was a bit upset because we had said good-bye to her on Thursday and it was the last day we did see her. If we knew there was a chance she might pass away we might have talked to her and stuff". He told about the family trip to Wellington to collect his mother's body and his decision not to see her while they were down there. He saw her, however, when she was home for a day and said that it was a "good" thing to have done.

He found that going back to school was difficult: "During that whole time I was just thinking about what had happened and crying about it and wanting it to stop. I just tried not to think about it really. I just remembered what we were doing, the good things". He was, however able to identify that there were some positive things that happened. He reported that his class were very supportive

of him. They made contact before he went back to school so that when he did return he was able to slip in more easily.

There were a number of important aspects of any response that Jason discussed. He believed that the school needs: “To provide comfort in the school, to support the family, to support the friends who were close to that person”. He talked about the importance of confidentiality, respect and trust, of the need for safety (both emotional and physical); of the need for friends at home and at school, and of the need to talk to whoever meets the needs at the time (staff, friends, family, professionals).

Jason acknowledged how hard the whole experience had been for him but he was also able to identify that there were some good parts to it. He talked about finding out things that he had not previously known: “How Mum affected the people she knew, and how they changed her. At her funeral thing they talked, heaps of people wanted to talk, about her nursing...” and about how it has “...turned me into a nicer person, a more understanding person”.

### **X's Story**

*“You can't ever really know what to do until something happens so it's probably always going to be a situation...but you need to take lots of precautions to ensure that people are safe. Just do as much as you can. No plan is ever going to be absolutely right”*

X was 18 when she was interviewed. She identified as Pakeha. She is the oldest child with two younger male siblings and until secondary school she had had a Catholic schooling. She then attended a private co-educational boarding school. She herself was a day student. She had left school the year previous to the interview. In her third year at the school she had a friend hang herself. The girl went to the local Catholic secondary school.

Her experience of the incident was a difficult one because she was in a different school and probably only about five people within that school knew her. She remembers that not much was done in her school even though they were aware that some of the students would have known the deceased because of the small size of the community in which the school is situated. For this reason she

believed it was imperative that the school acknowledge the death because of being "...friends of friends and cos it's our same age group and stuff". For her it felt like: "It was pretty much 'we'll cross that bridge when we come to it' scenario" but in reality she was confused and said: "They probably should have said what happened in the (boarding) House and then asked if anyone knew her. I know that's not much but if they had done that it would have been better". In the end X relied on the counsellor to do the follow up.

As a result of this X has developed a belief in the importance of having a plan and somebody within the school that can co-ordinate this plan. For her getting this right was important. Examples of this would be the need to "...tell who were most affected first. So if it was a girl who had done it you would obviously talk to the Housemaster because she would know the girls most involved" and "I think one of the most important things to consider would be to call somebody like the Crisis Team...or some sort of group that works with schools".

### **Sam's Story**

*"So they need to get a hand on teenagers so that there's safety still.  
I guess the whole school system comes down to safety really"*

Sam was 17 years old and identified as both Maori and European when I interviewed him in mid 2005. He had attended two co-educational high schools in the South Island and was now enrolled in an alternative private training establishment.<sup>1</sup> He had not had an easy adolescence and freely admitted that his parents had a rough time with him. He was also quick to talk about how important his parents were to him and how he needed to have them there to support him. He was the victim of a serious assault ("knead in the gonads") and feels that the school did not respond to this incident well, so that it had long lasting repercussions for him. He said: "I'm pretty sure that he was suspended. But heck I don't even know". He said that he was left to deal with it on his own and it affected his whole life at the school:

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<sup>1</sup> Defined in the Education Act (1989) as "an establishment, other than an institution, that provides post school education or vocational training".

*Obviously pain, emotionally and physically...it's made it hard to find friends because if people hear about what happened to me...like people putting me down and stuff, they think 'oh no, we don't want to hang around with him because it might happen to us'. There is definitely an impact on friendships, yeah.*

For Sam it was very important that his voice was heard and that a proper investigation was done so that he felt the outcome was a fair one. He also realised the value of talking to people (friends, parents, teachers, the police) who he could trust. His main memory was of not being fully listened to and not having resolution to his difficulty so for him safety and respect have become very important touchstones. Other important aspects were having a plan, containing the students and rumours, and consulting with the student body.

He too was able to identify that the experience was not all bad: "Look at me now I'm not a bully. I could have been a bully myself..."

### **Jeremy's Story**

*"Yes, so OK it's nice to have a formal response from the Principal but the most important thing for me at that (assembly), in this case, was the students themselves, the friends of this person speaking and that's the most powerful and long lasting memory."*

Jeremy, who identified as Pakeha, was in his early twenties when he was interviewed. At the time of the incident he was 15 years old and was attending a co-educational secondary school. The incident was the death of a sixteen-year-old fellow student in a car accident. The deceased was a year above him. He reported that there were a number of other incidents while he was at school and that they had all started to meld together.

He heard about the incident through the school grapevine, not directly from the school administration:

*I know that the response from the school was not until the following assembly, so I know the response from the school was not instant. So there would've been the students talking amongst themselves before the actual statement came from the school.*

At the time he did not access any support but he was very clear that it needed to be available for those who do require it. He thought there might be a place for

the school to coerce people into seeing somebody but generally he advocated the use of trusted people who respected safety and confidentiality such as teachers, parents and especially friends. He was also very clear on the need to have a plan that could be adapted to any incident so that correct information was given out and that rumours were stymied:

*The longer you wait the bigger the unknown becomes so the more the rumours get spread and the imaginations grow, the more the assumptions get. The longer you leave it without grounding, or at least giving information, the longer they go without that, without understanding and the longer they go without that information the worse it becomes.*

At present Jeremy is a youth worker and he has a particular interest in youth culture. He believes that schools need to be very aware of this culture so that they offer what is best for their students. Part of this is educating the students so that they learn to play leadership roles within the school and have their opinions really listened to. He said: “I just recommend ongoing youth enablement. It doesn’t have to be making every youth a leader but allowing each person to reach their potential” and “(not) just facilitating youth leadership but an awareness of the holistic nature of the youth environment”.

### ***Karla’s Story***

*“I just remember thinking that it was really odd that somebody had died and we weren’t allowed to talk about it. I can just remember feeling very strange that, it was like sweeping it under the carpet. It was a big elephant that we weren’t allowed to talk about.”*

Karla at the time of the interview was a young adult who identified as Pakeha. As a secondary school student she attended a large co-educational school in a medium-sized provincial city. As an adult she now works with young people with mental health difficulties.

As a 14–15 year-old she experienced the suicide of a good friend who had been her friend for a while. Karla reported that the night before her friend had disclosed to her that she had been sexually abused and also that she might be pregnant to her boyfriend. A group of friends, including Karla, had been drinking at school. Her friend was caught and she was disciplined. They would not listen

to her troubles and she ended up taking off from school. To Karla's knowledge no-one looked for her.

Later that evening the Police came to Karla's house and said they had found the friend's body at the bottom of a high pinnacle after discovering her bike nearby. Karla was really shocked and said:

*Mum was really good. I can remember being really upset and of course I'd spoken to the cop about what had happened the night before. Obviously I'd said that she talked to me the night before the incident and she said her Dad had been touching her and she thought she was pregnant to her boyfriend. Then it became a bit of a nightmare for me because I had to give a statement about that. They were deciding whether they were going to prosecute...they did the autopsy and everything like that.*

The school was naturally abuzz with it the next day but discussion was stymied by staff. Karla remembers that:

*The teacher said not to talk about it because I was upsetting people. I was saying: 'We should be talking about it because someone has died', so I felt the whole incident was covered up.*

As a result the group had to deal with it on their own and they had a lot of questions:

*...we were a group of good friends and we knew what had happened so no-one probably said much to us because all our friends knew that we'd been drinking that day and knew that we were quite angry with the teachers because we asked: "What did she do to you?" Why did she take off running from the school? Couldn't they see that she was upset? Why didn't they get all of us to talk about it? It was kind of odd. There was no real plan from the school on how to manage this.*

As a result of not being allowed to constructively process the incident Karla felt powerless and the residue of the incident stayed with her for some years and impacted on her life in unexpected ways. An example of this was when Karla was undertaking some counselling:

*I broke up with my boyfriend and I was in counselling and it came up there. I was really fascinated by that. There was the anger that I had towards the school system and the adults disrespecting young people, or children's rights, that I've got*

*into now. That was quite interesting that that kind of frustration was still there.*

### **Paul's Story**

*“Just show more caring and being there for them. Not just say, ‘Oh, if you need us we’re there’. They should call you out of class and make conversations with you. They need to initiate it.”*

Paul was 16 at the time of his interview. He identified as Maori. He asked if his mother could stay for the interview and I agreed. It turned out to be a useful decision because his mother, Lisa, learned a lot about her son’s experience that she did not know and because she contributed some interesting insights. (These insights could lead to a whole other line of research of talking to parents who have to support their adolescents). At the time of the incident he was attending a large state school for boys. After the incident, and as a result of what occurred in the aftermath, he was moved to a smaller school for boys.

A year before the interview Paul was rung one night by a friend saying that they couldn’t wake up another friend. Paul and his father went racing round there. Paul’s father went upstairs while Paul stayed downstairs. The friend was found dead and it was later confirmed that this was an undiagnosed heart problem. The story was complicated by rumours of the death being a suicide so that initially Paul was angry with his mate for killing himself. This anger turned to hurt when they were told the cause of death and Paul felt hurt that he had doubted his friend.

Paul went to a different school to his friend and when he returned to school they were initially supportive:

*A lot of teachers who were close, when I first went back to school, they shook my hand and said if I ever needed anything, needed someone to talk to, the guidance counsellor would come and I could have a few talks to him.*

Over time Paul was hassled by boys and this eventually dragged him down. The school did not do anything about it. Paul said that the offer was there but that they did not initiate anything. He was adamant that schools need to initiate a response saying: “Boys would get angrier and they could end up doing stuff to

themselves because they just dig themselves into a hole and no-one's helping them out".

Because he had no-one that he trusted and respected to talk to, his behaviour deteriorated so that he ended up drinking, dangerous driving and then crashing and running away from the scene of the accident. He said: "...I really wanted to know how to deal with it and then just move on. There was a lot of getting into fights with boys at school".

In his new school Paul had settled well and felt that the school cared for the boys as individuals but also that they understood the culture he came from. In Lisa's words:

*...they need to be culturally aware, because Maori people deal with any loss totally different than us. You know the counsellor at (the school), and he was a Pakeha, he just thought that...I could just see that his idea of grieving was totally different from a Maori perspective which was where Paul was coming from...whereas at (the new school) where they are Maori they know about that, that cultural side.*

### **Katherine's Story**

*"I'd just make sure that everyone was safe...just get them to talk to counsellors if they didn't have anyone to talk to...make sure maybe that some parents of the friends that knew him know what's going on, know that he or she's died."*

Katherine was 14 when interviewed and identified as European. She attended a co-educational state school in a medium sized provincial city. She changed schools after having been through a difficult time that had little to do with the incident but more to do with some back stabbing that went on at her school.

A close friend had hung himself seven months before the interview. He had been seeing the counsellor and Katherine wondered whether he should have been referred to the local mental health service. It was just before the end of term and Katherine was away in Matamata when she heard that he had died. When she got back she described the school as being in shock and panic:

*....a whole lot of people were like: "it's all my fault, it's my fault", and that. There were about maybe six people that thought it's*

*their fault. They were like: "I'm going to kill myself now 'cause it's all my fault that he's gone".*

For her it meant that she felt overlooked as other people were being "real dramatic". She said:

*...me and my friends, we were just real quiet about it, and that hurt us, but we weren't: "I need to see a counsellor, I'm not going to go to school, I'm not going to go to class".*

Katherine has little memory of the response made, despite it being so recent, but thinks that only other school counsellors were brought in. She thinks that the best thing that they did was keep everyone safe by ensuring that they knew where everyone was. However, she also felt that the school did not calm it down enough and that this has meant that were ongoing difficulties in the school:

*...his group of friends that all tried to cut themselves, or tried to kill themselves, or were real rebellious of their families and that...they still go on about it.*

For her being at home was the best place to be as it was the place she could relax because of the uproar at school and because she was able to talk to her mother who had known the deceased.

Because Katherine had been away at the time of the incident she was unaware of what the others had been told, if anything, and when she came back the place was rife with rumours. For her this was really unhelpful as the actual story eluded her:

*...they (my friends) were there when they first told them and when they first found out and I wasn't. So I wanted to know why he'd done it, and how he'd done it so that I could try and help my friends so I know what they actually got told.*

Katherine left me with the feeling that it was all unfinished for her and that the incident had a profound effect on her that left her feeling powerless and that those who really needed the help did not get it. Her family were the only people to provide the help that worked. In her own words: "Because they (the school) don't know you as much as your friends or the family do and they don't know that person as well as what you do".

## Concluding Comments

These stories are the very important quilting pieces that are integral to the construction of the quilt. The narratives have been developed in collaboration with the Interviewees. There is an accompanying acknowledgement that they are my words, my interpretation of what was contributed in the interviews. As Stake, 2000; p.441 says:

*What results may be the case's own story, but the report will be the researcher's dressing of the case's own story. This is not to dismiss the aim of finding the story that best represents the case but to remind the reader that, usually, the researcher ultimately decides criteria of representation.*

The following chapter, Young People's Voices and the Research, is an inductive analysis of the themes that emerged from the interviews. It is the stitching that complements the quilting pieces and presents the themes that have emerged from the young people's stories and what they wished would influence those responding to critical incidents.

## Chapter Nine

### Young People's Voices and the Research

#### Stitching the Quilting Pieces Together

*What a counterpain to sleep under or die in. We all got to represent each other. Every color is a deed and suffering, a prize. Our quilt'll be, oh, quite the winding cloth and glad rag. Pull it over me!*

*Oldest Living Confederate Widow Tells All*

*(Gurganus, 2001; unnumbered)*

The previous chapter, the individual narratives, provided the pieces of our developing quilt. This subsequent chapter adds the other dimension, the stitching that holds the quilt together, the themes that have emerged from the inductive analysis of the interviews. The stitching was identified by crisscrossing each interview to uncover the themes that were emerging. Each interview was examined in depth. The themes, as they were identified, were colour coded and then amalgamated into the collective voice. For the most part there were commonalities between what the Interviewees were saying, but there were a few exceptions as well. Both the commonalities and the exceptions have been included in the following discussion.

The following six themes emerged from the interviews that were based in the Interview Guide:

- What students call the incidents and the power of language
- Schools have a responsibility to respond proactively
- A Culture of Care
- The people to help, the people to hinder and the use of outside agencies
- Longer term positives that were identified
- The involvement of young people in responses

The intent is still to maintain the focus on the young people who were part of the Collaborative Groups and those who were interviewed so that their messages are brought to the fore.

## **Messages from the Adolescents**

### **The Stitching**

In the interviews the participants demonstrated that, to differing degrees, they had processed the incidents and had developed their own analysis of what had occurred. There were a number of themes that emerged as I explored with them the questions in the Interview Guide (Appendix Eight). These questions were used as prompts rather than as a step-by-step guide so that the interviews flowed as conversations that wove the story of the experience with the processing of it. The interpretation of these narratives felt 'fragile' because of the risk of contaminating the data with my own interpretation and bias (Denzin & Lincoln, 2000; Lincoln & Guba, 2000; Maracek, et. al., 1997; Patton, 1990). Having an influence on what was recorded in the research findings was always to the fore (Byrne, et. al., 2003; Fontana & Frey, 2000; Gergen & Gergen, 2000; Lincoln & Denzin, 2000; Stake, 2000). Despite the aim of being as participatory as possible I was aware that ultimately my voice would have the final say as I made decisions about the final representation of the findings. The history that I have of responding to incidents and the research that I have undertaken will always influence this final representation. As such, its usefulness has been acknowledged and used to triangulate the data obtained.

To be inclusive of all those who took part in this endeavour, the contributions from the Collaborative Groups are also included in this analysis. While their task was to contribute at the Ethics Approval stage, their discussions about their experiences of incidents that had happened in their schools were useful and so have been acknowledged.

Each of the six themes has also been related back to the research and literature as outlined in the Methodology Chapters. As a result each section is divided into four subsections:

- What those Interviewed Said
- What the Collaborative Groups Contributed
- What my Experience and Research has Shown
- What the Literature and Research is Saying

## **Theme One**

### **What Students Call the Incidents and the Power of Language**

#### *What those Interviewed Said*

Part of having young people's voices acknowledged is for adults to have some understanding of the language that they use. It had become increasingly obvious to me that students did not use the same label around such incidents as adults did. While working with the Collaborative Groups and the Interviewees themselves there were a number of times that I had to explain what critical incidents were. In addition, there were times when explaining the concept to adults was necessary. After a while I drew the conclusion that it is an esoteric concept, one that is meaningful to those who work in the field, rather than being meaningful to those outside the profession.

The Interviewees said they would not use words such as 'critical' or 'traumatic incidents' and indeed some struggled with understanding what the words meant. Karla was particularly clear about her use of language. In Karla's words:

*Critical or traumatic incident doesn't mean anything...I use the word incident now as an adult, but I would never have used it as a child (she was 14 at the time of the incident), whereas we just talked about the fact: "she died, you know".*

Her main point was the power that the words used could have: "...I think that's the interesting thing because if you are focusing on trauma then you are automatically having an idea in your head" (that trauma is big and has a big effect).

The participants consistently said they called the incident what it was:

“Josh killed himself”

“Karen committed suicide”

“That guy who died”

### ***What the Collaborative Groups Said***

The discussions with the two Collaborative Groups confirmed that there was no common word that the groups used to describe such events. Each incident had its own name that was adopted at the time. In one example, the Tangata Whenua Group discussed “W’s murder”. The power of the words in this instance was greater than labelling it as a critical incident because it personalised it for them, and for me, as the young man was real rather than an incident.

### ***What my Experience and Previous Research is Saying***

The Interviewees did not use the terms “critical” or “traumatic” when describing the incidents they had been involved in. This is not surprising as these are the words that adults and professionals use. They are also emotionally charged words. To exemplify this, I remember being in a school and being introduced to the whole school as the “crisis team”. The impact of this was that it escalated an already emotional situation. The students involved were affected by this naming of the event. One story that was particularly poignant was that a young girl was feeling really bad because she did not feel anything and as a result felt guilty, when it was supposed to be a ‘crisis’.

Further confirmation of the impact of the language we use came after the participants’ interviews when they stated that the words used are not their words. As a result of these experiences I argue that we need to use language that more accurately reflects the reality of the situation. This is not to negate the feeling and emotions that anyone involved is dealing with but an attempt to engage with them, to tap into their resilience and to ascertain their needs so that professionals can work with them effectively for the best outcomes.

Further to this, the import that the participants put on the incidents appeared to be at odds with the schools’ perceptions. This is a further reference to the

power of language. We need to not just listen to the words that those affected are using but we need to engage them at the level where we are able to hear their stories. Having a finger on the pulse in this way is essential as an early recognition of difficulties can remove the complications that may emerge if it is not responded to. This aligns with my own experience of a student who was killed in a car accident. She had only been at the school as a boarder for a few months but in that time had become significant to a number of younger students. Consequently a number of students presented in various states of distress all quoting her death as being the catalyst. The school were unaware of the impact that the incident would have. Deaton and Berkan (1995; p.99) wrote:

*The meaning attached to the death or other threatening incident to those at the school is the most important indicator of the need for postvention and may be more important than the factual severity of the occurrence.*

In the narrower sense of this research, this comes back to the duty of care responsibility that schools have, but in the wider sense there is the need for those who work with adolescents to be engaging them at a level that is meaningful to all concerned in order to get the best possible outcomes.

### ***What the Research and Literature is Saying***

As discussed earlier in Chapter Three the power of language is one that can not be minimized (Ungar, 2004; Atwool, 2000; Paton, et. al., 2000a; Payne, 1991). When adults are committed to really listening to what the young people are saying they get a different slant on the expert opinions propounded by many (Boyden & Mann, 2005; Stewart, 2005; Ungar, 2005; Ungar & Teram, 2005).

I have to wonder what would happen to all the papers written on incidents involving teens if their voices were part of what was written. I suspect the stories may be quite different. The suspicion originates from things young people have said at the time or after an event that do not tally with adult impressions. A typical one would be the reason for tears; teachers in one particular case had assumed it was for shock and grief. On further talking it turned out that it was attached to boyfriend trouble, and was a major precipitating factor, that had a tentative connection with the actual incident.

In the specific field that is critical incident responses, there was little to be found in the literature about both the use and power of words. The only specific reference in this field of practice that could be found was an acknowledgement by Paton, et. al. (2000a, p.209) that the words used may be a misnomer. They suggested "forms of adversity" as their preferred title. In the case of young people these words are unlikely to work but it is some recognition of the power of the language that we use.

## **Theme Two**

### **Schools have a Responsibility to Respond Proactively**

This section discusses several aspects of planning for incidents. The positives that the students encountered are covered first, followed by the aspects that were less positive. The next section comprises of the suggestions that those interviewed contributed made, followed by the contributions from the Collaborative Groups, my own analysis of this area and then the contributions from the literature.

#### ***What the Interviewees Said***

##### **Positives**

There were some positive comments from three of the young people. X had great faith that in her time at the school things would have been handled well. She did not know if there was a plan as such but there was a longstanding Assistant Principal (AP) who would "get order together". He knew everybody involved with the school and she trusted that he would know who would be able to help and who would be vulnerable, both staff and students. She was also aware that because of this the response could be hit and miss and that some students might get "lost".

Simon and Jason also both spoke positively of their respective schools. They believed that the small size and the caring culture within them meant that they would have felt nurtured at the time of any event. Simon was at home for some time before returning to school. He stated that he had felt comfortable at home

with family and friends and needed to feel the same at school; to feel cared about and normal. Furthermore, he was aware that if he had been unhappy then he might have “done something stupid”. Luckily the school, he felt, was a positive environment and he did get what he needed.

Jason was very positive that his school was well prepared for any incident: “...because at the school now everybody knows all the teachers and feels comfortable talking together”.

### **Less positive**

There was general confirmation from most of the participants that they had not received any prior information about what would happen if there was an incident in their school. Karla felt as if the adults around her were lacking in any oversight of what needed doing:

*It didn't seem like they had a plan of what they would do when there was an incident, they were quite chaotic. We felt more like: “Why don't the adults know what to do?”*

Karla looked wider and believed that because it was a suicide they freaked out and didn't want to discuss it. As a result she said: “I wanted some compassion but what was provided was robotic, like nothing had happened”. She felt labelled by the school: “Punishment was doled out at the time...you were a good student or a naughty student and if you're in that group then...you're just asking for trouble”. She wondered if they were anxious about the school being investigated to ascertain how they were doing as a school.

As a result of this approach Karla's reaction centred itself in drinking, smoking, and truanting and she and her friends also took up séances. Karla's comment was “...that it scared the hell out of me, like really freaked us out” but that there was no suitable and trusted adult around to have picked up on this and steered a more positive course for them. Karla reported that years later, when undergoing some therapy for herself that: “There was the anger that I had towards the school system and the adults disrespecting young people, or children's rights, that I've got into now”. As a result, working with mental health and schools is now her line of work and she is able to say to herself when she is

working with school that: “Teachers aren’t infallible, they do need support and advice”.

### ***What the Interviewees Recommended***

#### ***A Clear Pattern is Needed***

A need for guidelines and a plan was adamantly expressed by the students so that they know what is going on and what needs to be done. All participants felt that schools have a responsibility to deal with critical incidents positively: “Because we’re still young yet and can’t cope with the responsibility of that stuff, especially if it’s your first death” (Karla). There was an acknowledgement that if things are not dealt with then the fall out could be negative.

Karla was aware that incidents can spread through a whole area and that this makes it imperative that there is a proactive response: “This is a small rural community, we know when people die. We know if someone is killed in a car accident”.

Paul and Karla suggested that the school needs to initiate contact and to keep asking the students if they are ready to access any support:

*Just show more caring and being there for them. Not just say: “Oh, if you need us we’re here”. They should just call you out of class and make conversations with you. They need to initiate it (Paul).*

Paul said that if this did not happen then: “...boys just get angrier and they could end up doing stuff to themselves because they dig themselves into a hole and no-one’s helping them out and they don’t know how to get out”. His mother agreed that those in authority need to get down to the students’ level and show their support: “...like the DP (Deputy Principal) will get up them into the office and just have a Milo (hot chocolate drink) with them and that will initiate conversation”.

Karla appealed for there to be some clear procedures, ongoing training and a “supportive staff culture” that percolated throughout the whole school. Jeremy added that it needed to be a “blueprint” that is very general and flexible but that

its intent is for a tailor-made response to whatever situation arises. He added that it would need to be an active plan and one that included students:

*... that Health and Safety committee could have as part of its mission, or part of its procedures, to have ongoing contact with these given trusted students, these students at different levels. And ongoing contact with all the teachers and ask who they should speak to.*

Lisa, Paul's mother, who sat in on his interview (at his request), said that she thought the boys needed a "crisis team" that knew what they were doing: "Just like the army. As soon as someone dies in the army the army take over and they come round and they tell you what to do and what not to do and they're there for the support". X took this further by suggesting that any plan needs to sit within a coherent national structure. This is congruent with my own research (1999) where on interviewing individuals who were involved in responses it was identified that there was no structure that tied all the agencies together. X went on further to say that this is not just important at the individual school level but that: "We need somebody in charge, like of the whole country".

There were eighteen key components that participants thought needed to be included in a plan. These components will now be discussed and they will be critiqued against any research that complements these. This is followed by a discussion of what the Collaborative Groups contributed, my analysis from my experience and what the literature and research has said about the need for a plan.

### **To acknowledge the event**

Actually acknowledging what had happened was an important issue for the participants, many of whom had been in situations where either the incident had not been acknowledged or where any 'conversation' had been actively discouraged. For them they needed to be able to move on positively and to have some closure: examples would be by attending a funeral or memorial service or placing a memorial, if appropriate. This has been supported in research (McNally, et. al., 2003; Deaton & Berkan, 1995; Lichtenstein, et. al., 1995; Rivers, 1995; Munro & Wellington, 1994; Siehl, 1990).

### **To inform the students**

A consistent theme in response to this question was that there was no school announcement and that the students found out from each other. Most said that in their schools there was absolutely no acknowledgement and that initially it felt as if nothing was done. Jeremy said that the school did not make a statement at the beginning but that what it did it make clear was that if any student needed to have support or needed to go and see the school counsellor then that was fine. Sam said that he had no idea of what the school did even though he was the victim of serious bullying.

There was a sense that the students needed to be told in smaller groups and in a priority order. Sam, X and Katherine said that those closest needed to be told first and offered help. Suggestions made were form classes or boarding houses. Katherine said that this needed to be followed up by telling the whole school so that they had the right story.

Being informed in assembly was not generally advocated but Jason commented that it would have worked in his school because it was small and he trusted the staff. Simon and Sam said it would be better to not tell the whole school at once but to do it in their forms so that they make sure they know what is happening to the students and that they all stay within the school. Simon added: "...If the odd ones find out first then they can help the others and tell them it's true".

### **To keep going with normal routines**

X, Katherine, Karla and Sam all had this belief that it was important to keep the young people doing what they normally do. X's comment was: "that's just stupid (stopping school), in fact I don't think it should stop at all".

This need to keep the school open and operating is confirmed by Gurwitch, et. al. (2001), Gilliland & James (1997), Deaton & Berkan (1995), Stanley & Williams (1995) and Toubiana, et. al. (1988).

### **To ensure that the school knows where all the students are**

This was suggested by X, Jason, Katherine, Sam and Karla. Katherine's commented about the period after the response:

*...for the rest of that year they made sure everyone that was real close to him, if they came to school they were all at school all day and if they did disappear they would go around and they would find them straight away.*

This is confirmed by Paton (1996), Munro & Wellington (1994) and Pitcher & Poland (1992).

### **To ensure that people are safe**

Karla, X and Sam had recognised the importance of this. Sam, in particular, had felt this was lacking for him when he was bullied. This was confirmed by Gurwitch, et. al. (2001), Johnson (1996a), Cloke & Davies, (1995), Whitla (1994), Hodgkinson & Stewart (1991), and Johnson (1989).

Karla recalled her anxiety when a friend was at school drunk: "...and they let her get off the school premises not knowing where she was" and did not look for her. She commented: "I think they were very lucky that none of us ended up having any suicide attempts or anything like that".

### **To give the students as much time as they need**

X, Karla, Jason and Jeremy all agreed that follow up needed to be continued for as long as it was indicated. This long term input is aimed at ensuring a full recovery and has been reiterated by many researchers (Hirsh & Dickinson, 2005; SPINZ, 2005a; Coggan, et. al., 2001; Cornell & Sheras, 1998; Paton, 1996; Cloke & Davies, 1995; Lichtenstein, et. al., 1995; Roberts, 1995; Whitla, 1994; Pitcher & Poland, 1992; Hodgkinson & Stewart, 1991; Siehl, 1990; Johnson, 1989).

### **To provide good information**

It was important to those interviewed that they were given the facts. Sam commented that: "...cos if you get the facts then there's no reason to gossip, it's all clear". Jeremy thought that giving out correct information in a respectful, quick and effective manner was important so as not to exacerbate the situation.

This is endorsed by many who write in this area (McNally, et. al., 2003; Coggan, et. al., 2001; McCarthy & Hermansson, 1998; Beautrais, et. al., 1997; Gilliland &

James, 1997; Paton, 1996; Cloke & Davies, 1995; Deaton & Berkan, 1995; Lichtenstein et. al, 1995; Rivers, 1995; Roberts, 1995; Munro & Wellington, 1994; Whitla, 1994; Klingman, 1993; Pitcher & Poland, 1992; Dale, 1992; Siehl, 1990; Toubiana, et. al., 1988; Klingman, 1986). Further to this however, many had experiences of the impact of rumours.

### **To curtail rumours**

*....it was hard because of how he died but it was worse because of the rumours, like that he killed himself (Paul)*

*...it's that random nature or the Chinese whispers and the rumours which could potentially cause more harm to those close people or even to the school body generally that could cause more harm (Jeremy)*

Most participants had dealt with this aspect of a critical incident and were aware of the impact. Katherine said that there were so many rumours about why her friend had killed himself. To this day she still does not know why he did it. At the time it meant that she was angry with a number of people: the school because they did not stop the “dramatics” and some of the young people:

*Because a whole lot of people were talking about it and said it was their fault and that they knew everything about him and that kind of stuff. I reckon a lot of people were reacting too much when they knew it wasn't their fault but they were out there to get attention and get a big hit from everybody.*

She said that the fall out was so bad that the school should probably have put counsellors in every classroom to deal with those who were not coping. Paul added that it was not just to care for the students but also to try and control those who were spreading the rumours or as Simon commented: “...it's important to set the ‘students straight’”. Paul's experience was that he got into trouble for retaliating as a result of the rumours but nothing was done about the perpetrators.

Karla's comment was that: “...the more rumours go round and the more the actual facts aren't given to the young people then the more macabre it becomes”. She commented, about another incident that the school did not give

out any facts and as a result the fallout became full of rumours and was spread very widely.

Sam and Simon talked about texting and how that could make things a lot worse because of the speed it can pass false information around.

The task of those in authority was deemed to be important. Those organising the response needed to get a clear overview, to consult, to collate information and to ask relevant questions so as to disseminate the correct story with the aim of curtailing rumours (Coggan, et. al., 2001; McCarthy & Hermansson, 1998; Beautrais, et. al., 1997; Gilliland & James, 1997; Paton, 1996; Deaton & Berkan, 1995; Lichtenstein et. al, 1995; Rivers, 1995; Roberts, 1995; Munro & Wellington, 1994; Whitla, 1994; Klingman, 1993; Pitcher & Poland, 1992; Dale, 1992; Siehl, 1990; Toubiana, et. al., 1988; Klingman, 1986).

### **To create as much order as possible and make decisions about what is needed**

This need was discussed by Katherine, X and Jeremy. It was very much attached to the need for safety and security. X and Jeremy believed that having somebody (“...be it a dean, or whoever is best equipped to speak to a large range of students” [Jeremy]) who could speak with the students, gain information and “get the pulse” (Jeremy) was important for two reasons: firstly, to cut down misinformation, and secondly: “...to get to those highly affected as quickly as possible in those highly volatile situations where death or near death has been involved” (Jeremy). X added that they would know when to call in outside people.

As well as this input from X, she also had some ambivalence about the plan. In her mind having students and staff prepared for an incident might not be such a good idea as this might create unnecessary anxiety: “...It doesn’t work like that, you’d just worry people and make them confused”. Conversely she could see the benefit of having a strong person who did know what needed to happen when potentially the staff might be unpredictable:

*You just can’t judge how teachers are going to react, you just don’t know, they won’t know themselves... that’s why that*

*person, like the AP (Assistant Principal), is so critical, because, I shouldn't make a judgement here, but I assume he would be totally in control.*

The need to be surrounded by people who knew what they were doing, who could be trusted to make good decisions was important to these three as it was to many writers (McCarthy & Hermansson, 1998; Beautrais, et. al., 1997; Paton, 1996; Deaton & Berkan, 1995; Lichtenstein et. al, 1995; Rivers, 1995; Roberts, 1995; Rivers, 1994; Dale, 1992; Pitcher & Poland, 1992; Siehl, 1990).

### **To allow time and space to process what has happened**

The young people asked for the opportunity to just talk, not necessarily in the counselling sense but just to talk. It seems that this is the way that they are able to make sense of what has happened as they try and reframe the experience into a form that they can utilise in their later lives.

To have safe areas manned by people who are able to relate to and support the teens and to allow the space to do this was advocated by Karla, X, Simon. They suggested a variety of ideas that they perceived would meet their needs (examples would be: in groups, to parents, to their friends, to a trusted person). McCarthy and Hermansson (1998) in their research report agreed with this. This provision of a designated, nurturing space for students has also been recognised by many others (Hirsh & Dickinson, 2005; SPINZ, 2005a; Annan, 2003; Capuzzi, 2002; Deaton & Berkan, 1995; Lichtenstein, et. al., 1995; Rivers, 1995; Munro & Wellington, 1994; Siehl, 1990).

McCarthy and Hermansson (1998, p.99) writing as part of a research report in this country noted: "A distressed fifteen-year-old friend of those who died was reported as saying: 'we need to talk more about it' ". This is in line with personal involvement at a high school where the young people were clearly saying they needed to be heard while a large percentage of the staff were trying their best to get on with teaching them.

### **To give some leeway on school requirements**

Jeremy, Karla and X all agreed that some leeway needs to be given. X thought that students might "...get kind of lost and might be treated similarly and I think

if you started swearing and going nuts you wouldn't get told off". Jason was aware of the risk of allowing too much leeway: "...if they chuck a chair and smash a window you punish them for that".

### **To be mindful of sensitive issues**

X brought up the need for the school to be mindful about what to do about a late person's absence in the school. Examples of this would be the provision of memorials if they were appropriate, not reading out their name at roll call, and what to do about their desk or their bed, if they were a boarder.

### **To provide enough people to help at the time**

Katherine's experience of feeling uncared for after the death of a friend led her to ask that an appropriate amount of people were available to help out at the time of a response.

### **To give options**

This was suggested by a number of the young people. There were some examples of this individual tailoring of responses. Simon and Jason said that boys were different from girls and needed to be dealt with as such. Simon said they would talk but it would not be a counsellor: "Oh, I'd probably feel safe enough but I'm not used to that kind of talking with someone you don't know. I don't know how you explain it". He went on to say: "...most of the time we'll just talk among boys so they could have someone that they feel comfortable around and talk to them".

Jason had a different opinion saying: "...we don't want to sit and talk we just want to get out there and do something". Simon added that he thought that the staff needed to do regular follow ups – not just assume that because you hadn't asked for help initially that you were all right.

These views have been echoed by a number of researchers who believe in the need to adapt the responses according to its particular variables (Rayner & Giarratano, 2002; Smith & Suda, 2002; Armstrong, 2000; Calhoun & Tedeschi, 2000; Chemtob, 2000; Manning, 2000; Stuhlmiller & Dunning, 2000; Violanti, 2000; Weisæth, 2000; Wilson & Sigman, 2000; Wraith, 2000; Paton, 1996;

Paton & Sylvester, 1996; Lichtenstein et. al, 1995; Raphael, et. al., 1995; Rivers, 1994; Carter & Brooks, 1990).

An example of this from my own experience involved a number of young people from the Tangata Whenua Community Group. They had experienced the murder of one of their peers. One of the support strategies after the event was to take them away for a couple of days to help them process it and to move on. After a particularly intense session where a lot of anger had been expressed they were given a break. The boys were almost literally 'jumping out of their skins' and began competitively running up and down a steep hill to try and vent some of the adrenaline racing through their systems. The girls dealt with their emotions by watching them but they continued to talk and some very valuable information came out at this time that had not come out in the whole mixed group. An example of this is how worried they were about some of the boys.

The plan had to be flexible enough, and attuned to the needs of the particular cohort of young people so that these were met.

### **To work with students in groups**

The adolescents interviewed identified that at the time of an incident they needed to be with others in their peer group and to be worked with in that capacity. Jeremy thought that group conferences with a group of friends could be effective as long as trust was developed first. He thought that focusing on that group to keep them safe was potentially more effective than working with the whole school. Karla added that being asked what could be done to support them, and being educated about what could be expected ("you're going to feel upset, you won't be able to concentrate as much at the moment...we'll understand that, we won't tell you off") was important to her.

Simon mooted that counselling: "could be done in classes, like sports classes or something". Paul saw a group as being a good thing to take the pressure off the school environment:

*If I was to be there for somebody, I'd just take them, even if you took them out of school for a period and give them absolutely nothing to do with school work and talked about them*

*themselves....*

Sam thought that a meeting with the principal and those involved (friends, parents, class) to try to get a consensus would be better than the principal deciding what needed to be done. He also added that a group of close friends could be kept together, maybe in a drama class, with a supportive teacher. Sam also stated that the teacher needed to be someone who didn't "waffle on" and preferably someone who had been through the experience. He mooted using the group to put a bit of fun back in the students' lives as a way of taking their minds off what had happened. He also thought that it was a way of joining people back together again after a potentially divisive event.

The students interviewed talked about their peer groups and some suggested that groups, with or without an adult, would be a way that they would choose to go. This point of view has been backed up by several researchers (Johnson, 1996a; Deaton & Berkan, 1995; Siehl, 1990). In particular, the wish of boys to be in groups and physically active is backed up by Irwin (Cited in Massey News, 2007; p.1) when researching schools in this country:

*Schools need to provide much more opportunity than they currently do for boys to be physically active. We know from existing research that physical activity and sport bring many benefits from bonding to stress release, mental stimulation and providing an outlet for competitive spirits.*

### **To arrange assessment and counselling**

The need to avoid negative outcomes, and to encourage positive outcomes, strongly underpinned the interviews. The awareness of the Interviewees ranged over the expected continuum with some of them showing some significant analysis of what was needed to avoid long term negative outcomes. Sam suggested that staff need to keep an eye on the students: an example of this would be staff, during lunch break, looking out the window and informally checking on all students but with a special eye out for those deemed to be at risk. He and X also thought that there might be a place for some students to be encouraged to have a day off if they are really struggling, as long as the school know where they are.

It was also recognised by those interviewed that there may be a need for follow up assessment and counselling for some students (Mitchell, 2005; SPINZ, 2005; Annan, 2003; Lerner, et. al., 2003; Coggan, et. al., 2001; Gilliland & James, 1997; Johnson, 1996; Johnson, 1996a; Stanley & Williams, 1995; Munro & Wellington, 1994; Pitcher & Poland, 1992; Johnson, 1989).

### **To be aware that there may be ongoing mental health difficulties for some**

The Interviewees were well aware of the need to provide professional services for those who would require it. What was more important was that the professionals were not to the fore in the response but were there to provide their expertise when it was needed.

It is well recognised and documented in the research that there may be difficulties for some affected by a critical incident (Berman, et. al., 2000; Raphael & Wilson, 2000; Shalev, 2000; Violanti, 2000; Wilson and Sigman, 2000; Grant, et. al., 1997; Pfefferbaum, 1997; MacDonald, 1996; McFarlane & Yehuda, 1996; Pynoos, et. al., 1996; Shaw, et. al., 1996; Tyano, et. al., 1996; Stanley & Williams, 1995; Belter & Shannon, 1993; Johnson, 1989).

### **To time the response well**

The dispute around time frames that is debated in the current research and literature (Carlier & Gersons, 2000; Shalev, 2000; Mitchell & Everly, 1996; Robinson & Mitchell, 1993, Stallard & Law, 1993; Poland & Pritchard, 1992; Yule, 1992; Dyregrov, 1998; Talbot, 1990; Burges Watson, 1987; Raphael, 1986; Horowitz, et. al., 1980) was not an issue for the Interviewees who discussed it. For them it was clear: the response needed to happen as soon as it could. X had a view that getting a response in place as fast as possible was imperative stating: "... in that first three hours the critical thing is to keep control". Jeremy agreed with this:

*I would say it is very important because at any given incident response from time zero there is a response inside the person. The longer you leave it, the more you're missing out on having an effect on that person's response.*

## **Overall comment**

These eighteen suggestions that have emerged from the interviews indicated that responding to an incident with a clear plan was a non negotiable with these students. This is in line with policy within schools in this country and also internationally (Coggan, et. al., 2001; Morris, 2000; Beautrais, et. al., 1997; Gilliland & James, 1997; Deaton & Berkan, 1995; Ridling, 1995; Roberts, 1995; Klingman, 1993; Siehl, 1990; Weinberg, 1990; Johnson, 1989).

It is unfortunate that despite these recommendations, there were stories told during the interviews that schools did not always provide the best responses and that the students had the negative experiences that they talked about.

Karla's experience of being 'shut down' at the time of the incident had suggested to her that the schools were scared of getting it wrong. This has been supported by others who have said that schools may be paralysed into doing nothing because of the fear of repercussions or litigation (Paton, et. al., 2000; Eyre, 1998; Cornell & Sheras, 1998).

Jeremy had a pragmatic view that acknowledged that a plan was a good starting point:

*Of course, it would be nice to have a set rule, a set blueprint that says: "These factors have happened so these things need to be done and these people need to be spoken to and these people some time needs to be spent with them". But unfortunately we don't just know enough about people, let alone young people, to have that blueprint. We just have to be trying to respond as best we can.*

The Collaborative Groups gave similar feedback about their own experiences.

### ***What the Collaborative Groups Said***

The Collaborative Groups told stories of the incidents that they had been involved in where they felt that lack of planning had been an issue. Those in the Tangata Whenua group had experienced some significant life events, such as the death of a brother, the murder of a peer, and the suicide of a friend as well as fellow students. While these were not discussed in great depth as this was not the focus of the groups, the comments of the young people indicated that

they had not felt nurtured at the time and that there were still issues for them that the school had not resolved.

This confirmed for them the importance of the research as they commented that they knew it had not worked well for them and hoped that their contributions would improve responses for others.

### ***What my Experience and Previous Research is Saying***

In 2005 I wrote an article entitled “Adult Experts and Adolescent Voices in the Field of Critical Incident Responses”. This was the culmination of the findings from the chapter on the Voices of Young People. The last two sentences of the conclusions drawn concurs with the opinions of those interviewed:

*When a school is organised in a way that supports the emotional development of its students, that teaches practical life skills such as listening to others and caring for those in need, and where the school models and lives this, there is increased potential for more positive outcomes. The alternative is a school that is not prepared for an incident, that treats young people as a mob who need to be herded – that do not know their young people as individuals, and worse still do not offer effective pastoral support (Stewart, 2005; p.36).*

In concert with this, I argue that schools that are responsive, have assertive leadership and are able to access the school critical incident plan are more likely to provide a safe response for their students.

Further confirmation of this came from a collaborative discussion during a meeting that was undertaken in August 2005 with the Critical Incident Student Liaison Team at the school in which I work. They were adamant that there was a need for a plan and contributed the following as their impromptu ideas for what needed to be included in this plan: containing all the students, school being the best place for most students at the time (remembering that this is a boarding school), using the counsellor as well as outside professionals, a space just to talk, opportunities to ask questions, getting back to class as soon as possible, having well judged memorials and closure.

Conversely, schools that have chosen not to have a plan in place are more likely to find themselves in complex situations. Several instances exemplify this

position. The first is that my observations have demonstrated that schools soon learn that there is not a lid big enough to keep on the bottle and that the contents erupt so that they can no longer be ignored. One school had tried to downplay the whole event, which was an attempted hanging. The parents of the boarders who were affected demanded a response when they became aware that their daughters were not getting the support that they were asking for. The response provided was complicated by the earlier non response.

And the following two excerpts, also from my previous research, further demonstrate this point. For both of these incidents the outcome was the development of responses that were much better planned:

*What actually precipitated substantial development of the team was the series of young people's suicides in (small town). The most important learning was the recognition of the invaluable place of preplanning in dealing with such trauma (Stewart, 1999; p.30).*

and:

*When dealing with the first critical incident interviewee (A) found that the task of being the "lynch pin" a difficult one. At that time there was no team and (A)'s supervisor had to be used as the main support. Since then a team, made up of principals, deans, the form teacher involved, and counsellors, has been developed to circumvent this and to provide a wider and more co-ordinated approach (Stewart, 1999; p.40).*

### **Knowing adolescents**

Knowing that young people are all at different developmental stages, a school, then, needs to be aware that there are varying responses to expect from their student body. An example of this happened after a suicide of a sixteen-year-old girl at a religious school. Some students, of varying ages but different levels of moral development, believed that it could never be acceptable, and she could never be forgiven, because of the rules of the church. In comparison to this, others were able to balance the issues and come out feeling that the pain the young woman had been through helped to explain her decision and that God would not judge someone who was in that amount of pain. Interestingly, at a time when teens are said to be rebelling against their parents, these young

women took their lead from their parents and their views were a reflection of the moral development of their parents. This process served to complicate recovery for some of the group as it exacerbated the already difficult processing that they were doing.

### **Knowing the culture of the school**

Further to the last point, and subtly different, is that the young people interviewed talked about the need for the school to know its population. This has also been my experience, especially when working under a policy or a critical incident template. There is a temptation and a risk that all teenagers may be labelled under one heading so that they become a homogenous group rather than a group of individuals, or at least a series of groups of students. When schools are talked about there is a story that goes with them that is an attempt to describe their nature. An old, well-respected and private school may be seen to be full of privileged young people; for those of us who are working in these environments we must be aware that there are always going to be young people with needs; these may be mental or physical or health difficulties, they may be those who live with previous trauma or those who live in stressful family situations, or any other issues that could be making their lives more difficult.

### **'Pop-ups'**

Another instance of this necessity for a plan is that the 'ripples' affect whole communities. When dealing with an incident there are always a number of 'pop-ups' that occur; that is, there are implications for other schools, other young people, family members and the community. These others are all drawn into the incident and need to be planned for. This may be indirect planning, but at least an awareness of this process is important as they process things for themselves.

### **The Human Variable**

As a researcher who is systematically analysing the data from this study, and simultaneously reflecting on practice, I am convinced of this need for planning. Without planning there is more likelihood that staff may complicate responses with their attitudes and personalities; the human variable. These may

exacerbate situations as a range of reactions become overt. An example of this that I remember is where the teachers in a school that were dealing with a completed suicide had differing opinions on how to respond to the students. The staff pulled against each other as some doubted the genuineness of the grief, insisted on getting on with the syllabus and discouraged the overt expression of any grief. Other staff members were trying to allow the girls to express their shock and grief. The strength of the leadership in the school comes into its own at this point. If they are able to give guidance, educate and support the staff and pull the staff team together the chances of a successful resolution appear to increase.

There have also been times when some members of the staff are just not able to deal with the incident for a variety of reasons; examples include staff not having the knowledge, or losing their confidence, to implement it; or that they have previous experiences of trauma that preclude them from dealing with this new experience in the way that they might want.

To illustrate this, at one incident, staff wanted to check out every step of the way that they were making the right decisions. This was despite their training where much of the basic essential knowledge was already part of their teaching repertoire. Therefore, the need to factor them into the plan becomes very important. One particularly potent example of this was as the result of a suicide where the school counsellor was in such a state of shock that she was unable to cope and ended up taking sick leave as a pre-existing condition re-emerged.

Underpinning this discussion in these three sub-sections is the contributions from the research and literature.

### ***What the Research and Literature is Saying***

The students were clear that there had been little preparation for such events. Research has suggested that some schools will ignore the probability that an incident will happen in their school (McCarthy & Hermansson, 1998; Deaton & Berkan, 1995; Stanley & Williams, 1995; Ridling, 1995; Rivers, 1994; Eränen & Liebkind, 1993; Dale, 1992; Pitcher & Pollard, 1992; Carter & Brooks, 1990).

There was also clarity from those interviewed about the need for a plan to be in place before any event took place. The literature within this country predictably backs this observation up (Stewart, 1999; McCarthy & Hermansson, 1998, Beautrais, et. al., 1997, Ridling, 1995; Dale, 1992). A number of areas were specified as being an important part of any plan but there are many more that have been identified in wider research (for a full list see Appendix Three).

As a basic starting point for any school the Interviewees asked that a plan be in place. Further to this, however, was their need to know how to respond to this population as they process the incident (Gurwitch, et. al., 2001; Johnson, 1996; Cloke & Davies, 1995; Ridling, 1995; Rivers, 1995; Stanley & Williams, 1995; Munro & Wellington, 1994; Whitla, 1994; Klingman, 1993; Dale, 1992; Pitcher & Poland, 1992; Hodgkinson & Stewart, 1991; Siehl, 1990; Johnson, 1989; Toubiana, et. al., 1988; Klingman, 1986).

This is associated with a need to know their population; that is the demographic profile of the school, and identification of all involved. This was discussed in the interviews and is well researched (Munro & Wellington, 1994; Hodgkinson & Stewart, 1991; Johnson, 1989). If the school already knows its population then the students believed that it was more likely that any response would be tailor-made to their needs. They felt that a generic template would not provide the level of care that they needed. Stuhlmiller and Dunning (2000, p.18) draw attention to this need to tailor-make responses:

*Although researchers and clinicians are driven to gain a generalized understanding of phenomena so that difficulties can be anticipated and mitigated, crisis situations are self-defined and do not transcend all people and cultures in the same way. In the same way there is often a gap between scientific expectations and actual experiences. Narrative accounts of those debriefed following disastrous events reveal such discrepancies and concerns.*

If schools tailor-make their responses there is more likelihood that the students would have their next request met: the need to provide a Culture of Care within the school environment.

## **Theme Three**

### **A Culture of Care**

Culture of Care was a phrase that was used by Karla in her interview and it has continued to be used throughout the research because it epitomised the sentiments expressed in several of the interviews.

#### ***What the Interviewees Experienced***

When exploring with the Interviewees what they had experienced after an incident the answers to this question ranged from moderately positive to poor. Examples of more positive responses included an individual staff member approaching the young person and offering their condolences and shaking their hand and saying he could go to the counsellor for help if he needed it. Another student, X was aware that the school was trying to be sensitive about who was told. The example she gave was that the school decided to tell a boarding hostel, rather than the whole school. Jason and Simon were the only two interviewed who had faith that their school was set up to respond well.

There were more stories, however, that were not so positive. Following a suicide at Karla's school the individuals who knew the deceased were approached and told to stop talking about it as they were upsetting other students. Karla argued that they should be talking about it but the staff did not agree. Karla said they went out and got drunk and had a party because they were given no guidance but were shut down instead. She said they spent a lot of time talking about it, trying to piece it together, to make sense of what had happened. All the while that they were doing this they were scared they were going to get in trouble for talking about it. "I think that by putting the lid on something....it makes it bigger than it is". She believes that it didn't allow them to work it through in a healthy way:

*Yes, she had died and yes she had killed herself but because we couldn't process that, and think about how awful it was for her and her family, and we've lost her, and those kinds of things. We were too busy thinking "Oh God we're going to get in trouble talking about it".*

By working through it with some positive help she thinks they may have come through it better: "I think the difference it would have made, would've stopped everybody feeling guilty over having feelings that were pretty normal". The young people interviewed all expressed this need, and for some this was a response to being actively told not to talk about it. This has certainly been confirmed in my experience as well when students have been shunted back into class in the attempt to keep routines going whilst not acknowledging their needs.

Despite the positives that the Interviewees identified, after the incidents many participants felt a lack of care. Caring family was a common theme but it was less positive when it came to the school.

In Katherine's school the students were being dramatic, in her view over dramatic, with a lot of young people blaming themselves and saying they were also going to kill themselves. This did not eventuate but Katherine commented that: "Me and my friends were just real quiet about it, and that hurt us" as they felt overlooked. X said: "But I wanted someone to ask if I was all right and no-one did". Karla needed some: "acknowledgement of the situation, empathy, understanding, asking us what we needed..." She felt disempowered by the whole event and felt that they had just tried to cover it up. For her the environment had been punitive rather than supportive. She said that the:

*...school didn't know its population, operated from stereotypes. There were a lot of assumptions like: "oh, they're stupid" or "they're not bright enough" or "they're not going to go very far, they'll be pregnant by 16."*

As a result Karla retold stories of them sneaking off:

*...to just go and sit and have a cigarette and talk about it. We'd go off or get together in groups and talk about it and have a cry and things like that but that was child-led, not supported by the school.*

When Paul first returned to school he felt he got no support: "I first went to school I just walked into school and it was like nothing had happened" and:

*No-one asked if there could be anything done about it. If I was to have lost a mate then I would've wanted to be with the boys to talk*

*about it cos I found that they (staff) didn't want to talk about it".*

Paul was also confronted by some "enemies" of his late friend and the school did not take any action to protect him. He ended up changing schools because of this lack of support. He just wanted some gesture, such as a plaque under a tree, to help his grieving. His difficulties were further exacerbated when he heard that:

*...(my adult friend) went to tell her daughter and she was standing in the foyer and they were both crying and holding each other and the person from the school came and asked if they could go and do it in the car park as there were other visitors there.*

He said that if he had stayed in the school he was in he would have tried "to finish it" because of the lack of support that he felt.

Paul's behaviour deteriorated because he did not know how to deal with his grief. As a result he got into trouble at school, he engaged in some drunk driving and was involved in an accident as a result. As he said: "you need to feel happy sometimes...there was a way (drinking) that I found to be happy".

Similarly, Katherine's experience was coloured by this lack of support and a lack of the school containing the fallout: "...they could've tried to do something else...to maybe stop people being so dramatic about it". X agreed with this and reiterated her stance that somebody has to be in charge and know what is going on. She likened it to an illness that needed to be treated.

### ***What the Interviewees are Suggesting***

A common theme was that the participants felt the need to be cared for. Paul said that the school and those in authority need to: "...make them feel special...look like you're caring".

X added that she thought: "It's just so important that everyone is able to do what they need to do" and Karla wanted: "...empathy, understanding, asking us what we needed" as well as some acknowledgement that her friend had died: "a whole assembly...maybe a song".

Jason was of the opinion that everyone needs to be cared for: "...to provide comfort in the school, to support the family, to support the friends who were close to that person". X commented that the students need to come first. She acknowledged that parents may be upset as well but believed that the focus needed to be on the young people: "...I think it's the school's job to look after the school kids so it's not really their responsibility to look after parents".

As a result of feeling uncared for Karla has come to the opinion that changing the Culture of Care is important so that the school staff are trained in recognising issues of power and control. They should also be supported to learn about key documents such as the United Nations Conventions of the Rights of the Child: "So all teachers have an understanding that children have rights, like adults, that they have a voice and very clear views".

In terms of the teacher/student relationship, Karla believed that students need to be able to: "discuss stuff with you without you jumping down their throat: ". She likened the staff's job to parenting where one needs: "authority and boundaries and at the same time there's support and care". Karla thought that it would be beneficial if students could go to a wide range of skilled staff that had the skills to listen, understand and collaborate with teens thereby:

*It would just flow on to kids feeling safe and kids feeling able to talk knowing what's around. I think you can be planning all sorts of things, I mean it might even be in your induction package when you start a new school, just what's available to you.*

### ***What the Collaborative Groups Said***

The contributions from the Collaborative Groups confirmed what the young people above have said. A major theme from these groups is that the students do not feel cared for within their schools. This was not to say that they were not happy within their schools; some of them were seniors in leadership positions and had worked hard and been happy within their respective school environments. A theme from the Peer Support Group was that they believed that the schools were set up as educational institutions and that discipline and keeping order were primary drivers rather than caring for the student body.

### ***What my Experience and Previous Research is Saying***

Earlier in this thesis and within my published articles (Stewart, 2005; Stewart, 2004) several aspects of caring for our adolescents at the time of a critical incident, and at other times, have been outlined. Much of this is also outlined in the broader research and so is included in the section below.

From experience within the educational sector and from working with adolescents the need to provide a Culture of Care is seen differently by both parties. Students are asking for an environment that recognises and nurtures their emotional needs. Schools take their Duty of Care responsibility seriously but it is seen, by the Interviewees, as being an educational and disciplinary role. With exceptions, the feedback from teachers is that they are there to educate students in a particular area, and that anything extraneous to this belongs elsewhere: to the school counsellor, the mental health service, the parents or a range of other providers. Thinking about the school as a whole community that nurtures its young people is an ideal but one that, for the students, falls short in reality.

In my past and present roles of working within mental health and schools this reaction from young people is prevalent. The message is that they are part of a mass of students who need to be contained and educated. Anything that falls outside these parameters is not seen as directly the responsibility of the school.

### ***What the Research and Literature is Saying***

The literature, while not specifically advocating the same Culture of Care that the young people were requesting, reinforces this need. There are several areas within which caring for students may be located:

- Within the Convention for the Rights of the Child (McLaren, 2002; Atwool, 2000; Smith, et. al., 2000; Cloke & Davies, 1995) where the place of children and young people within societies worldwide are delineated. This was discussed further in Chapter Three.
- Within our Welfare Culture (see Chapter Three and Jamison & Gilbert, 2000) where society recognises the need to provide emotional and

physical protection. The development now is in the direction of including the voices of adolescents so that this protection is more inclusive of their voices.

- Within the knowledge we have about the risks of developing mental health difficulties (see Appendix One). This knowledge allows those responsible for the well-being young people to be proactive in developing healthy outcomes for those involved in potentially harmful incidents.

## **Theme Four**

### **The People to Help and the People to Hinder**

Those interviewed were very clear about the people they would use and the people they would avoid. This section identifies the people who the young people would use, and why; the people they would not use, and why, and their impressions of outside professionals coming into the school.

#### ***What the Interviewees Said***

Needing the right people to help was a point with which all the students concurred. They were able to clearly discuss who they needed at the time and the qualities that those people exhibited.

#### **The Right People to Help: Only Serious Quilters need Apply**

*Certain people in the community that you can identify that can work with children and young people really well and gain their confidence, and gain their trust: it is the way they present themselves, the way they look, the words they use, their mannerisms (Jeremy)*

The participants identified the qualities that they believed were necessary to be most effective when working with adolescents in schools.

- Being able to instil trust
- Being respected and respectful
- Being able to giving comfort
- Enabling the students to feel comfortable

- Ensuring safety
- Maintaining confidentiality
- Imparting confidence
- Demonstrating understanding
- Having a shared history:

*“Because they (counsellors and deans) don’t know you as much as your friends or the family do and they don’t know that person as well as you do” (Katherine)*

- Having experienced an incident so that they are:

*“...experienced in that area, that they know how to talk to people” (Jason).*

### **Known and Trusted People**

The young people highlighted clearly their need to use known and trusted people when they needed to access support. This support could be from a whole range of people

### ***Friends***

Friends were identified as central to any support after such an incident. Sam commented: “...cos friends are basically our lives” and Jeremy said:

*An understanding of the person so that’s why friends come in. They can understand, they can relate to, so you can share it and be confident that they know what you’re talking about, you don’t have to bare your soul to have them understand the situation that you’re in cos’ they’re in it as well.*

Katherine also commented that as a friend she had been aware of her role of supporting her friend, that she was the best person to do it: “...me and one of my best friends were there for Emma a lot, just helping her and talking to her...”

### ***Parents, family and home***

Parents and being at home were also significant. Simon said this was “because you have to live with them”. Paul’s need was very basic: “I just wanted to talk to Mum”. Katherine’s poignant comment was:

*Your family, you could come home every day and tell them about him and they could meet him and that kind of stuff. Like my mum met Josh in Form One and she liked him and that. It was a big hit for her as well as she was just devastated.*

### ***A senior student***

Jeremy believed that a senior student: “...who is a similar age to you can be more effective”.

### ***Those who understand cultural diversity***

An understanding of the diversity of cultures within Aotearoa New Zealand, especially for Tangata Whenua, was deemed to be important to both Paul (and his mother, Lisa) and Karla. Paul’s experience, told by his mother, was that the staff at his school assumed that all would grieve in the same way as Pakeha. She said people who are aware are needed whether they are Maori or Pakeha:

*...they need to be culturally aware, because Maori people deal with any loss totally different than us. You know the counsellor at (the boys’ high school), and he was a Pakeha, he just thought that...I could just see that his idea of grieving was totally different from a Maori perspective which was where Paul was coming from.*

Paul followed this up by saying:

*The Maori teacher would know who his close mates are and just get them in a room. You don’t have to talk about C. but just be in the room with them. When I first went to school I just walked into school and it was like nothing had happened.*

Karla suggested that there were a lot of practical things that need to be considered such as lifting a rahui<sup>1</sup> after a body had been taken from the water, blessing a school after an incident. Her experience was that these things are

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<sup>1</sup> Rahui: embargo, quarantine (Ryan, 1995).

often not even considered. She had some involvement with a boy who died of a heart attack in a school swimming pool and wondered about the impact this had on others in the school when no ritual has lifted the tapu<sup>2</sup>:

*And also from the cultural perspective we need to be really careful. If there's been a death or something like that, does the school need to be blessed if it's happened on site? How do other cultures feel about this happening? Is there anything for each particular culture in a school? That just broadens the thinking in terms of what's appropriate...Certain things in different cultures become more important than others, does that become tapu? What happens then? All those kinds of things...like the (school) pool, there may be kids who have major issues about swimming in that pool. There has been a death in that pool...Has it been blessed? Or, has there been a kid with a major anxiety disorder? Or people who're just a bit superstitious, are they being forced to swim in that pool? All those kinds of things, I bet you they are. They can't get out of PE because they don't want to be in there where so-and-so died, so I think all those kinds of things need to be thought about.*

When talking about culturally appropriate rituals and processes around death and grieving there is much in the research that confirms what Paul, and his mother, and Karla were asking for. This was covered in Chapter Five with the overall message being that applying Western psychiatric and psychological models or a critical incident template designed in one particular culture may not be transferable to other cultures (Hirsh & Dickinson, 2005; Liu et. al., 2005; SPINZ, 2005; Annan, 2003; McLaren, 2002; Coggan et. al, 2001; Papalia et. al, 2001; Stewart, 2001; Summerfield, 2001; Ober, et. al., 2000; Perren-Klingler, 2000; Silove, 2000; Weisæth, 2000; Stewart, 1999; McCarthy & Hermansson, 1998; Gilliland & James, 1997; Paton & Sylvester, 1996; Wellington, 1996; Lichtenstein, et. al., 1995; Ridling, 1995; Rivers,1995; Klingman, 1993; Dale, 1992).

Paul and Karla went on further to suggest that we need our own model for our country that is inclusive of this diversity. An Aotearoa model, and in particular one that is suited to Tangata Whenua, has been advocated by Stewart (1999) and Coggan, et. al. (2001). My earlier research explored what was available in

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<sup>2</sup> Tapu: sacred, forbidden, taboo as opposed to Noa: free from Tapu (Ryan, 1995).

this country. One of those interviewed, a Maori adult male who worked in mental health, highlighted the need for us to develop our own tailor-made indigenous model. This use of culturally safe practices needs to be developed so that protocols about such things as working through cultural representatives need to be acknowledged (Ober, et. al., 2000; Silove, 2000; Weisæth, 2000; Stewart, 1999; Paton & Sylvester, 1996).

### ***Those who have an awareness of youth culture***

It was demonstrated that the participants had very strong support from their peers and the group culture. The students interviewed talked about the power of their friends and, therefore, those who were aware of teen culture were seen to be more effective than those who were not. Karla felt that those dealing with any incident needed to have an understanding of what was happening for teens as this lack impacted on her over some years:

*It was huge because you're in that phase when you're a bit rebellious anyway. You've got your own views and your own rights and an understanding of things and then you're treated like a three-year-old not being allowed to go to a funeral.*

Jeremy was aware of the different youth cultures: "Well there's youth culture, there'll be a skate culture, a grunge culture and even within these ones that are saying: 'Don't define me'". He believed that whoever was dealing with the incident needed to be well informed of the impact of these. He commented that the situation may be ambivalent: "...when death comes along, it can remove those bounds" and "...if it's something like gang relations or something that is part of your life or family then it can maybe accentuate those situations".

### ***Others***

Others who were seen to be helpful at the time were a trusted family member, a trusted teacher, dean, principal/AP/DP, and the school counsellor.

### **The 'Wrong' People to Help: Some People Cannot Sew**

As well as the Interviewees being clear about who they did want to help them they were equally clear about who they did not want to help. If people did not access some adults then for the young people there were very good reasons.

Some of these are repeated from above, and this is reflective of the personal experiences of those interviewed.

### ***School counsellor***

While some had mentioned the use of school counsellors as a positive support there were some interesting comments that were less favourable about their use. The importance of having the 'right' counsellors in the school became clear as the students voiced their experiences. Karla said that she: "wouldn't have gone to him anyway", even though he had been available, because she did not trust him. Paul said he wouldn't use his female counsellor because, as a boy, that was not the way he asked for help. Jason commented on the lack of confidentiality from his school counsellor.

### ***School staff***

Karla identified that she wouldn't use school staff for two reasons: "(a) it wouldn't be kept confidential or (b) you'd just be told off".

### ***Adults***

Sam expressed this reservation saying that he would not necessarily use adults because they are too far removed: "...adults haven't been in that experience since high school so it's more closer (with friends)".

### ***Parents***

Parents were also persona non grata with Sam because he was aware of how much they may worry about him. He saw them as worrying about what was going to happen to their teen:

*'Oh no, what's going to happen to our kid?' So they get on to that whole security stuff and "oh, rah, rah, rah, rah, rah", and they never stop.*

### ***Friends***

While friends were generally seen as supportive Katherine and Karla said that there were times when friends became a negative influence. If young people were allowed to remain without guidance then she saw this as potentially being unhelpful saying that at "...other times some of their group just had each other,

so they could be pretty much not talking about it properly because they thought it was their fault”.

### **Those External to the School: Specialist Input into the Quilt’s Pattern**

Those interviewed were aware that people from the outside were available to come in and help at the time of the incident. Two differing kinds of outside support were identified: that of Group Special Education and that of other outside professionals. They had varying experiences of these and their reactions were mixed.

#### ***Group Special Education (GSE)***

Only one of those interviewed knew of the role of GSE in responding to critical incidents. Jason made the comment that if GSE were to be used, then “trust and respect” were still needed. He thought that they might need to be accompanied by a trusted teacher as well. Simon commented initially that he would feel “invaded” if they came in but on further discussion he added that: “it would be better if they explained to the teachers how to help rather than them coming straight to them (the students)”.

X agreed with this saying it may be that “they don’t directly need to deal with students, but to liaise with the AP (assistant principal), or that person who is in charge, so that they can work out what everybody needs to do at that time”. She continued by saying that they would have the advantage of not being emotionally involved and would, therefore:

*...be able to read a situation like this and they would know what was going on and they weren’t suffering that kind of grief. So they’d give people an option so they could talk about it and kind of separate it out. And then when everyone had been told and this group had been called in they could try and assess who, or which groups of students or individuals need what.*

Karla went further, saying that if staff was: “...upskilled already then they just need that TI (traumatic incident) team to support them in what they need to do”. She questioned whether their role should be with staff or with the students because in an incident she had been involved in subsequent to the one she was interviewed about she found that the students struggled despite the presence of

GSE. Karla felt that the whole region (with several high schools within it) was affected, in her words “uncontained”, and she couldn’t see evidence that much had been done at all:

*...they are there to support the staff to manage it because they are allegedly the ones who have the relationship with the children but I think the staff should be doing that anyway so they should know what to do. Why do you need to bring anyone in? Yes, maybe one person to come. If that’s just to support staff then what else needs to be put in place to support children? Because, clearly, if the staff are that unorganised and that distressed they need people to support them. Meanwhile, while they’re getting all that support what’s happening with the young people?*

### **Other Outside Professionals**

When exploring the question of what had happened at the time of the incident several of those interviewed talked about people, other than GSE, who had come into the school. The discussions covered anyone who was seen by the young people as a professional and who was external to the school.

When bringing in professionals from the outside there was a range of opinions. Much of this was based on the previous discussion about trusted people who were known to the students or whom understood young people and could develop trusting relationships with them. Paul, for example, said that he did not know the Maori man he was sent to and so the trust and respect had to be developed at a time when he actually needed more immediate help.

X believed that “strangers” would be useful because: “they are not as likely as staff to get involved emotionally”. She also believed that they would be better able to assess the situation and separate out what was needed by everyone involved. Karla added that they: “could be a good kind of go between, that link between students and staff”. Jeremy thought that if they are: “people who work well with youth, then totally, they could come in and talk”.

Jeremy, Katherine, Paul and Karla were also aware that some people could be traumatised and asked that schools have some understanding of the repercussions of not providing trained professionals who could move them on positively and constructively. Katherine believed that the school needed to have

done this for some people to allow them to move on. Karla advocated for some liaison between mental health services and schools so that schools get an extra insight into the well-being of their students.

Sam said that bringing people in (specifically police in the case of a violent incident) could be difficult because he thought there could be disagreement over their presence in the school believing that some people would say: "What gives them the right to be part of this when they're not part of the school". He said that it would have to be carefully considered and agreed upon and his position was that: "...as long as they know what they're talking about sweet as". Jeremy added to this saying that outsiders need to be there at times because they can give specific information such as "there was asbestos in the building and for the next two weeks we need to do this". He believes they could be reassuring for the students and that they would instil some confidence.

Another option put forward by Katherine was that they had experienced the services of a funeral director. He was said to be very useful because he honestly talked to them about death and the entire funeral process:

*He was there a lot. He came to our school and told us about it. If anyone needed to talk to him about it then he probably knew more than some of the counsellors that had been brought in.*

As with Jason's comments previously, Jeremy said that whoever comes into the school has to work closely with the school so that the effort is seen to be a co-operative one by saying things such as: "OK, cool, this is what that means. That's the theory and this is what it means in practicality" .

Accessing community agencies outside of the school setting itself was barely mentioned. Simon was aware that some students had accessed the One Stop Shop organisation within the city. Karla commented on the power of the community saying that in one incident she has had experience where the community struggled. Conversely, she had seen another community all pull together and converge on the school and offer more positive support.

## ***What the Collaborative Groups Said***

### **The Right People to Help**

In their conversations, the Collaborative Groups focused on the negative and unhelpful experiences that they had been through. The Tangata Whenua Group, in particular, was upset and angry that no adult had been there for them within the school setting. They turned to friends who they felt knew them and who were able to relate to them to them at the level that they wanted this to happen.

Parents were also identified as being helpful by some members of the groups, mainly the females in the Peer Support Group.

### **The Wrong People to Help**

Adults, in the school setting were not deemed to be helpful as the groups did not feel that they had the kind of relationship that it would allow them to accept help.

### **Outside Agencies**

This was a significant area where the young people discussed the help that they either had used or would use if they had been in a situation that required support. The Tangata Whenua group, based within a community whanau (family) agency, said that they would use that agency and named people within that agency with whom they connected. This was based on the quality of the relationship that they had with these people and was particularly underpinned by trust.

The other option that was discussed by some in the groups, particularly the Peer Support Group, was the use of their friends and acquaintances within church settings. Those who attended church did so because it fulfilled their spiritual needs and, as part of this, the churches they had chosen provided the trusting relationships that they felt they would use in times of hardship.

## ***What my Experience and Previous Research is Saying***

### **The Right People to Help**

My impressions of the many young people I have worked with is that they ensure that their needs are met in this area by accessing a whole range of people that they deem to be suitable. In the case of mental health assessment and therapy and school counselling they will not engage if they have not found the 'right person'. As discussed in Chapter Seven being able to develop relationships is pivotal to being able to work with these teenagers. If young people are not able to find these 'right' people they may go into themselves and not communicate or they may choose to get help from people who are not able to provide help in a positive manner. An example of this is that troubled young people may rely on their similarly troubled peers. This could have some dangerous consequences such as abuse of drugs and alcohol, violence and suicide pacts.

### **The Wrong People to Help**

As discussed above, by not responding to a critical incident or by responding in an ineffective manner, the outcomes for the young people may be dire. If the school has the Culture of Care and a comprehensive plan in place, as those interviewed are asking, then it is more likely that there will be positive outcomes. I have noticed that without appropriate guidance there are some interesting manifestations that result. One example that exemplifies this, and which I have found has been replicated in a number of schools, is that several girls have gone off and had séances, one with the aid of a parent, with the hope that they will be able to access the dead person's spirit. It seemed that this was eventuating because there was no-one in the school who was able to sit down and talk this through with those involved. Indeed, in most cases the schools were not aware it was happening. If the 'right' people had been in place, and if a comprehensive plan had been in place then the likelihood of this happening was less.

## **Accessing Outside Help**

In the case of accessing outside help my impressions have been, and my research has indicated (Stewart, 2004), that there are times when it has been imperative that this has happened. An example of this is when schools are experiencing their first incident and a plan is not readily available. Despite the guidelines, this does happen, and, as a consequence, outside expertise is needed.

Personal experience in working within schools, and the published research and Masters Thesis that I have undertaken (Stewart, 2005, 2004; 2001; 1999), would support, in principle, the school being central in providing the responses, with outside professionals being in a support role. The proviso, for me, would be that nobody bears the leadership role alone. As Munro and Wellington (1994; p.39) state: "The primary reason for involving an outsider is that those who are planning and leading the response will be affected by the crisis in some way".

Several instances of this have been experienced over time, but two examples, both involving school counsellors, have shown that the load is too much, at times, to be borne by the school. One example involved a counsellor in a large school where a high profile murder had taken place and there had been no previous incidents to provide a template for a response (Stewart, 1999; Dale, 1992). The second example was in a small religious school where a young woman had killed herself. The school counsellor was in such a state of shock that she was unable to cope and ended up taking sick leave as a pre-existing condition re-emerged. In these cases, the outside support was imperative for successful resolution for the community and the individuals.

From listening to a number of responses from staff members and young people the consensus seems to be that the staff need outside support and consultation as they too are affected by the trauma. They feel that at times they are unable to respond. One form teacher of a sixteen-year-old who had hung herself was as affected by the death as the girls. She was aware that there was some expectation that she had to be "the strong one" but was not able to do it. The girls in her class were aware of this and had no expectation that she be their primary support.

Conversely, however, in some of the informal discussions I have had with some young people they have said that talking to strangers themselves takes it to a level where things seem to escalate to a level of seriousness, or even pathology, that may have not been present before. This related back to the identified need of those interviewed to talk to people that they know and trust as they believed this had the best chance of a positive outcome.

### ***What the Literature and Research is Saying***

#### **The Right People to Help**

Ideally, staff in positions of responsibility who have an intimate familiarity with the nature of their school and the culture of adolescents are even better placed to respond to their students. This was strongly supported by the Interviewees and by a number of writers (Raphael & Wilson, 2000; Stallard, 2000; Wraith, 2000; Cloke & Davies, 1995). Within Aotearoa New Zealand Stewart (1999), McCarthy & Hermansson (1998), Ridling (1995), and Dale (1992) confirm that teachers need to have skills (examples include listening/communication skills, sensitivity, awareness of the right time to make a referral) to look after their young charges, especially at the early stages when no other help may be available.

The strong theme that emerged from the young people, that they preferred to use known and trusted people when they needed to access support, is strongly supported by research (Taylor, 2002; Campfield & Hill, 2001; Carlier & Gersons, 2000; Chemtob, 2000; Gist & Woodall, 2000; MacFarlane, 2000; Morris, 2000; Raphael, 2000; Stuhlmiller & Dunning, 2000; Wilson & Raphael, 2000; Weisæth, 2000; Eyre, 1998; Gist & Woodall, 1998; Ayalon, et. al., 1998; Foa & Meadows, 1997; Ostrow, 1996; Paton, 1996; Paton & Long, 1996).

The qualities that people want when they are asking for help have also been identified and these are congruent with what the Interviewees identified:

- courtesy, comfort, support, warmth, friendliness, good communication; credibility, respect and consideration (de Noon, 2001; Johnson, 1996a; Cloke & Davies, 1995; Stanley & Williams, 1995; Whitla, 1994; Hodgkinson & Stewart, 1991)

- physical and emotional safety and security (Gurwitch, et. al., 2001; Johnson 1996a; Cloke & Davies, 1995; Whitla, 1994; Hodgkinson & Stewart, 1991; Johnson, 1996a)
- professional competence (Cloke & Davies, 1995)

Some British research has been undertaken with young people (8–16 years) who had been abused and who had been involved with adult professionals. Ostell (cited in Cloke & Davies, 1995; p.252) interviewed this client group to ascertain what for them had been particularly helpful in the response:

*The technique, rather than collecting opinion, hunches and estimates, obtains a record of specific behaviours from those in the best position to make the necessary observations and evaluations; in our case, the children we are working with.*

What they found was that these young people were able to very specifically identify the significant contributions that were helpful or unhelpful. Vague reports were thought to be indicative that those activities were not well remembered and were possibly more neutral. The outcomes from the study were described as key service categories and, while seeming obvious to those who have worked with young people for a long period of time, are worthy of note (Appendix Fourteen). I have a shared belief with these researchers that what adolescents tell us can be specifically identified and is significant and that we need to take note.

### **The Wrong People to Help**

There was not much specifically focused on this in the literature. It was suggested by researchers in the field that there is no place for styles that are seen as: "...withholding, incompetent, and reactive/escapist" (Johnson, 1989; p.79). These are thought to exacerbate the young people's responses. Along with this goes the impact of trusted adults/teachers falling apart, making false promises, making judgements, conducting an inquisition, defecting from their leadership role, or withdrawing (Johnson, 1989).

## **Accessing Outside Help**

The young people were asking for a response that works for them in a respectful and effective way. They were well able to see that collaboration between the school and those from the community had the potential to work well. This combination of the schools' wisdom and understanding of their own internal school culture, along with external knowledge and expertise is well backed up by the research (Coggan, et. al., 2001; Mitchell & Everly, 2000; Stuhlmiller & Dunning, 2000; Stewart, 1999; McCarthy & Hermansson, 1998; Beautrais et. al, 1997; Beautrais, et. al., 1997a; Paton, 1997; Johnson, 1996; Paton, 1996; Deaton & Berkan, 1995; Lichtenstein et. al, 1995; Rivers, 1994; Eränen & Liebkind, 1993; Klingman, 1993; Pitcher & Poland, 1992; Hodgkinson & Stewart, 1991; Carter & Brooks, 1990; Siehl, 1990; Johnson, 1989; Weinberg, 1989; Toubiana, et. al., 1988).

These external professionals, were deemed be seen in a secondary role by both the Interviewees, the research and literature (Coggan, et. al., 2001; Beautrais et. al, 1997; Paton, 1997; Paton, 1996; Rivers, 1994; Eränen & Liebkind, 1993; Klingman, 1993; Hodgkinson & Stewart, 1991; Carter & Brooks, 1990; Siehl, 1990; Toubiana, et. al., 1988).

As with the young people, a number of authors have also commented on the need to liaise with specific relevant services such as police, fire service, ambulance and funeral directors (Lichtenstein, et. al., 1995; Roberts, 1995; Pitcher & Poland, 1992). The practical role and reassurance that they provide was seen as a positive by some of those interviewed.

Identifying the characteristics of the people who were significant in providing positive responses at the time of an incident was one that the participants were able to clearly elucidate. Theme five is testament to their ability to recognise and identify the longer term positives that could ensue.

## **Theme Five**

### **Longer Term Positives that were Identified**

Earlier in Chapter Five it was identified that positive outcomes and personal growth were seen as possible beneficial results of such challenging and negative experiences. Three of the Interviewees (Simon, Jason and Paul), while talking about their experiences, were able to identify positive outcomes for themselves.

#### ***What those Interviewed Suggested***

##### **Resilience**

The participants had reflected on what happened to them and were able to say that some things had got better for them. Simon said that: "Life feels, most of the time, pretty good". Paul was able to say that he didn't feel he had much bounce back at the time but that now he has learnt from his mistakes. Jason added that he learned to: "...just always try. I just give things a go. If I muck up I just keep trying".

Having listened to those interviewed it was reassuring to be told that when the students felt well nurtured within the school that they are able to see that they eventually come through the experience with positive outcomes. It was less reassuring to hear stories where the schools had handled it badly in the eyes of the adolescents and that the outcomes matched this.

##### **Relationships**

Because he relied on his father Simon was able to recognise that he and his dad are now closer and that he has become more responsible especially for his younger brothers. Jason discovered positive unknown things about his mother, about how she had positively influenced the people around her especially at Polytechnic. Paul and his mother also talked about the impact on their relationship and how close it had become as they had learnt to trust each other over that difficult time.

## **Development as people**

Two of the young men interviewed identified that their experiences had an impact on their character development. Jason commented that it had made him a nicer person and Sam was able to identify that despite having been bullied it had not turned him into a bully.

### ***What the Collaborative Groups Said***

There were members of both Collaborative Groups who had been through critical incidents and traumas in their own lives. For the most part their processing of these incidents so that they could recall and reflect on them meant that they were very valuable contributors within the groups. It was also notable that there were some people who had undertaken this process less successfully and were still working through the events so that they were not able to see any positives from them.

Resilience was the most marked feature that was demonstrated. Accidental and non-accidental deaths and suicides were part of the experience of both groups, and especially the Tangata Whenua group. These had been events that had happened in the last two years but the young people were well on their way to working through it. One of the key factors in this was that there had been a contingent of the 'right' people helping so that, as the research has already indicated, there was more likelihood of successful resolution. Those who took part in these discussions were also able to identify very clearly that these 'right' people were significant in this process.

### ***What my Research and Experience is Saying***

The strength and ability of young people to respond to the vicissitudes of life have been a feature of my career in social work, especially in the last 15 years as I have worked in social work education, adolescent mental health and a secondary school. What is very notable is that their abilities to process and to make sense of events in their lives, in the greater majority of cases, stand them in good stead to move on. There are numerous examples of this but there are a few that stand out:

- When working with a young seventeen-year-old about the development of Bipolar Disorder, that was going to significantly impact on her throughout her life, she moved from being angry and despairing to accepting and determined to make the best of it in a matter of two years. The outcome was that she wanted to be a client advocate and to share her experience with other young people and also to contribute at a policy level.
- Another young woman, who was 15 when I met her, had a similar diagnosis. From a long stint in a day unit, where she had a history of running away along the rooftops, she is now performing at a top level in the art field. Her diagnosis has become a major motivator and contributes to her success.
- A sixteen-year-old boy, who was having gender identity difficulties, was having huge difficulties in believing that his parents really were comfortable with this position. A process of learning to value who he was, so that he eventually trusted in his parents' acceptance, led to him developing into a high achieving tertiary student, who was head of the Queer Society, and a wonderful actor and dancer. Again he learned to value his experiences and use them to enrich his life.

### ***What the Research and Literature is Saying***

As can be seen from the earlier discussion those interviewed identified the beneficial outcomes for themselves at a rudimentary level. As discussed in Chapter Five, and strongly complementing what the young people have said, are those who have written on the resilience of human beings and encouraging positive outcomes from this resilience (Oliver, et. al., 2006; Boyden & Mann, 2005; SPINZ, 2005b; Ungar, 2005; Damon, 2004; Ungar, 2004; McNally, et. al., 2003; Benard, 2002; Leadbetter, 2002; Smith & Suda, 2002; Calhoun & Tedeschi, 2001; Coggan, et. al., 2001; Davis, 2001; de Noon, 2001; Papalia, et. al., 2001; Calhoun & Tedeschi, 2000; Chemtob, 2000; Paton, 2000; Paton, et. al., 2000, Paton, 2000a; MacLeod, 2000; Perren-Klingler, 2000; Silove, 2000; Stuhlmiller & Dunning; 2000; Tierney, 2000; Violanti, 2000; Blum, 1998; Hill & Foster, 1996; McFarlane & Yehuda, 1996; Paton, 1996; Pynoos, et. al., 1996; Cornish, 1995; Kline, et., al., 1995; Munro & Wellington, 1994; Rivers, 1994;

Ursano, et. al., 1994; de Girolamo, 1993; Carter & Brooks, 1990; Klingman 1988).

The picture is a bigger one however, when we consider the population in this research. Not all young people will have the tools to react in a resilient manner and Ungar, (2005, p.xi) reminds us that resilience is not unlimited:

*Virtually every youth has a breaking point. Research conducted by psychiatrist Bruce Perry on the impact of trauma and deprivation on brain development leads him to assert that kids are “malleable” rather the “resilient”, in the sense that each threat costs them something.*

To counter these potentially negative outcomes the adults and experts (examples included teachers, social workers and policy makers) need to identify and use the variables, and be aware of protective factors and processes (Boyden & Mann, 2005) positively. As Gilligan (2005; p.10) writes:

*Resilience is not some form of moral fibre randomly allocated by some mysterious process to certain children or adults. Nor is it a quality that can be transmitted by some kind of psycho-social vaccination. There is not a one-shot magic bullet of resilience which will inoculate children or adults against the effects of social adversity and social inequality...To enhance the resilience of vulnerable children and adults, public policy has to promote nurturing contexts for their development, through, for example, adequate housing, income, education and health care provision. In particular, it needs to support measures which respect, nurture and complement naturally occurring supports in the routine contexts of everyday lives of children and adults.*

Obtaining the best possible outcomes is essential for all concerned at all levels. Those who are in positions of influence have a responsibility to respond in ways that will tap into the resilience of young people. The alternative is to have outcomes complicated for them as became evident in the interviews. Those working in this area need to remember that: “Kids adapt for better and for worse” (Ungar, 2005; p.xii) and there is the concomitant responsibility to ensure that the former is the goal.

The onus of developing environments, both within schools and in the wider community, that nurture more positive outcomes and resilience has been

identified by many authors as being firmly on those who have the power do so (Ungar, 2005; Ungar, 2005a; Damon, 2004; Lerner, et. al., 2003; McNally, et. al., 2003; Coggan, et. al., 2001; Blum, 1998; McCarthy & Hermansson, 1998; Rivers, 1998; Beautrais, et. al., 1997; Gordon, 1997; Paton, 1997; Johnson, 1996; Johnson, 1996a; Paton, 1996; Cloke & Davies, 1995; Deaton & Berkan, 1995; Lichtenstein, et. al., 1995; Ridling, 1995; Rivers, 1995; Roberts, 1995; Rivers, 1994; Eränen & Liebkind, 1993; Dale, 1992; Pitcher & Poland, 1992; Hodgkinson & Stewart, 1991; Siehl, 1990; Johnson, 1989). As Ungar (2005, p.446) states:

*...children's abilities to negotiate their way in and out of services, as well as their abilities to negotiate for the resources they need from service providers is an intricate dance in which children both exercise personal agency and are constrained by the structures around them (Ungar, 2001). Resilience, as an outcome, must therefore be the result of both personal capacities and social, cultural and political assets.*

The next section explores the roles that the young people themselves believed they would be able to take when there is an incident within their schools. They themselves believed from their histories that they had not been listened to or included in a meaningful way in the educational system and that they had opinions and suggestions that they believed would be valuable to have been heard and acted upon.

## **Theme Six**

### **Involving Young People in Responses**

*I didn't want kids to mistake sleeping on cobblestones with camping out for the fun of it. No wonder the quiltmaker is so intent on giving her quilts to those who truly need shelter from the north wind.*

*(Line & Tubesing, 2000: p.87)*

The involvement of young people in critical incident responses is one of the areas of particular interest in my involvement in this field of practice and a key aspect of the research questions. The rationale underpinning this research has been informed by a commitment to discovering effective processes for supporting young people. It has been designed to include young people in a

meaningful way in the research experience in order to ascertain their viewpoints. Secondary schools have been established for the education and development of young people, thus making them the primary stakeholders. To do justice to these young people, then, those providing responses need to hone them by considering their viewpoints and recommendations.

This section examines the contributions that those interviewed believed students could make when a critical incident occurs. It begins by looking at the extent of their involvement and then discusses three particular areas that were identified within the interviews:

- Inclusion
- Consulting
- Helping

Following this, the contributions from the Collaborative Groups, my own analysis from research and experience and that contributed from other literature and research is elucidated.

As discussed in Chapter Three young people's voices have not always been included in a substantive way in decision making. The reaction to this is that these voices can become heard in negative ways. As those who work with parenting issues are aware, if a child does not receive positive feedback, they are less likely to contribute positively in return. The same may be said for our adolescents when they are not being included in a meaningful way in society. When interviewing them, this frustration and sense of powerlessness that they felt was definitely overt. These emotions were not confined just to this area but to much of their schooling where they felt that the adults did not really understand or empathise with their youthful population. As a person who has worked with a lot of teachers, as a teacher, as a social worker and as a school counsellor, this attitude is borne out by some, so that creating a caring culture within the school becomes more difficult.

As discussed earlier in the research this need to include the voices of our adolescents, in all aspects of their schooling, has been identified by many as

integral to positive outcomes within the school and for individuals (Stewart, 2005; Ungar, 2005; Ungar, 2004; Byrne, et. al., 2003; Atwool, 2000; Smith, et. al., 2000; Smith & Taylor, 2000; Taylor & Smith, 2000; Ministry of Youth Affairs, 1999; Cloke & Davies, 1995; Ridling, 1995; Stanley & Williams, 1995; Butler & Williamson, 1994; James & Prout, 1990).

In the more specific critical incident field there is very little that has contributed to having adolescents input acknowledged as being important. Any involvement of students needs to be well managed and, in this field of practice, the issues with which they would be dealing could potentially be very difficult and complicated: both because of the age of this population and also the nature of the issues they would be dealing with. If we acknowledge that adolescents are a vulnerable population then using them at the time of a critical incident needs to be well considered. The Interviewees themselves were aware of this difficulty.

### ***What those Interviewed are Saying***

In concert with the rationale for this research, those interviewed also supported the need to include the voices of our adolescents in this field of practice. The young people felt that they had little say after incidents had happened and as a result they suggested three different roles that they could have.

### **Inclusion: Working Together on the Quilt**

Being included at the time of an event was a strong theme. This mostly came from the impressions of the young people that they were left out, or left to their own devices to work it through with other people, such as family and friends. An example of this that was outlined in the last chapter came from Katherine who pointed out that if those affected were left to talk to their friends it could go wrong and make matters worse, because they had no appropriate guidance. Karla's experience was negative in a different way, in that she and her friends were actively excluded from any contribution that could have been made by being told not to talk about the event because of upsetting other students.

The students wanted to have involvement, to make some contribution. Jeremy was the only one who had a positive comment about students contributing. He had a memory of a memorial service where many staff and adults spoke. While

he can not remember anything these adults said, the: "...most powerful and lasting memory" was the words of a friend of the deceased. For him, the inclusion of his peers was significant and meaningful because it meant that his peers had something to offer.

### **Consulting: Talking Together while Quilting**

The need to be consulted was also expressed by the participants. The overall theme was that this was not practised and that others, teachers mainly, made decisions for the young people. There was a flavour running through the interviews of 'them against us', that the students did not like what the schools were doing but they had no way of remedying this. Their behaviour and reactions, therefore, were not focused on the school environment so much as on their friends and their families. There was a sense of frustration that accompanied this and that the schools were not doing enough.

Karla believes that it is important to ask the students what they need at the time so that they feel they have a say in what is happening. This came from her experience: "... rather than thinking we were being difficult and actually we were able to think about what we might like". She thought that being able to ask them: "...what they would like to do as a start", "How do you want to be involved in this?", "Can you think of anything that we need to do?" For her it was about: "Feeling like you have got some kind of say in it".

The challenge could be made that at present adults and experts are offering something because, as part of our previously discussed welfare culture, we believe it is something that will be good for them. The students have said that it does not fully meet their needs. An openness about the processes involved in critical incidents (examples would be: expected outcomes, what will happen next, why this is being done) caters to educating the young people who are going to be asking anyway about what is going on and why things are being

## Helping: Supporting the Quilt-makers

Discussions around using fellow students as support people at the time of an incident were enlightening as none of those interviewed had experienced environments where this was an integral part of the school culture.

Jeremy thought there might be a place for students to contribute to feeling the pulse of the school although he did wonder how effective this voice might be in reality. He talked about his school where this happened with student leaders:

*So they were 5<sup>th</sup> form to 7<sup>th</sup> form and they'd been through a First Aid course, a sexual health course. These were identified people who you could talk to confidentially.*

Katherine added that there was: "...one committee or something, of seniors that done some kind of counselling stuff but not many people went to them, they just went to the counsellors". X thought two or three students from each boarding house would be useful and that she would probably have used them if they had been available.

They were also aware that these fellow students needed to be appropriately used. Jeremy commented that they could probably be better used in a situation where nobody had been hurt as it was less emotive. Karla thought there needed to be structure about how the young people were used so that: "... there isn't too much responsibility on those kids". Jason, X and Karla thought that preparation before the event would be useful so that they would be upskilled about the plan and resources.

Katherine and Paul thought that having some people who had been through the situation would be most useful so that they could relate to their peers: "Yeah, I know what you've been through', this has happened to me as well and I know how I can help you" (Katherine).

Jeremy, who is now involved in community development with youth, looked at the big picture of "...facilitating youth leadership". He thought that:

*Potentially it would be great, if you could sort out a system where you could have that five year involvement and you had students coming in at the bottom who would be just as effective*

*and just as trustworthy as those at the top.*

The wisdom of those interviewed about adolescent involvement was apparent. Jeremy discussed the need for schools to be developing leaders among their students. Karla was well aware of the Convention on the Rights of Young People and advocated strongly for schools to take this on so that they become more nurturing and developmental of our future adults.

### ***What the Collaborative Groups Contributed***

This was not specifically discussed with either of the two Collaborative Groups. but their actions and comments, however, epitomised the value of involving them in not just this type of consultation but also research. They were not used to being consulted about the things that happened in their schools. As such it took a while for them to understand and run with the idea that their contributions were important and valued. Once this realisation was made the groups settled down and their abilities and skills came to the fore.

The synergy of working in groups was also notable as they bounced ideas off each other and adapted ideas into a group consensus. They were very inclusive of each other and their opinions despite the teasing and fun that accompanied both groups.

Being included and consulted meant that they contributed significantly to this research. This reinforced for me the belief that I have developed that including students in decision making is a valuable adjunct to the process.

### **What my Research and Experience is Saying**

The students have their own wisdom and knowledge to add and are capable of being collaborative partners in the planning for, during and after critical incidents. Those with the responsibility for the Duty of Care within our schools need to consider developing a culture where we listen to what our young people are saying and take into account their viewpoints. As Lafond (1999, p.4) says, we need to "...challenge the youth to assume leadership of their groups so that their ideas will be heard and implemented".

Students are major stakeholders in our schools and from this rationale I believe there could be a number of roles developed for young people in the field of critical incident responses. They could be included in any Critical Incident Response Group within the school and have roles as clearly delineated as any of the 'experts' (while maintaining an awareness that they are vulnerable young people); they could be resource people pre-, during and post- incident; they could be trained in support roles for their peers (and in light of what those interviewed said about the people they would go to for help there could be real merit in this) and may foster a: "...sense of control and personal efficacy that are gained from the reciprocal helping process" (Ursano, et. al., 1994; p.34); they could be trained to monitor the problem areas at the time of the crisis, the things that adult staff may not be privy to.

This has been implemented at the school at which I work. At this stage, a group of senior students has been involved in putting the policy together for the whole school. The members have training in the role that they have when an incident happens. It is very clearly delineated that they are not front line workers, but that they are the eyes and ears of the student body so the school are aware of things that might be happening that previously they may not be privy to. Having input from students is essential to gaining the biggest picture possible of what is going on. Because there can be a culture of non-communication between the students and management there is often information that those helping need to be aware of, but is made inaccessible by the situation. This is a situation that I have encountered many times: students will talk about suicide pacts, séances, running away, or beating up those they see as responsible. With this information to hand there is more chance of being proactive.

At this stage there has been no evaluation of their role, although this is planned to be undertaken in the next few years, however, the experience of working with the students has been a rewarding one. They are intelligent, insightful and fully understand the role they play within the school. Enabling young people to take part in the development of their schools and in participatory research is certainly a way to have their voices heard and to have more of a say than they do at present.

## What the Literature and Research Contributes

As previously discussed, while there is progress in including young people's opinions and ideas, this needs to be further developed in the area of critical incident responses. Franklin (Cited in Taylor & Smith, 2000; p.203) says:

*"...at the bottom of the ladder, children are informed, but adults choose, design and plan the project, and at the top of the ladder, children actually design the project and share decisions with adults".*

The impression from those interviewed was that the adults and the experts are still climbing around at the bottom of the ladder and are still developing the courage to climb higher. Perhaps the vertigo at the top will not be as bad as we expect it might be. Boyden & Mann (2005; p. 20) encourage this need for adults to climb higher by stating:

*If children's participation in their own protection is to become a reality, appropriate fora and mechanisms must be developed. There is considerable scope for children to become more involved in the management and implementation of existing institutions and interventions run by adults. But there is also ample opportunity for greater engagement in collective action and mutual support with peers. To suggest that children have a valid role to play in their own protection is not to imply that they should take on the full complement of adult responsibilities or that they be treated as adults. Rather, it is to argue that children should have substantially more opportunities to participate in policy and action than they do currently. It highlights the need to work alongside children and "with" rather than "for" children.*

Having students in a helping role, maybe as a peer support group, has been seen as advantageous by others in the field (Coggan, et. al., 2001; Gilliland & James, 1997; Paton, 1996; Ursano, 1994; Dale, 1992). However, as those working in field of critical incident responses, and in the wider field of working with adolescents, are aware, to start climbing the ladder there is a range of participation levels that needs to be made specific. This is so that everyone's involvement is made clear.

Smith, et. al. (2000) have put forward two principles which they believe need to underpin young people's involvement. Firstly, they need to be clear, and the adults need to be honest, about the purpose of their involvement: why they are

involved, what their task is to be and what their level of involvement is to be. Secondly, they recommend that we be guided by children's rights and the recommendations made by the United Nations.

Hodgkin & Newell (Cited in Smith, et. al., 2000; p.192) have identified the strategies that are contained within the UN document, The Convention for the Rights of Young People:

- *Provide children with information about the circumstances and options;*
- *Let children discuss their experiences and how well their views are heard and respected;*
- *Make it possible to apply participation rights with discrimination;*
- *Reflect participation rights in domestic legislation;*
- *Promote children's participation through education, training and other strategies.*

Lastly, they advocate for working in partnership with young people. Much of this has been reiterated by the Ministry of Youth Affairs (2002; p.37) in this country who state that the way to create opportunities is by:

- *Encouraging young people's participation in planning, delivering and reviewing youth development programmes and activities within school;*
- *Encouraging young people to participate and be involved;*
- *Encouraging student-led initiatives and enterprise work;*
- *Encouraging young people to undertake service activities within the school environment and in their communities.*

This ability of young people to contribute to their own destinies has been acknowledged in the Convention and has imposed on adults the responsibility to advocate for our young people (McLaren, 2002; Atwool, 2000; Smith, et. al., 2000; Cloke & Davies, 1995).

## **Concluding Comments**

This chapter has identified the themes that emerged from the interviews. The words of those interviewed have been kept to the fore so that their voices remain most important while exploring the field of practice that is critical incident

responses. These identified themes have been linked to the contributions from the Collaborative Groups, my own research and experience and other published literature and research.

The main themes that were discussed were:

- The naming of incidents and the power of language;
- Schools needing to react proactively to incidents and to have a plan;
- Developing a 'Culture of Care';
- The people to help at the time of an incident: the right ones, the wrong ones, and the use of outside professionals;
- The longer term positives that were identified;
- Involving young people in responses

The 'expert adolescents', who have been interviewed in this research, are asking that when the 'adult experts' are planning interventions with young people that they take into account their opinions.

This two way interaction between adults and adolescents needs to be developed so that young people's rights (that is; to consent, agree, decide on their own best interests and make informed decisions) are written into the processes that are followed so that they are more than a token attempt at collaborative practice (Hirsh & Dickinson, 2005; Smith, et. al., 2000; Munford, et. al., 1995; Cloke & Davies, 1995).

It has become a cliché that we should listen to our young people. However what has been clear in this research is the importance, and the value, of taking young people seriously, beginning from a perspective that they have a significant and valued contribution to make to the way in which we organise ourselves. Listening and taking account of the views and experiences of young people does not mean abdicating adult responsibility, rather it means providing places where they can stand alongside us, and where we will really listen to what they know (Munford, et. al., 1995; p.196).

As Spicker (1995, p.213) says: "...some of the most effective consumer evaluations have come from groups who are most disempowered". Investing time and resources, sharing some of the 'adult' power and decision making could potentially be a very good investment. If we get to a stage where we really trust the wisdom and integrity of the adolescent contributors then we could see more relevant and appropriate service, with better access. If young people were more invested, and because of this feel some ownership, then there would be the situation where adolescents are experiencing a good training ground for adult life. As a result adolescents would be integrated into decision making processes in partnership with adults in the best interests of their peers. Bessant (1995, p.16) that including adolescents in these roles:

*...will provide a basis for policy and legislative changes that will improve the quality of many young people's lives, encourage their active social participation, and help create of (sic) more democratic and just community life.*

Society continues to evolve in its attitudes to its citizens. With this particular group of citizens we need to acknowledge their value to society: To do this we need to give them a voice:

*It is time to welcome children, and with all their diversity, as young citizens, equal stakeholders with adults in a common social enterprise (Smith & Taylor, 2000; p.15).*

Chapter Ten, continues this theme of giving young people a substantive voice as it explores with a Focus Group the findings outlined in this chapter.

# Chapter Ten

## The Focus Groups

### Consulting on the Developing Quilt

*Hers is a Wild Goose Chase border, but mine would be an intertwined border, one light colour, one dark, the vine border they call it, vines twisted together like the vines on the mirror in the parlour. It would be a great deal of work, and would take a long time, but if it was mine and just for me to have, I would be willing to do it.*

*(Atwood, 1996; p.98)*

This chapter reports on the next step in the research process, that of consulting with a Focus Group about the research findings in order to hear their reactions to these findings. This group was different to the earlier Collaborative Groups. The Collaborative Groups, a peer support group and a group from a community setting representing Tangata Whenua, had been collected together to add their input into the documentation that was to be used in interviewing and working with young people. These groups had not continued with the research, with one exception. The written comments from this participant are included in the following discussion. The other members in the Collaborative Groups had disbanded as they continued with their lives outside of secondary schooling. However, I felt it was important to have an opportunity to share the findings with a group of 'experts'; hence the decision to run a Focus Group.

The Focus Group involved a small group of young people who were similar in age, and in experience in the field of critical incident responses. Patton (1990, p.173) comments:

*The point here is that sampling for focus groups typically involves bringing together people of similar backgrounds and experiences to participate in a group interview about major program issues that affect them.*

The school in which I work is a small, co-educational, private, boarding school of just over 500 students in a small provincial city. Approximately 66% of the students are boarders and 66% are male.

The Critical Incident Student Liaison Group within the school was asked if they would take on the role of Focus Group. They fulfilled the criteria for a Focus Group by being a homogeneous group in age (years 12 and 13 in the school, aged 16–18 years) and they shared a similar amount of experience by being involved in the student group and having an understanding of critical incidents. It was also considered beneficial to have a group contributing, as opposed to individuals, because of the potential synergy that could emerge from the group discussion. Patton (1990, p.336) underlines this view:

*The group's dynamics typically contribute to focusing on the most important topics and issues in the program, and it is fairly easy to assess the extent to which there is a relatively consistent, shared view of the program among participants.*

The group was recruited by consulting with the Chaplain at the school who agreed that it was a good idea to utilise their skills. They had been together for three terms by the time that the Focus Group was held. They were au fait with, and had contributed to, the school policy on Critical Incident Responses, had been part of a mock critical incident as well as a real one. Their role in the real incident had been as a conduit between the students and the critical incident team. They had relayed messages to the students and were asked to share any concerns that they were aware of and that they had picked up from listening to the students.

I emailed all members of the group, including the staff and parent representatives, to invite them to take part in the Focus Group. Staff and the parent representative were invited because they were part of the established group and as such were entitled to be informed of this particular activity. I added a copy of the findings chapter (Chapter Nine) as well as an Information Sheet (Appendix Fifteen) and the Consent Forms (Appendix Sixteen). A meeting was already scheduled for two weeks ahead and those who wanted to take part in the Focus Group were invited to attend this meeting.

When we came together it became obvious that because of the pressures of the school year the young people had not had time to read the information nor had it been made clear enough to them what a Focus Group entailed. We rescheduled the date to the last week of term. I undertook to divide the major

findings in Chapter Nine so that they were in more 'bite-sized' pieces for busy students to deal with. Each major finding was assigned to the representatives from a House within the school. This was emailed to them and then it was also given to them in hard copy to ensure that they received it.

The group who accepted the invitation to be part of the Focus Group was comprised of four students in person, two who submitted some written feedback because they were unable to attend, and two staff members. Their demographics were as follows:

**Students**

G	Female	18 years old	Year 13	New Zealand
L	Female	18 years old	Year 13	New Zealand
A	Male	17 years old	Year 13	New Zealand
M	Female	17 years old	Year 12	Germany

**Written Feedback**

Ra	Male	18 years old	Year 13	Maldives Islander
T	Male	17 years old	Year 12	United Kingdom

**Collaborative Group Participant**

Mo	Female	20 years old	Tertiary student	New Zealand
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**Staff**

D	Female	Science teacher
R	Male	Chaplain

The session with the Focus Group was videoed and was saved to DVD so that it could be referred back to for the following discussion. This session was held in a lunch break as that is when meetings are scheduled within the school. The group ate while they were taking part as school dinners are provided. They

were also provided with sweets and chocolate to make the session more fun and to thank them for their time and wisdom.

The students were due to go on holiday the following week for three weeks. When they returned they were straight into mock exams and then were to go on study leave for their final exams. For practical reasons, therefore, it was imperative that the session was taped in the time slot available. This meant that there was no time to be wasted and the group had to remain very focused. This group maintained this focus with the help of a structure that enabled this to happen.

This structure used the same headings that were used to organise the findings in Chapter Nine.

- The naming of incidents and the power of language;
- Schools needing to react proactively to incidents and to have a plan;
- Developing a Culture of Care;
- The people to help at the time of an incident: the right ones, the wrong ones, and the use of outside professionals;
- The longer term positives that were identified;
- Involving young people in responses

## **Theme One**

### **The Naming of Incidents and the Power of Language**

The participants in the Focus Group began their discussion in much the same way as those interviewed had, by saying that they did not know what critical incidents were when they began their involvement with the group. A and G both commented that it meant nothing to them. In concert with the Interviewees they believed that they would call any incident by a title that was related to the actual incident itself. They had had an experience of an incident during their time on the team. A young woman, a tertiary student on placement at an outdoor camp,

had come off her mountain bike and had been knocked unconscious. She was in a coma for some weeks and her recovery has been slow. The label that this event has gained has been “N’s accident” rather than a critical incident.

When I suggested the word ‘trauma’ as an alternative G and A commented that it was a less desirable word than ‘critical’. They said that ‘trauma’ sounds really serious whereas ‘critical’ is related to crisis and, for them, that was a less loaded word. L said that for her: “Trauma sounds like it’s related to death”.

G continued this discussion by saying that the word ‘critical’ sounded better. ‘Critical’ for her was not related to crisis but stood alone and added that: “Critical means getting the right people at the right time”. M went further and said that: “How the incident is handled or solved is critical”.

Their next suggestion was that those involved avoid the words ‘crisis’ or ‘trauma’ all together as they perceived them as being negative. For them, critical was preferable as it was a positive, more motivational word. The use of the phrase ‘critical incident’ was seen as acceptable if it was used in, what L called a generic way.

This analysis felt as if it took the discussion to a positive and constructive level. At the time the staff who were there, D and R, as well as myself, responded to this by appreciating that it was a good direction for discussion for the Critical Incident Student Liaison Group with the new group in the New Year.

## **Theme Two**

### **Schools Need to React Proactively to Incidents and to have a Plan**

The discussion then continued on to the need for schools to be proactive in providing a plan for any incident that happens. The first reaction was from a staff member, D, who commented that up until the group had been established she had been unaware of any guidelines.

The students' comments then ranged over a number of areas, some of which were the same as the contributions from the Interviewees. They identified what they felt would be important to them when an incident occurred.

### **A Flexible Plan**

Firstly M talked about her belief that there should not be a hard and fast plan with 'rules' to follow, that any response needed to be planned at the time to suit the needs of those involved. G agreed with this by saying that: "One plan is not enough". M added that there should be "no force", and that whatever was offered should be mindful of the individual needs of those affected.

R believed that the school were not able to "legislate" that the caring was to happen at the time of an incident but that they had a definite responsibility to "keep tabs" on everything that was going on. T, in his written feedback said that he thought it was: "impossible to have a system in place where everyone is cared for, looked after". He believed that schools needed to counteract this as far as possible: "The main message was not leaving any one individual out when offering help and advice".

### **Normalising the situation**

Mo commented, along with the research literature and the Interviewees, that it was necessary to ensure that the students affected were made aware that such incidents were part of the things in life that negatively affect our emotions:

*This would be good just to reflect to students that 'incidents' and grief does (sic) occur in life and that its OK to mourn like they do. Most incidents that students would be exposed to are generally their first experience and do need direction and help to deal with the situation.*

### **To be Informed**

Mo, the participant from the original Peer Support Collaborative Group was adamant that schools must keep students informed. She commented:

*I do know that some schools don't like to announce 'incidents' because it may inflame and cause some students to dramatize or play on the sympathy from the situation.*

Those in the Focus Group also deemed this to be important. L's opinion was that she needed to be kept informed of what was happening. She continued by saying that whatever help was provided needed to be done sensitively. Ra added in his written report that: "ignoring the issue at hand certainly wouldn't have helped the situation".

D agreed with this and added that, from her point of view, Housemasters (the responsible adult in each house, leading a team of matrons and assistants) needed to inform their House as fully as possible and after that to ensure that they were aware of those who needed extra support and to always know where they were: "...some people just disappear".

### **To be Offered Options**

The group discussed the need for there to be options or as M offered: "There needs to be possibilities". There were several opinions about who they would like to help at the time. These ranged from Housemasters to others saying they would use their friends, to others again saying they could see the point of using outsiders.

L was the one who suggested Housemasters because her experience of her Housemaster's support was a positive and trusting one. Friends were another suggestion and there was general agreement about this. Friends were seen as very significant because of their knowledge of each other, because as M commented they would offer "appropriate reactions" and because of trust and security issues.

A could see the point of friends but he also suggested the use of outside professionals as another option. D, in her pastoral role within the school, could see the point of this involvement. She said the some students: "...love to go to an outside counsellor because there is no emotional impact from them (the counsellor)".

R made the distinction between different incidents and experiences saying that there would be different levels of help needed. For some students friends would

be enough but for others they may need other professionals. G agreed saying it would depend on the situation.

This discussion was in concert with the Interviewees who did not want to be given only one option at the time of an incident. They were very clear, as were this group, that choosing their own form of support, albeit with some guidance, was necessary.

### **The Use of Outsiders**

The use of outsiders was acknowledged as a possibility that could work for some students. This led to a discussion on the most appropriate way for these people to be utilised. The Focus Group felt that having professionals sitting in a formal room would not work for them. G thought that if these professionals were made available in a: "...relaxed situation and in our own environment" then they would be more accepted and more effective. She suggested that they be used at the House level and integrated into the environment so that there was no big deal about being accessed by the students.

### **Keeping it Low Key**

There was, therefore, a theme of keeping any response at a very low key level. L suggested that any announcements be made at the House level rather than at the school wide level. G added that Prefects could be delegated to disseminate information at the student level rather than the Housemaster doing this because she could see that this would make it more acceptable to the students and: "...not wind things up".

For L, she wanted to be: "...looked after to a point but I don't want to be fussed over". She added that she would not want lots of people involved in her care as this would complicate it for her.

This was a different point than what had been brought up by the Interviewees. The theme for them was that they wanted to have a range of trusted adults involved whereas L wanted the response to be provided by fewer, more low key people who may in fact be other students. This also confirmed the desire from

both groups, the Interviewees and the Focus Group that a Culture of Care and being given options were important aspects of a response.

## **Theme Three**

### **Developing a Culture of Care**

This discussion on what the Interviewees saw as the need for developing a Culture of Care was seen in two ways by those who contributed. Ra, in his written feedback said that he did not believe the school had to provide care unless it was mandated by the government. He thought:

*...it is a fair comment that schools don't really expect themselves to be more than an educational facility. Surely it depends on what the policy laid out by government for state schools (sic). If it is in their mandate, then schools clearly have a responsibility to care for the emotional health of students. But if it is not down in writing, then they can get away with not providing support.*

This legalistic viewpoint was not followed through by Mo or the Focus Group itself. Mo felt that it was moral, not legal, responsibility of the school to provide support and that it was a: "...frustrating and very tender issue for schools". She wrote:

*Schools are role models for how students live. If school don't show any acknowledgement or provide support then they are implying to students that the effects and feelings caused by incidents should be swallowed and life should go on.*

The Focus Group applied the concept of the Culture of Care to their own experience in the school. This was seen as a positive for those in the Focus Group because they felt that they were already in such an environment with G saying that: "The teachers really care". A commented that he thought: "...this school was a lot different to other schools". For the group as a whole there were several factors that contributed to this being the case. Firstly, L thought that being in a small school helped. A said that this helped him because he felt as if he knew most people. The fact that they were there "24/7" was also significant to A.

The teaching staff also contributed to this situation. G felt that the teachers really cared in the classroom and this was enhanced by small classes. The caring however went wider than the classroom setting as teachers are attached to each of the six Houses within the school and this enabled them to get to know the students better and vice versa. L believed that this enabled the staff to: "...understand how we might react". This was a very reassuring factor for all those involved in the discussion.

This positive contribution from the group matched what Simon and Jason had said when they talked about their school. They thought that its small size contributed to the nurturing atmosphere within it. The Focus Group did believe that this could still be achieved in a bigger school but that it would be more difficult to achieve this.

## **Theme Four**

### **The People to Help at the Time of an Incident**

When discussing the people to help at the time there was a very similar discussion to what had occurred with the Interviewees. Firstly, they were able to identify that there were a range of characteristics about the people they would use for support: teachers, Housemasters, counsellors (inside and outside the school), parents and friends. There was more reliance on people within the school and this may have reflected the fact that the majority of students were boarders, with many of them being from some distance away from home and a significant number from overseas.

When talking about the 'right' people to help there were a number of characteristics that the group identified as being important to their decision making process. These included their ability to listen, the students' confidence that they know what they are doing, trust, and just knowing that they are the 'right' person because of their relationship with them within the school. X had said something similar in her interview when she talked about the AP being essential at the time of the incident because he knew everything that happened within the school and she had huge amount of trust in him.

With others coming into the school to assist there was a slightly different conversation on what the students would be looking for in terms of help. A commented, while laughing, that for him: "...warm, facial features" were important. D agreed with this by saying she would use the eyes as her measure of whether she would confide in them.

The people who would not be useful were also part of this conversation. For this group, they felt they would not use people who were too far removed from the school culture. G said: "...people who were not at all involved". She felt they would not be useful because they were not aware of the community. For her it was a case of: "They would try to help but they don't understand". M needed to be convinced that the outside person was experienced before she would consider going to them for help; "We need someone who knows. They won't (just) go to someone who makes an offer". This aligned with Jeremy's position earlier in the study when he identified the people who understood teenagers as being important in the helping role.

For D, her difficulty with the 'wrong' people to help was the bad listeners. The others agreed when she said: "Someone who thinks they have all the answers, but haven't heard what I have to say".

The ideas put forward by the Focus Group, that had come from their own experiences and from reading Chapter Nine, reflected what the Interviewees had contributed. For them, choice and having options was very important so that they felt as if they were in control of how they dealt with any incident.

## **Theme Five**

### **The Longer Term Positives that were Identified**

This area was only briefly touched on, because of time constraints, but some important insights were added. G talked about the need to encourage the strength of those affected rather than going to the counsellor. She saw that for most students using their friends and support systems around them, such as Housemasters and teachers, would be enough. While not mentioning the word resilience her conversation reflected this as she talked about relying on her own

strengths, and was picked up by others. When they considered how they would respond to critical incidents and who they would access help from three of them (G, R, and L) talked about the likelihood that they would not ask for help from others but that they would rely on their inner resources and support systems.

Their suggestion was that the school needs to support the development of this resilience to enable the development of individuals so that they are well able to cope positively with incidents and with life's vicissitudes when they arise.

## **Theme Six**

### **Involving Young People in Responses**

The young people in the group had been coming to the Critical Incident Student Liaison Group all year and had become very used to understanding what their role within the school was. They had worked on the policy in the final stages before it had been signed off by the Board and so were very used to working at this level. L commented that: "We have only had one 'incident-ish' to base it on" and there was some disappointment expressed that all the work had not really been used, while realising at the same time that this was also a good thing. D pointed out that they were all still attending the group so that showed that they had realised the value of their input.

For them being involved at this level had become accepted and there were another two formal groups, the Dining Hall Committee and the Anti-Bullying Group, in the school that ran this way. Of value here, was the observation from M, the German exchange student, who commented that what she had seen in Aotearoa New Zealand was markedly different to her experience in Germany. She said: "Every student can have some responsibility in some way. They can say what they want".

These students are, then, in a different position to the Interviewees who felt that they were not a valuable part of their respective schools. From what M said, and from their own comments it would seem that the school in which the Focus Group was based was on the right path to being inclusive of their students so

that they were able to have a say and some input into the running of their school.

## **Concluding Comments**

This Focus Group was set up to discuss the findings that came from the Interviewees. They members were already part of a functioning group that meet regularly with the express aim of being proactive in the event of the occurrence of any critical incidents within the school in which they attended. They were, then, very familiar with this field of practice and were seen to be a very useful group to consult with over the findings.

Their findings, for the most part, were congruent with the findings from the Interviewees. The discussion that centred around the first five findings was very similar to that found in Chapter Nine. The sixth finding showed some different viewpoints. These were viewed as being positive because they were an acknowledgement by this particular school that involving students in the decision making within the school had some positive outcomes for the school and for the individual students.

Chapter Eleven draws to a conclusion the findings and reflects on the research process. It then discusses the recommendations that have emerged from the research and some areas for future research, before drawing the thesis to a conclusion.

## Chapter Eleven

### Conclusions and Recommendations

#### The Finished Quilt

*It requires as much ingenuity to adapt a design as to invent one, and the needle worker who can adapt a pattern from another source is half way along the road to being a successful designer.*

*Ernest Thesiger, 1941.*

*(Adventures in Embroidery, accessed 2007)*

The final chapter of this study brings together all the pieces of the quilt. This study started as a disparate array of pieces that gave some answers to the questions posed but did not give a complete picture in one viewing. As well as the available literature and research being ambivalent, the voice of the major stakeholders in our secondary schools was, largely, absent. A basic premise of providing responses is so that the best possible outcomes are obtained for those who have undergone the experience, not just of a critical incident but of the response itself. At the completion of the study, these missing voices have begun to be added so that those providing responses have more data from which to hone their responses.

This chapter begins by revisiting the proposed research questions. It then looks at a framework that attempts to encapsulate the factors, the strands, that impact on critical incident responses in Aotearoa New Zealand and thus need to be considered when providing responses. The findings are then related back to this framework and the recommendations that have emerged from the study are elucidated. At the same time, there are a number of ideas for further research that have been identified. This is followed by my personal reflection on the process of undertaking the research before the last threads are tied off and this particular quilt is completed.

To set the scene for the rest of this chapter the research questions are reiterated.

## **The Research Questions**

### **The Quilt's Missing Pieces**

The following questions emerged as areas that needed further exploration after I had spent some years working and researching in this area:

- What are the experiences of young people who have undergone critical incident responses in their school in Aotearoa New Zealand?
- What could be done to improve these responses for young people?
- How has this affected their opinion of their position in secondary schools, and in society as a whole, in Aotearoa New Zealand?
- Do young people feel that they have a voice?

In the course of this study the focus has always been on the adolescent population, as they have been deemed as the *raison d'être* for undertaking the research in the first place.

The research is also based on the narrative philosophy of people developing stories, in order to make sense of events that happen. These stories influence the way they approach their life. It is an acknowledgement that the stories that adolescents live by are valid and worth listening to and learning from. The research was intended to be a participatory exercise with groups of adolescents having the option to determine their level of involvement in the research. There were three components to the data collection (the Collaborative Groups, the interviews and/or the Focus Group) with each group being made up of different participants. The young people involved in being interviewed were encouraged to be active partners in their own research by being, as far as possible, able to put their own parameters around their interview. They were able to choose practical aspects such as where the interview was to be held. They were able to edit their interview and 'own' their contribution to the study by helping to compose their individual narrative. Other areas needed more negotiation because of the demands of time, travel arrangements and limited finances.

The study was designed to be:

- heuristic (to acknowledge my intimate involvement with critical incident responses);
- qualitative (to give credibility and validity to the stories of the young people);
- utilisation-focused research (to ensure that the valuable input from those who were involved contributed to and influenced this field of practice);
- participatory (to be respectful of the contributions that the participants were able to make).

## **A Suggested Framework**

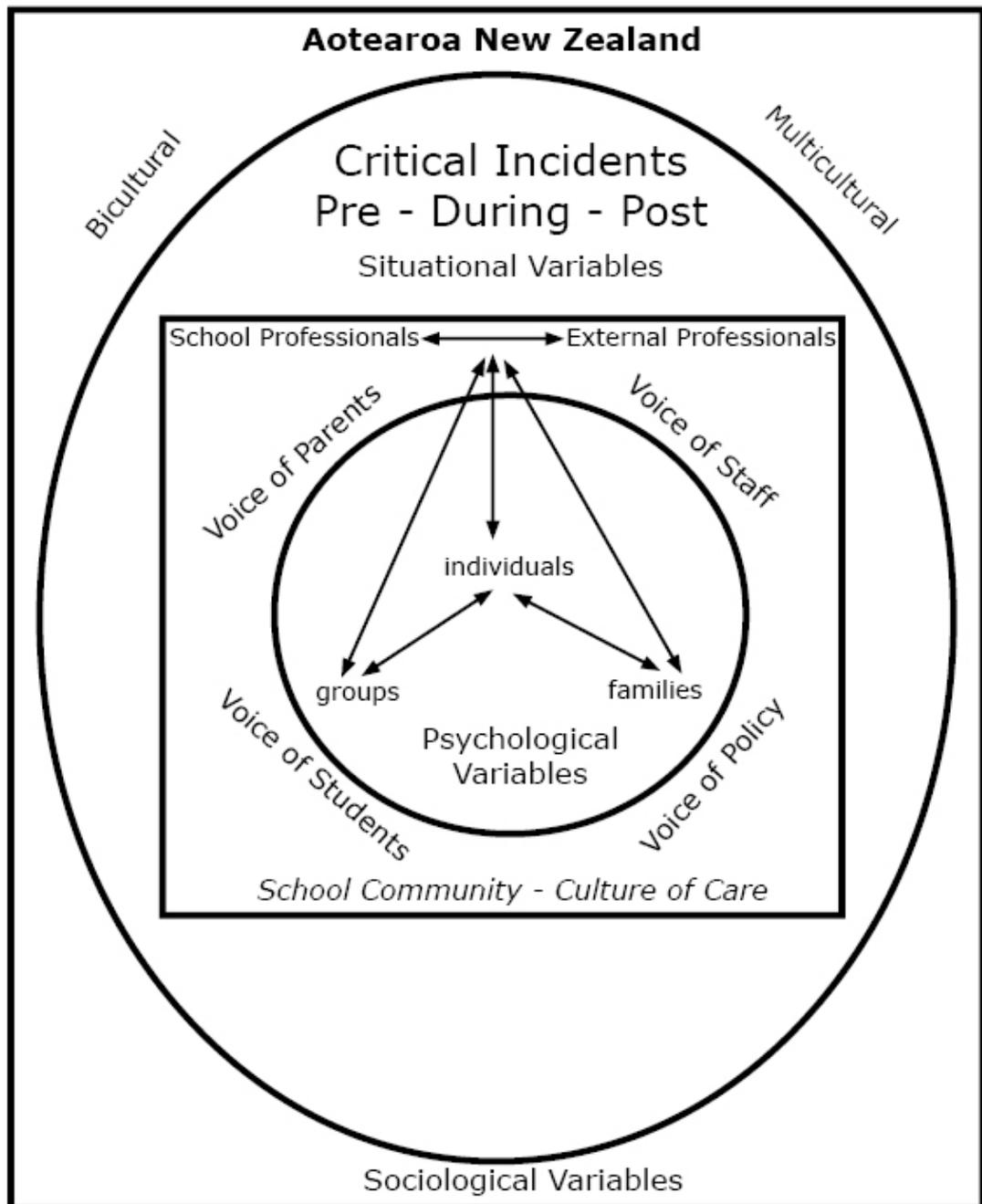
### **A Guide to Quilting in Aotearoa New Zealand**

The framework that has been developed is an outcome of pulling all the strands together. The strands that make up this quilt are the voices contributed by the Collaborative Groups, the Interviewees and the Focus Group. These voices were identified as being substantially missing from the provision of critical incident responses but have been deemed integral as they belong to major stakeholders in the education system. My own experience and the research literature have contributed other strands by adding their voices to those of the young people.

The framework is based on the systems and ecological frameworks (Bronfenbrenner, 1979) that were identified in Chapter One. These dynamic systems within which each individual operates are forever changing. Constant change processes continuously impact on them and society. If we ignore change we are only researching part of the phenomenon that exists. It also needs to be remembered that any information is dependent on the social, historic and temporal context in which it exists and that any generalisations made need to be cognisant of this.

The systems, within which we all live, need to be understood by those who are working in the field of practice that is critical incident responses. If we are going

# An Aotearoa New Zealand Framework for the Optimal Management of Critical Incidents in Schools



to respond to people, in this case adolescents, then they need to be looked after and nurtured at all levels of their individual systems. This is important work because those involved in it are dealing with a potentially vulnerable population, and that whatever is done needs to ensure that not only is there no harm done but that the best possible outcomes for the greatest number of people are actively sought.

Several different systems have been identified and are discussed in more detail in the following sections to form a framework within which critical incidents are delivered. It is necessary that each systems level is considered in order to provide the most nurturing quilt. It is also a template that could be applied to any culture with adjustments made to acknowledge particular situational variables. Examples of these situational variables could include being cognisant of the difference between providing a response in a private girls' school in an urban area to providing one to Kura Kaupapa (Maori language schools based on Maori culture and values) in a rural area. At the international level it is the difference in the nature of schools between countries that those providing responses need to take into account when they are planning these responses. The blueprint is only a blueprint and dependent on the multiplicity of the variables outlined here.

### ***Individuals: the Ontological System***

At the centre of the framework is the individual, also seen as the psychological level. Adolescents are not a homogenous group where one response template will fit all sizes and shapes. As discussed in the course of this study, there are many variables (see Appendix One) that must be considered when dealing with this population. When making any responses these variables are to be acknowledged and acted upon so that once again, the best possible outcome can be achieved.

This is, then, an acknowledgment of two aspects of individual adolescents: firstly, that those providing responses need to always consider each individual and the effect that critical incidents may potentially have on them, and secondly, that the ability of individuals to contribute in a positive and constructive way should be acknowledged and acted upon.

### ***Families and Significant Groups: the Microsystem***

Individuals are surrounded by their microsystem: the people who are with them on a day-to-day basis, their family and the groups to which they closely identify (examples would be peer groups, family, church groups, marae<sup>1</sup>).

Those who took part in the research identified the importance of these groups, particularly families and peer groups. Developing these so that they are salutogenic, or health giving, rather than contributing in a pathological way is beneficial for those involved in critical incidents. As indicated in Chapter Five the recovery environment is integral to the outcomes that are achieved.

### ***The School Community: the Mesosystem***

Surrounding this, is the school community. This is seen as the situational level where the nature and culture of the school becomes important. Identifying the particular nature of each school means that responses may follow a template but that there needs to be room within them to work with the variables that will occur from school to school.

As well, each school community is not a single identity but is made up of a number of stakeholders that all contribute to the particular culture of that school. Along with the voices of staff, parents, and policy, this study has identified the need among young people that their voice be stronger when looking at the delivery of critical incident responses. They identified that they could work with the school professionals and the outside professionals to provide responses that are better targeted to meet the needs of the students within the school.

### ***The Policy Level: the Exosystem***

At the next level, where critical incident responses sit at the policy level, there is the need to ensure that all the variables that contribute to making the students the diverse group that they are, be acknowledged at all the levels discussed above.

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<sup>1</sup> Marae: meeting area of whanau, iwi, focal point of settlement, central area of village and its buildings, courtyard (Ryan, 1995; p.130).

At this level, the necessity of being cognisant of all the variables and ensuring that they are integral to policy is a necessary part of providing the best possible outcomes. Not only does it mean consideration of individual variables but also it means an awareness of such things as the socio-economic status of the school and families; the politics and culture of the community and school, and the differing ethnic groups involved.

### ***The Societal Level: the Macrosystem***

At this level the policies that are used need to be reflective of the country that they are serving, in this case Aotearoa New Zealand. A generic framework could require substantial adjustments to ensure that it is reflective of the nature of this country. Primarily it needs to be a bicultural framework to acknowledge Te Tiriti o Waitangi, followed by an acknowledgement of the multicultural nature of the country. These concepts have special qualities when applied to this nation. Ruwhiu (2001, p.62) has written much to elucidate this:

*In terms of social work professional development, understanding what is meant by tauwi is of utmost importance. It raises awareness of the multicultural fabric of Aotearoa New Zealand within the embrace of a bicultural super-structure. Pākehā are not by right mandated to speak for all tauwi. Those of non-Māori cultural experiences, who intend practising as social workers in Aotearoa New Zealand, need to know their own cultural roots within that bicultural framework outlined by Te Tiriti o Waitangi.*

Other areas to be cognisant of are similar to those identified at the policy level: the politics of the country and the attitudes, beliefs and values of the country also need to be imbedded in the guidelines so that appropriate responses are offered. Aotearoa has its own particular culture (such as being nuclear free, bicultural, proud of being small, sporting and having a “do-it-yourself” mentality) that makes it unique to any other country. The history that underpins our justice, welfare, education and health systems is different to any other country so that the infrastructure that has grown around these is influential in how responses are delivered. Other countries will have a different range of variables to factor into their critical incident responses.

These, then, are the systems levels within which this study has been embedded. While these systems have been discussed individually they are to be seen as part of a dynamic whole where there is a synergy that occurs between all the levels. This synergy needs to be considered and acknowledged by all those who are working within each school's system when a critical incident occurs.

In the next section the research findings are summarised and recommendations are made that have been identified in the previous section.

## **The Research Findings**

### **Changes to the Quilt**

From listening to those interviewed, the Collaborative Groups, and the Focus Group, from being involved in a Critical Incident Student Liaison Group at my workplace, as described in Chapters One and Chapter Eleven, and from the observations I have made while responding to incidents, there is an overall feeling that what is being offered at present goes some of the way to meeting the needs of the young people. However, it has also been indicated that there is more that can be done if young people are to be included in the decision making process. The last two chapters have identified the areas that the young people who took part in this research saw as being important to them:

- The naming of incidents and the power of language;
- Schools needing to react proactively to incidents and to have a plan;
- Developing a 'Culture of Care';
- The people to help at the time of an incident: the right ones, the wrong ones, and the use of outside professionals;
- The longer term positives that were identified;
- The involvement of young people.

### ***The Naming of Incidents and the Power of Language***

There is a need within schools, and within the wider society, for cognisance of the impact that words are capable of having on young people. For them, this was as simple as saying that they did not understand such terms as critical or traumatic incidents. They did not call these life events by 'adult' or 'expert' titles but by a far more prosaic method. They named them as they experienced them: 'Mary's death', 'the thing that happened to Rangi' or 'John's accident'.

These responses reflected the psychological level that has been identified in the framework at the beginning of this chapter. The students are operating at a level that is personal to them and those around them. Words that belong at a different level, the exosystem, are alien to them in this situation and as such serve to alienate them.

#### **The recommendation**

*That policy makers and schools take these comments from students into account when planning for critical incident responses.*

This was an important aspect of the research for those interviewed as they were aware that the words attached to critical incidents were "adult-led" words. These did not always match with their interpretations of the same event. This highlighted the important emphasis that has emerged from the research: that the young people are not feeling listened to, not only within schools. Those interviewed believed that they have important roles to play within schools and the management of critical incidents. They were aware that they have their own valuable wisdom and that acknowledging this has the potential to be beneficial to all parties involved. As Boyden and Mann (2005, p.19) have stated:

*Engaging with young people in a meaningful way gives a different perspective: For adults to better understand children's perspectives, we must temper adult expertise with some humility and allow children to explain and interpret their childhood.*

## ***Schools Need to React Proactively to Incidents and to Have a Plan***

The opinions that the participants highlighted that the responses that are offered at present go some way to meeting their needs, but that some fine-tuning is needed. This fine-tuning was the rationale for this study and by not including it, we are missing out on their considerable wisdom.

### **The recommendation**

*Those who took part in the study were clear that that they expected that schools ensure that a plan for dealing with critical incidents is in place.*

This was based on the assumption that as Adamson (2000, p.30) says:

*Nasty things do not happen in isolation, they have knock on effects on work colleagues, home, friends and family, as well as at times the wider community.*

This plan, they suggested, needed to be integrated into the school so that the school was well prepared for any incident. For them, the alternative, and some of them had experienced this, was that they experienced powerlessness and a sense of not being cared for. These young people were aware that at the time of an incident they were responding at a very human level, that they were very focused on their psychological responses. Their expressed wish for a plan demonstrated their insight into the need for those operating at the other systems level (be they parents, teachers, other professionals or politicians) to be well prepared to provide the response that the students know they would require.

### ***Developing a 'Culture of Care'***

This concept was a very strong one that emerged from those interviewed. It was applicable to the realm of critical incident responses but also to the wider pastoral care within the school.

### **The recommendation**

*Participants believed that when a school is organised in a way that supported the emotional development and self-efficacy of its students, that teaches practical life skills such as listening to others and caring for those in need, and*

*where the school models and lives this, there is increased potential for more positive outcomes.*

Again, this links back to the proposed framework at three different levels, where the school is reflective of caring for their students. The participants have asked that those with influence at the psychological level (microsystem) at which they are operating at the time of a critical incident (mesosystem), use this influence to provide a “Culture of Care”. (exosystem) The alternative, and again a number of them had experienced this, is a school that is not prepared for an incident, that does not know its young people as individuals, and does not offer effective pastoral support, meaning that the best possible outcomes are more challenging to achieve.

An openness about the processes involved in critical incidents (such as expected outcomes, what will happen next, why this is being done) caters to educating the young people, who are going to be asking anyway, about what is going on and why things are being done in particular ways.

### ***The People to Help at the Time of an Incident***

The students felt a considerable amount of ambivalence towards the roles that people played at the time of a response, which suggests that this is an area that needs clarification. As part of the plan the roles that people play within an incident need to be very clear and in the examples, given in the interviews, this was not always the case. This suggests that those working at the systems levels that respond to students are not making workable connections with these students so that the outcomes are not as positive as they may otherwise be.

Participants also felt that the ‘type’ of helper and the qualities that they displayed were integral to their ability to provide an effective response to those affected by critical incidents.

## **The Recommendations**

*Ensuring that the roles that helpers had were made clear to the student body.*

*Ensuring that the 'right' people were available to help at the time of a critical incident. These helpers needed to possess the qualities that the participants had elucidated during the study.*

### ***The Longer Term Positives that were Identified***

Those interviewed were well able to identify that their critical incident experiences were not all 'doom and gloom' but observed that things did get better over time and that there were positives that emerged. There was an assumption that most affected by such incidents will do well with time and assistance. They were aware, also, that for a small number this will fall short of the optimum and that those making the decisions need to ensure that those in this category get the care they need.

This is in concert with the position that I have adopted after responding to the incidents in which I have been involved. There needs to be a philosophy of optimising outcomes by providing the best possible wrap-around plan for all. This involves tapping into the resilience and strength of our young people in a realistic way knowing that these events will happen and that the school, and the individuals within it, are able to move on in a healthy way.

## **The recommendations**

*The young people's request was that the best possible assistance be provided so that the young people and others involved in the incident could move on in a healthy way whether this involved professional help or not.*

*Natural resilience, helping networks and mechanisms should be utilised to acknowledge that young people will have access to their own effective strategies.*

### ***The Involvement of Young People***

The success of the responses, whilst being in the hands of the adults, systems and professionals, is still ultimately very dependent on the individual young

people who have been affected. The theme that emerged from the young people was that they acknowledge the expertise of some of the adult “experts” who surround them but that they are asking to have their potential as young “experts” acknowledged. They want to be listened to, and to have some action taken from their suggestions. They want their voice to be added to the equation: at present, their voice is only whispering or, in some cases, they have been actively discouraged from putting their opinions and needs to the fore.

Those involved in this study were well able to identify those people who they believed were most effective at providing the support they needed. Adults in the school setting need the support and training so that they can hear what young people’s doubts, confusions and anxieties are about so that they can do their job as adults. It is important to be accurately able to assess the young person’s opinion of their competence and their ability to make their own decisions.

Just as importantly, young people need to be developed into this role as well so that they are effectively able to contribute. At present, however, the young people involved in this research drew a picture of being effectively disenfranchised. This was because they felt that schools, and society, deemed it unnecessary to listen to young people in a way that authentically finds out what they think and feel about things.

In my dealings with young people when information is accessed it can be a ‘treasure box’, and may challenge our stereotype about the depth of thinking that adolescents are demonstrating. Those interviewed confirmed this opinion as the themes developed and recommendations emerged. They were enthusiastic that their views were conveyed to those who deal with critical incident responses.

Further to adolescents being known as individuals, schools should be aware of the bigger picture. They need to be aware of the teen culture of their school and the systems that make up the lives of their particular population. There needs to be acknowledgement of the vulnerability of this population and that we have a responsibility to ensure that the best possible response is delivered.

The students are the prime stakeholders in a school. What transpired from the interviews, and is reinforced in the review of the literature, is that those interviewed demonstrated the potential that adolescents possess. Their involvement in the study demonstrated that they do not fit the popular prejudices that are associated with adolescence but bear out what others have stated in their research: that they have the ability and the motivation to constructively contribute to the decision making process. In this research, those interviewed clearly stated that their needs must be looked after.

### **The recommendation**

*Rather than “doing it” to them young people are asking that they be collaborative partners in their schools. By this, they meant, not only throughout the whole critical incident response process, but also in the wider school setting. If included, young people have a lot of insight and awareness that we can tap into that can inform us about what works for them and what does not.*

## **Reflections**

### **Contemplating the Quilt**

*Women were the unofficial recorders of domestic history and took this role seriously. Few events went unmarked and quilts become the great textile archives of the fabric of everyday life.*

*It was at a quilting bee that young girls learned what was expected as adults.*

*(Patterson, 1957; p.6)*

This research has grown out of a number of factors that came together from my own life and experience to form the research questions that were mooted. On reflecting on the research journey that has been made, there are a number of areas that are noteworthy.

### **Researching Adolescents**

Adolescents have demonstrated that they are very passionate and idealistic about the world around them. Their analysis is not tinged by cynicism and as such they are not prepared to suffer fools lightly, especially ‘adult fools’. The

process of interviewing them was an interesting one and there were several areas that stood out:

- The analysis that was made of the incident was, for the most part, a mature process where they were able to differentiate the good and the bad outcomes;
- Their ability to be introspective and open about their experiences;
- Their respect for, and acknowledgement of, their parents despite the stories that are constantly disseminated about adolescent rebellion and how difficult they can be;
- The enthusiasm for the project, at the interview stage, despite it having little direct benefit for them. Their ability to see that any gains would benefit others;
- The difficulty of keeping them engaged after the interviews. This was possibly related to the last point where they felt they had made their contribution and that was enough. However, number of them moved on to new directions in their life, such as tertiary education, and that may have taken precedence;
- Following on from the above is the realisation that people may need to take time out from research; this is likely to happen for young people who may have conflicting demands on their time. As opposed to my involvement being all encompassing in my life, their involvement was only a small part of their lives. As adults we need to recognise this and encourage them to take part on their own terms. If this means no further involvement then we need to respect this and allow them to move on with their integrity intact.
- The unexpected outcome for myself is that I have learned that the wider field of researching adolescents is a fascinating and valuable one. It is my intent to develop some of the themes identified within this research. One example of this is exploring with young people their perspectives on the effectiveness of belonging to the Critical Incident Student Liaison Team.

### ***The Research Process***

This was a very challenging process and this was exacerbated by my holistic and ecological way of approaching things. What was mooted as being, in my head, a simple straight forward project became complicated by my determination to make the research process reflective of the intent of the study: to be inclusive of young people.

Mistakes were made along the way, mainly out of naivety. An example of this was the use of the Collaborative Groups. In hindsight, these groups would have become integral to the research and followed it throughout, possibly by using email more as the groups dispersed to their lives after secondary school, rather than just at the beginning.

The research was longer and more convoluted than it needed to have been. However, some very valuable learning has come out of this. Several things stand out: Firstly, the need to talk things through with supervisors in a way that ensured clarity was paramount. Their task was an essential one and their input was pivotal to the progress of the research. Secondly, being a curious ecological thinker felt like a disadvantage. Wanting to include information to ensure that readers understood the context of the research meant that there was the possibility of many deviations and diversions in the quest for discovering everything there was to be discovered. In future, the research will be more tightly focused to try to avert this tendency for it to become too big.

The process was an enjoyable and fulfilling one, for the most part. However, it was also clear that the need for self-care was essential. Because of the family events that eventuated the social work mantra of self-care became a reality. Obvious as it sounds now, I learnt that I was actually incapable of researching while grieving. Stress was another 'enemy' as I pushed too hard at times to make progress...to my own detriment. Life does not stop for research or for critical incidents so the need to remain focused on the need for self-care and stress management was valuable learning.

I will take these valuable learnings, both research knowledge and self-awareness, with me into my future work.

### ***The Field of Critical Incident Responses***

The experience of researching this field of practice has been filled with ambivalence.

Working with young people with their positive side (their enthusiasm, their wisdom and insight) and with their negative side (not turning up, not replying to messages and being challenging to keep engaged) has been a fascinating experience. Working with adults who work in the field has had more mixed results. There have been several instances of this:

- Many practitioners in the critical incident field of practice, school counsellors in particular, have been very enthusiastic about the topic. They have lived through critical incidents in their schools and are aware that there are times when responses work well and there are times when they work less well. There has been negativity and defensiveness from some when they became aware that I was researching 'their' area. Some who provide responses have been protective of the methods that they use and the training and experience that they have. The difficulty has been with connecting with the desire to add the young peoples' voices. This has been perceived by some as a threat, rather than an opportunity. The implication is that the study has been done because young people are unhappy with the services that are provided at present. The intent, however, has been to ascertain young people's experiences in order to gauge how to better to serve their needs.
- Personal experiences during the research reminded me of why the topic is so important. A key example of this was trying to receive a refund for a conference that I was unable to attend because of my brother falling critically ill, and my being his next-of-kin; this was a very unpleasant process. It became an exercise in rule following, rather than compassion, for someone who was going through a critical incident. It challenged me personally because I was vulnerable and because it exemplified the necessity of dealing with people in a humane and empathic way.

- Critical incidents that happened while undertaking the research also had an impact on my thinking. For example, I was a keen observer of the Hurricane Katrina experience in the USA; the outcomes for this event seemed to belie the amount of research that comes out of that country. Being the recipient of an email newsletter from a national organisation from the USA I was not reassured as to their ability to respond in an effective manner in all settings and at all levels as outlined in the framework above.
- Those involved in schools in Aotearoa New Zealand are also giving ambivalent messages. There are those who work hard to provide policies, guidelines and good teaching but there are still the opinions coming from the young people that this is not always, in all instances, meeting their needs. As well, parents express their frustration when they are not able to receive the help that they know their child requires and they feel they have to battle to have this acknowledged and acted upon.

At times my feelings about the field of critical incident responses have been an ambivalent. There is the hope that the young people have been able to provide but there is also some despair that progressing in a way that is truly beneficial is still some way off.

## **The Theoretical Contribution**

### **Adapting the Pattern**

What was highlighted for me about the research process, was that I am, primarily, a practitioner who was wanting to do research in order to optimise the delivery of critical incident responses to young people. The awareness that developed along the way about my heuristic position and the need for a robust reflexive process made this even more real as my lived experience, in all its aspects, impacted on conducting the research. This also served to make it challenging for me to differentiate the difference between practice and theory, and hence the contributions that this research has made to the field. Fook (1996, p.xiv) expressed this tension by writing that:

*Practice research is accessible, manageable and useful, and can be designed in a variety of ways to suit a multiplicity of social workers, situations, needs and aims.*

This was certainly the aim of this study as I determined that ascertaining young people's viewpoints and suggestions would be a valuable addition, or fine tuning, to existing practice. As Fook (1996, p.5) suggests it: "...means that the joint goals of practice, research and theory can be served in one piece of activity".

Underlying this, was the desire to make effective and ethical adjustments to critical incident responses as they effect young people. Fook (2002, p.92) expressed this well by posing several questions that served to remind me as a practitioner and a researcher about the rationale behind combining both roles:

*What is at stake are other questions: whether the practice theory is effective in helping to change problematic situations; whether the theory that is developed from practice is both relevant and helpful in illuminating our path, in opening up new course of action, in minimizing ineffective and harmful practice; and in making us a more accountable professional group.*

There were a number of aspects, then, that contribute to this.

- There is potential to include young people in different roles in the schools as part of the critical incident response. The young people talked about three different areas that they could see themselves contributing: being included, being consulted with and helping as support people
- There is confirmation from the young people that most of what is done at present at the time of a response works well for them. There are some areas, however, that need some further consideration in light of what the participants contributed. Examples would be that the people who help need to be ones that have the 'right' qualities with trust and being known to the students as being important, that there are options given to students at the time (such as being actively engaged in a game, being with friends or parents), that responses need to happen immediately.
- That the voices from this study are added to the existing voices that suggest that schools need to be caring communities

- That the resilience that was self identified by the participants in this study is added to the existing resilience theory
- That when dealing with young people at the time of an incident that the big picture is taken into account. The diagram earlier in this chapter was designed to encapsulate this need to include their needs at all the systems in which they operate.

## **Future Research**

### **The Next Generation of Quilts**

This research was one quilt. It was designed to ascertain whether young people felt they had a say in the provision of critical incident responses. As a result of conducting the research, there are still a number of areas that could be explored in more depth so that the responses are honed to better meet the needs that the young people identified:

#### ***The Macrosystem***

#### ***The Field of Quiltmaking***

At the macrosystem or policy level, the overall pattern of the quilt, there is still dissent and consequently, I hold an ambivalent position when considering what best to do. The concept of responding to incidents that could be expected to disrupt the equilibrium of young people is one that is accompanied by as many questions as there are arguments for and against using them. If I consider this dissent and then the maxim of “first do no harm” then I would not be convinced that what is happening at present could be said be ‘theoretically pure’

#### **Recommendation**

*That the research continues so that the dissent can be resolved in the best interests of the young people who receive critical incident responses*

## ***The Expertise of Young People***

### ***Young People can Sew Too***

For the most part the young people are generally satisfied with what is being provided at present. They feel, however, that it does not go far enough in including what they have to offer by not acknowledging the knowledge they have gained from being the recipients of responses.

#### **Recommendation**

*That more research is conducted into how young people's voices can be incorporated into critical incident responses.*

*That the development of Critical Incident Student Liaison Teams in schools be further researched.*

*That stories from young people of successful critical incident interventions be collated*

## ***The Missing Voices***

### ***Dropped Stitches***

Not only is there a need to add young people's voices but there are other voices that need to be heard more strongly. The people affected by these events, the individual blocks and colours, have things they wish to contribute. This became clear after I was requested by an Interviewee to have his mother, Lisa, sit in on her son's interview. She needed to talk about the incident, how the school had handled it, how they could do it better, and the aftermath of having to support her son. Although the focus of this research was on young people her insights and contribution were valuable and were included in the research findings.

#### **Recommendation**

*That alongside the voices of young people, the opinions and contributions of parents and other support people are also accessed and amalgamated into the pool of knowledge.*

## **Final Comments**

### **The Rainbow Colours of Adolescents**

The framework that has been developed was designed to summarise and encapsulate the many variables that make up not just adolescent experiences but also the field of practice that is critical incident responses within Aotearoa New Zealand. This framework endeavours to provide prompts that can be used as a checklist to ensure that those providing responses cover all of the key variables that can contribute to the best possible response being delivered to young people and others affected by the incident. Most importantly, it was designed to put students in secondary schools in the middle of this educational system. This was to acknowledge that they are the primary stakeholders in a school.

Secondly, it was designed to acknowledge the rainbow colours that are adolescents so that responses are not provided as an adolescent template but as a flexible plan that ensures that a nurturing quilt is provided to the students involved, whether they are in families, groups or individuals. These colours are seen to be inclusive of the many facets that were discussed in the study: such things as resilience, health giving or salutogenic practices, individual risk factors (such as cognitive abilities, psychological difficulties, and recovery environments), cultural awareness, school cultures and physical outcomes of trauma.

Lastly, the voices of the students are firmly located in the middle of the framework so that their contributions are seen as having the same weight as those of the adults and professionals who surround them. It is to acknowledge their ability to access their own expertise and to contribute in a positive way; to allow them the opportunity to fulfil the potential that they possess. While not negating the good work that goes on in schools, the frustration that those interviewed felt when they were not listened to, or included, was palpable. It is hoped that this research is another contribution to finding ways to deliver critical incident responses in a positive and constructive way. The final word is left to Karla with her plea for responding more effectively with young people:

*I didn't really feel that they had much interest in us anyway as people. I just kind of felt that there wasn't anybody there. I suppose there was a couple of teachers, I suppose there were two teachers who seemed more personable who we could probably talk to but there was the dean....and it was quite punitive so it didn't feel like they got that you were people too. I don't think, because of the way the school has that divide between the student and teacher and the real, "We're the boss you do what we say" kind of thing, I don't think you felt capable of going.*

# APPENDICES

## Appendix One

### Mental Health Disorders

The following outlines of mental health diagnoses have been included:

- Post Traumatic Stress disorder
- Depression in Childhood and Adolescence
- Anxiety
- Adjustment Disorders
- Acute Stress Disorder

### Post Traumatic Stress Disorder

Post Traumatic Stress Disorder has been included because of its potential to have longer lasting effects if not recognised and handled in a constructive manner (Mental Health Information New Zealand (MHINZ), 2004, unnumbered).

*Post-traumatic stress disorder (PTSD) is a psychological reaction to experiencing or witnessing a significantly stressful, traumatic or shocking event. This might be a war, or a disaster like an earthquake, flood or fire. It might be a car crash, a rape or other physical or sexual abuse. Any situation where there was a risk of being killed or injured, seeing others killed or injured, or sometimes even hearing about such things, can result in PTSD. However, it is important to note that these experiences do not always result in PTSD. 'Shellshock' – the distress experienced by many war veterans – was an earlier name for PTSD.*

*Some events are more likely than others to cause PTSD. Reactions to trauma deliberately caused by other people such as torture or rape seem to be worse than those caused by accidents or natural disasters.*

*It is normal to react to extreme danger or disaster with feelings of fear, horror or helplessness. Usually these feelings fade and the person is able to get on with life, even though it may be changed forever.*

## **Signs of Post-Traumatic Stress Disorder**

### ***Intrusive thoughts and images***

*With PTSD the unpleasant feelings associated with the trauma keep coming back along with images, memories and intrusive thoughts about the event. There may be nightmares or bad dreams. In the daytime the person may feel that it is all happening again or have brief but vivid memories or 'flashbacks'. These can happen without obvious cause or can be triggered by sights, smells or the look of something and can occur randomly much to the confusion of the individual. They are typically accompanied by intense feelings such as guilt, grief, fear or anger.*

### ***Avoidance***

*PTSD has an impact on the person's relationships. Individuals with PTSD may try and avoid any situations, people or events that remind them of the trauma. Families may be puzzled by the person's withdrawal into themselves. People with PTSD may be unable to feel emotions even for the people they love or care for. They may feel detached from others and may lose interest in things they once enjoyed. This can lead to misunderstanding, estrangement and further withdrawal. Avoidance can lead to alcohol or drug overuse, depression, and eating difficulties.*

### ***Hyperarousal***

*People with PTSD may be constantly watchful or jumpy. Their sleep is often disturbed and they may feel irritable and angry with themselves and others. Memory, concentration and decision-making are often affected.*

### ***Is it PTSD or a related condition?***

*The experiences outlined above are common in the first few weeks after a significant trauma. Some people may have PTSD symptoms that occur within a month of the traumatic event and resolve within four weeks. This is called acute stress disorder. If the symptoms persist beyond four weeks, cause the person intense distress and affect their everyday life, the diagnosis is changed to PTSD.*

*Sometimes there is a delay of months or even years between the event and the onset of PTSD.*

*Less severe reactions to disasters or non-life threatening stresses are called stress reactions or adjustment disorders. People with these reactions may have some of the symptoms of PTSD but they are milder and do not last as long.*

### **Who can be affected by PTSD?**

*PTSD can affect people of any age, gender or culture. It is more common among soldiers and refugees who have endured major traumas. People who have experienced childhood sexual or physical abuse may also experience PTSD.*

### **Children and PTSD**

*Children may be more vulnerable to PTSD than adults who have experienced the same stress or trauma. Their response to trauma may also be different. They will usually display disorganized or agitated behaviour. They may have nightmares, and they are likely to relive the trauma through repetitive play. This may be seen through artwork or in changes of behaviour towards other children, bullying, hitting etc. Physical symptoms may include stomach aches, headaches and bedwetting.*

### **Risks associated with PTSD**

*People with PTSD can become depressed and suicidal especially if PTSD is not recognized and treated*

*Sometimes long-term distress and anxiety can lead to panic attacks*

*By 'self-medicating' with alcohol or drugs, the person risks developing alcohol and drug abuse problem*

*Some people may develop eating disorders*

*People with a history of depression may be more vulnerable to experiencing PTSD*

## **Depression in Childhood and Adolescence**

(Mental Health Information New Zealand (MHINZ), 2002)

*Depression is not just the blues or blahs that most of us feel from time to time. Depression is a serious problem where a low mood persists for a number of weeks, months or sometimes years at a time. There may also be a number of other signs, and these are listed below under 'Signs of Depression'.*

*Mental health professionals used to think that young children did not experience depression. Unfortunately this is not true. Nowadays it is becoming much more common for depression to be diagnosed before children reach their teens, although adolescents are still much more likely than younger children to experience it.*

*Depression can be thought about as happening on a scale which ranges from severe depression and bipolar affective disorder (manic depression) which seriously affect enjoyment of daily life, through to moderate and mild depression where people have some signs of depression which make life hard to enjoy.*

*Bipolar disorder is marked by extreme swings of mood. Usually the person alternates between a very high or manic phase and a low or extremely depressed phase, often with normal mood levels in between. (For more information on this condition refer to the booklet on Bipolar Affective Disorder).*

*Although many young people who become depressed recover quickly when positive changes are made in their environment, quite a number of them can stay depressed for months, or even years. There is a form of chronic or ongoing low grade depression called dysthymia or dysthymic disorder in which the young person has a sense of gloom, does not enjoy life and has little self-esteem or confidence. They may have had these symptoms for a year or more. There is also a form of depression known as seasonal affective disorder or SAD, a depression coinciding with seasonal changes.*

*Postnatal depression occurs after the birth of a baby in ten to 15 percent of mothers. Risk factors for this include stress, poor social support and relationship difficulties – factors which may make adolescent mothers vulnerable to this form of depression. (For further information on this condition please refer to the article on postnatal depression)*

*A period of depression in childhood or adolescence may cut short the development of life skills and leave long-lasting scars on a young person's beliefs about themselves and the world.*

*While the signs of depression are similar in adults and children, depressed children and adolescents may show more anger and irritation than adults do. They may also have more changes in mood than adults with depression, seeming quite happy one day and really down in the dumps the next.*

*Young people may not recognise their problem as depression, or, if they do, may feel unable to talk about it. Often the feelings that come with depression are so strong that they do not tell anyone else because they feel no good or they are scared that they are going mad.*

*With treatment, the outlook for depression is good. Most young people will have recovered from an episode of depression within a few months and almost all will recover within two years. The earlier effective treatment is started, the better and quicker*

*their chances of recovery will be.*

### **Signs of depression**

*One or two of the following signs of depression may be just part of growing up. However, if a young person has had a number of them over the last six to twelve months, it is likely that they are depressed:*

*irritability (snapping at others for no reason)*

*crying easily and often*

*lack of concentration, less interest in school work, may stop wanting to go or begin refusing to go to school*

*lack of interest in usual activities, may stop going out with friends*

*being forgetful*

*not being able to sleep or wanting to sleep more than usual*

*slow reactions and speech*

*withdrawal from usual social contact, silent and withdrawn at home*

*changes in eating habits resulting in weight loss or gain*

*loss of appetite*

*low energy levels*

*muscle tension and headaches*

*feeling tired all the time*

*stressed or drawn facial features*

*unexplained physical complaints, especially stomach pains.*

*How widespread is depression?*

*Because depression is often hidden, accurate figures of how common it is are not available. It is generally accepted that:*

*In the Western world, major depression rates are increasing and depression is occurring at an earlier age, especially among males born since the 1960s.*

*New Zealand studies have found that the number of people with depression increases with age in adolescence, that it affects*

*girls and boys equally until about age 15 after which it appears to affect more females.*

*Chronic low grade depression often comes before a major depressive disorder.*

*The first onset of a major depression often occurs in mid to late adolescence. Adolescents who experience depression are at risk of having a recurring episode.*

*Around one in every seven people in New Zealand will develop depression in their lifetime.*

### ***Risk factors for developing depression***

*Factors that may contribute to depression for young people include:*

*dramatic changes in mood, low self esteem, feelings of hopelessness, being negative about life and having family or whanau problems*

*depression in young people is often masked by anger and aggression, usually because they can't or they don't feel comfortable about expressing sadness and hopelessness. This may be a particular risk factor for young Maori people*

*younger children may have a tendency to isolate themselves and may appear quiet and shy when they are actually depressed*

*sexual, physical and emotional abuse*

*bodily changes/ hormonal changes/ physical illness*

*fear of growing up and independence*

*changes in life situations*

*difficulties with friendships, break ups, belonging, identifying with peer group, peer pressure, feeling somehow different*

*dealing with sexual feelings, sexual identity, having unwanted sex*

*conflict between family, cultural or religious values*

*grief which is unresolved from death or other losses (e.g. death of a parent before child is 18, or parents separating)*

*school problems including fear of failure*

*continued put downs or criticisms from others*

*money problems, worries about getting a job*

*alcohol and other drug problems*

*poor nutrition or lack of exercise*

*feeling spiritually lost*

*family history of depression.*

*Depression is a key risk factor for suicide in young people, especially if the young person has feelings of hopelessness.*

*There is a strong association between depression in young people and anxiety, conduct disorders, substance abuse, attention deficit/hyperactivity disorder (ADHD) and eating disorders. These other problems often mask the depression as sometimes they get more attention. Counsellors or other health professionals need, as far as possible, to eliminate sexual abuse as a contributor to depression.*

*There is evidence which links childhood sexual abuse with depression in later life.*

## **Anxiety and How to Handle it**

(Mental Health Information New Zealand (MHINZ). 2003; unnumbered)

### ***What is anxiety?***

*Anxiety is a normal and healthy response to danger and threat. It focuses body and mind on dealing with a problem – the body gets ready for action ('fight or flight') and the brain focuses on thinking through every possible escape route or dangerous scenario. The flow of adrenaline into the blood stream helps us run faster and think our way out of a tricky situation more quickly. This is useful when there is a life-threatening danger to deal with, but can be unhelpful when there is less threat. When we are anxious we feel wound up, nervous, worried and tense. We may go over a problem in our minds until we come up with a solution. Feelings can range from being a bit uneasy to a continuing sense of dread, or feeling panicky and frightened.*

### ***How does anxiety affect us?***

*Anxiety functions similarly to physical pain, calling attention to danger or risk. However, the complex mixture of physical sensations, thoughts and actions means that we can exaggerate the potential danger and feel tense and anxious even though we are not currently under threat. Anxiety has been described as the equation*

*Overestimate the threat + Underestimate our ability to cope = Anxiety*

*Recognising anxiety*

*Anxiety can affect us primarily in three ways:*

***Physical effects:*** *Racing or pounding heart, sweating, breathlessness, dizziness, shaking or trembling, chest pain or tightness, nausea and stomach pain.*

***Thoughts:*** *Thoughts are often repetitive, with a fixed view of a situation that may bear little relation to reality. Thoughts often escalate e.g. from “Oh no, a traffic jam, I’ll be late for my meeting,” to “And if I’m late I might miss this sale, disappoint everyone and be fired.”*

***Behaviour:*** *Anxiety affects how we behave and what we feel able or unable to do, e.g. avoid situations.*

*Panic attacks*

*Feelings of severe anxiety that start and finish quite suddenly are called panic attacks. The uncomfortable physical symptoms of intense anxiety can make people feel that they are about to die, collapse or lose control of their minds, and these frightening thoughts in turn intensify the panic. Panic attacks are common, with one in 10 people having at least one attack during their lives.”*

## **Adjustment Reaction to Adult Life**

(PsychNet-UK, 2006, unnumbered)

*An adjustment disorder is a debilitating reaction, usually lasting less than six months, to a stressful event or situation. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).*

*These symptoms or behaviors are clinically significant as evidenced by either of the following:*

*Distress that is in excess of what would be expected from exposure to the stressor.*

*Significant impairment in social, occupational or educational functioning.*

*The symptoms are not caused by bereavement*

*The stress-related disturbance does not meet the criteria for another specific disorder. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.*

**Adjustment Disorders Subtypes:**

*With Depressed Mood*

*With Anxiety*

*With Mixed Anxiety and Depressed Mood*

*With Disturbance of Conduct*

*With Mixed Disturbance of Emotions and Conduct*

*Unspecified*

**Associated Features:**

*Depressed Mood*

*Somatic/Sexual Dysfunction*

*Guilt/Obsession*

## **Acute Stress Disorder**

(PsychNet-UK, 2006; unnumbered).

*The person has been exposed to a traumatic event in which both of the following were present:*

*the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.*

*The person's response involved intense fear, helplessness, or horror.*

*Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:*

*A subjective sense of numbing, detachment, or absence of emotional responsiveness.*

*A reduction in awareness of his or her surroundings (e.g., "being in a daze").*

*Depersonalization – dissociative amnesia (i.e., inability to recall an important aspect of the trauma).*

*The patient persistently re-experienced the traumatic event in at*

*least one or more of the following ways:*

*recurrent images, thoughts, dreams, illusions;*

*flashback episodes, or a sense of reliving the experience;*

*or distress on exposure to reminders of the traumatic event;*

*Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people);*

*There are marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).*

*At least 1 of the following applies:*

*The patient feels marked distress from the symptoms;*

*They interfere with usual social, job or personal functioning.*

*They block the patient from doing something important such as getting legal or medical help or telling family or other supporters about the experience;*

*The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event;*

*The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a pre-existing mental disorder.*

*Associated Features:*

*These symptoms may occur and are more commonly seen in association with an interpersonal stressor such as childhood sexual or physical abuse, domestic violence, impaired affect, self-destructive and impulsive behavior, dissociative symptoms, somatic complaints or a change from the individual's previous personality characteristics.*

## Appendix Two

### **Variables to be Considered when Examining Resilience and Pathology**

The following is a summary, that emerged from the Literature Review, of the variables researchers and professionals working in the field of critical incident responses have discussed in their work.

The way the trauma is dealt with by, and with, the young person is very important to children's later adjustment as they develop. There are a number of variables which will influence the outcome of the response and indicate that each individual needs assessing in their own right: Those who need help need to be identified as soon as possible so that the best possible outcomes may be attained for them. The following variables have been identified as being significant with a positive balance being an important indicator of longer term resolution.

#### ***Physical Symptoms***

At the time of the incident there may be a number of overt signs and symptoms. As things settle there may be a general feeling of being not well. Examples would be: muscle tension, sweating, shaking, nausea, cramps, headaches, fatigue, vague aches and pains, over sensitivity to noise, tightness in the chest (Lerner, et. al., 2003; McNally, et. al., 2003; Malicoat & Morris, 2003; Irving, et. al., 2002; Lerner & Shelton, 2001; Shaw, 1997; Paton & Sylvester, 1996; Stanley & Williams, 1995; Munro & Wellington, 1994; Johnson, 1993).

#### ***Adaptive Coping Strategies***

A number of coping strategies have also been identified as being possible adaptations at the time of a trauma:

- disbelief and unreality (Malicoat & Morris, 2003; Irving, et. al., 2002; Lerner & Shelton, 2001; Cohen, 1998; Paton & Long, 1996; Paton & Sylvester, 1996; Winje & Ulvik, 1995; Work Group on Disasters, 2000)
- overactive defence mechanisms (Paton & Sylvester, 1996) such as depersonalisation and/or dissociation (Newman, 2005; Lerner & Shelton,

2001; Cohen, 1998; Paton & Long, 1996; van der Kolk, et. al., 1996; Terr, 1991), regressed or disorganised behaviour (Lerner, et. al., 2003; Lerner & Shelton, 2001; Deering, 2000; Wraith, 2000; Lawson, 1998; Gordon & Wraith, 1993; Wilson & Raphael, 1993; Terr, 1991; Work Group on Disasters, 2000), decompensation (Toubiana, et. al., 1988), denial and thought suppression (Paton & Long, 1996; Tyano, et. al., 1996; Johnson, 1993; Terr, 1991; Work Group on Disasters, 2000); separation anxiety (Deering, 2000; Pynoos, et. al., 1996); avoidance/detachment (Lerner, et. al., 2003; Cohen, 1998; Lawson, 1998; Stanley & Williams, 1995; Ursano, et. al., 1994; Johnson, 1993; Terr, 1991); phobias (Johnson, 1993)

- altruism and compassion, life-enhancing activities, idealistic behaviour; examples could be marches to advocate for better disaster relief services or overprotection of others (Rayner & Giarratano, 2002; Calhoun & Tedeschi, 2000; Deering, 2000; Paton & Long, 1996; Winje & Ulvik, 1995; Work Group on Disasters, undated)
- intrusive recollections and re-experiencing (Newman, 2005; Lerner, et. al., 2003; McNally, et. al., 2003; Irving, et. al., 2002; Stallard, 2000; Shaw, 1997; Tyano, et. al., 1996; Stanley & Williams, 1995; Ursano, et. al. 1994; Johnson, 1993; Wilson & Raphael, 1993; Terr, 1991)
- memories of incorrect perceptions and general memory difficulties (Malicoat & Morris, 2003; Tyano, et. al., 1996; van der Kolk, et. al., 1996)
- hyperarousal states (McNally, et. al., 2003; Stallard, 2000; Cohen, 1998; Tyano, et. al., 1996; Ursano, et. al. 1994; Gordon & Wraith, 1993; Wilson & Raphael, 1993; Terr, 1991)
- obsessive preoccupation with trauma related issues (Malicoat & Morris, 2003; Irving, et. al., 2002; Stallard, 2000; Tyano, et. al., 1996; Munro & Wellington, 1994; Ursano, et. al. 1994; Gordon & Wraith, 1993; Johnson, 1993; Wilson & Raphael, 1993; Terr, 1991)
- confusion and disorientation (Malicoat & Morris, 2003; Irving, et. al., 2002; Lafond, 1999; Munro & Wellington, 1994; Gordon & Wraith, 1993; Johnson, 1993)

- developmental issues such as arrestation (Paton & Sylvester, 1996; Work Group on Disasters, 2000) or premature entrance into adulthood (Deering, 2000; Wraith, 2000; Pynoos & Nader, 1993; Johnson, 1989); struggle with identity (Wilson & Raphael, 1993); struggle with ideological views (Malicoat & Morris, 2003; Wilson & Raphael, 1993)
- sense of foreshortened future (Cohen, 1998; Stanley & Williams, 1995; Ursano, et. al., 1994; Terr, 1991) or distorted future perspective that may be generationally transferred (Dyregrov, 2003)
- slowness or hyperactivity (Lerner & Shelton, 2001; Johnson, 1993)

### ***Mood changes***

- apathy/lack of motivation (Lerner, et. al., 2003; Irving, et. al., 2002; Paton & Sylvester, 1996; Stanley & Williams, 1995; Work Group on Disasters, 2000)
- 'survival' guilt and shame (Newman, 2005; Rubin, et. al., 2000; Balk, 1998)
- clinginess (Work Group on Disasters, 2000; Tyano, et. al., 1996; Stanley & Williams, 1995; Munro & Wellington, 1994; Johnson, 1993; Williams, 1993)
- helplessness (Irving, et. al., 2002; Lerner & Shelton, 2001; Rubin, et. al., 2000)
- anxiety (Newman, 2005; Lerner, et. al., 2003; Malicoat & Morris, 2003; Irving, et. al., 2002; Rubin, et. al., 2000; Stallard, 2000; Lawson, 1997; Shaw, 1997; Johnson, 1993; Work Group on Disasters, 2000)
- relief (Malicoat & Morris, 2003; Irving, et. al., 2002; Work Group on Disasters, 2000)
- grief (Irving, et. al., 2002; Lerner & Shelton, 2001; Pynoos, et. al., 1996; Johnson, 1993; Work Group on Disasters, 2000)
- fear and insecurity: examples would be specific recurrent thoughts, such as feeling like one is going 'going crazy' and mundane fears (Lerner, et.

al., 2003; Irving, et. al., 2002; Lerner & Shelton, 2001; Deering, 2000; Stallard, 2000; Tyano, et. al., 1996; Stanley & Williams, 1995; Munro & Wellington, 1994; Gordon & Wraith, 1993; Johnson, 1993; Wilson & Raphael, 1993; Terr, 1991)

- emotional lability (Lerner, et. al., 2003; Wilson & Raphael, 1993; Munro & Wellington, 1994)
- depression/sadness/suicidality (Newman, 2005; Lerner, et. al., 2003; Malicoat & Morris, 2003; Rubin, et. al., 2000; Stallard, 2000; Wraith, 2000; Lafond, 1999; Pynoos, et. al., 1996; Munro & Wellington, 1994; Johnson, 1993; Work Group on Disasters, 2000)
- anger/rage (Malicoat & Morris, 2003; Irving, et. al., 2002; Lerner & Shelton, 2001; Rubin, et. al., 2000; Stallard, 2000; Stanley & Williams, 1995; Munro & Wellington, 1994; Ursano et. al., 1994; Wellington, 1994; Johnson, 1993; Terr, 1991; Work Group on Disasters, 2000)
- withdrawal and isolation (Lerner, et. al., 2003; Malicoat & Morris, 2003; Irving, et. al., 2002; Stallard, 2000; Lafond, 1999; Cohen, 1998; Stanley & Williams, 1995; Munro & Wellington, 1994; Johnson, 1993; Wilson & Raphael, 1993; Work Group on Disasters, 2000)
- irritability (Lerner, et. al., 2003; Malicoat & Morris, 2003; Stallard, 2000; Tyano, et. al., 1996; Ursano, et. al. 1994; Johnson, 1993; Terr, 1991)
- stress (Toubiana, et. al., 1988)
- frustration (Malicoat & Morris, 2003; Johnson, 1993); oversensitivity (Johnson, 1993)
- desire for revenge (Irving, et. al., 2002; Pynoos & Nader, 1993)
- self-consciousness (Malicoat & Morris, 2003; Pynoos & Nader, 1993)
- adjustment difficulties (Annan, 2003)

### ***Psychophysiological/psychosomatic complaints/disturbances***

- psychosomatic complaints (Lerner, et. al., 2003; Rayner & Giarratano, 2002; Lafond, 1999; Shaw, 1997; Tyano, et. al., 1996; Paton & Sylvester, 1996; Gordon & Wraith, 1993; Work Group on Disasters, 2000)
- consequent decline in physical health: examples would be: sleep disturbances (Lerner, et. al., 2003; Deering, 2000; Rubin, et. al., 2000; Stallard, 2000; Lafond, 1999; Cohen, 1998; Tyano, et. al., 1996; Paton & Sylvester, 1996; Munro & Wellington, 1994; Johnson, 1993; Terr, 1991; Work Group on Disasters, 2000); appetite disturbances (Rubin, et. al., 2000; Paton & Sylvester, 1996; Munro & Wellington, 1994; Work Group on Disasters, 2000); amenorrhoea (Work Group on Disaster); hypertension (Work Group on Disaster, 2000); tiredness and fatigue (Munro & Wellington, 1994).

### ***Behavioural and Social Issues***

- antisocial and oppositional behaviour (Newman, 2005; Dyregrov, 2003; Lerner, et. al., 2003; Malicoat & Morris, 2003; Irving, et. al., 2002; Lerner & Shelton, 2001; Deering, 2000; Stallard, 2000; Work Group on Disasters, 2000; Wraith, 2000; Lafond, 1999; Cohen, 1998; Lawson, 1998; Shaw, 1997; Paton & Sylvester, 1996; Ridling, 1995; Stanley & Williams, 1995; Gordon & Wraith, 1993; Johnson, 1993; Pynoos & Nader, 1993; Wilson & Raphael, 1993; Petersen & Straub, 1992)
- dangerous behaviour, self harm, harm to others (Newman, 2005; SPINZ, 2005b; Dyregrov, 2003; Irving, et. al., 2002; van Fleet, 2001; Stallard, 2000; Wraith, 1996; Johnson, 1993; Petersen & Straub, 1992; Terr, 1991)
- inability to communicate with parents, peers (Malicoat & Morris, 2003; Irving, et. al., 2002; Lerner & Shelton, 2001; Deering, 2000; Stallard, 2000; Cohen, 1998; Paton & Sylvester, 1996; Tyano, et. al., 1996; Gordon & Wraith, 1993; Johnson, 1993; Pynoos & Nader, 1993; Wilson & Raphael, 1993; Work Group on Disaster, 2000)
- behavioural re-enactments at home and school (Lafond, 1999; Shaw, 1997; Tyano, et. al., 1996; Ridling, 1995; Pynoos & Nader, 1993)

- precocious sexual behaviour, teen pregnancy (Irving, et. al., 2002 Work Group on Disaster, 2000; Wraith, 2000; Stanley & Williams, 1995; Petersen & Straub, 1992)
- eating changes (Malicoat & Morris, 2003; Lerner, et. al., 2003; Irving, et. al., 2002; Stallard, 2000; Petersen & Straub, 1992)
- substance abuse (Lerner, et. al., 2003; Irving, et. al., 2002; Wraith, 2000; Cohen, 1998; Maddison, 1996; Wilson & Raphael, 1996; Stanley & Williams, 1995; Johnson, 1993; Work Group on Disaster, 2000; Pynoos & Nader, 1993)
- truanting/absenteeism (Lichtenstein, et. al., 1995; Stanley & Williams, 1995)

### ***Cognitive difficulties***

- school and learning difficulties (Lerner, et. al., 2003; Deering, 2000; Paton & Sylvester, 1996; van der Kolk, et. al., 1996; Stanley & Williams, 1995; Wilson & Raphael, 1993; Work Group on Disaster, 2000)
- avoidance of challenges and new experiences (Gordon & Wraith, 1993)
- problem solving difficulties (Irving, et. al., 2002; Dyregrov, 2003; Johnson, 1993)
- time distortions (Johnson, 1993)
- problems in prioritising (Johnson, 1993)
- memory difficulties (Malicoat & Morris, 2003; Johnson, 1993)

### ***The Personality Attributes and Coping Processes of the Person***

#### ***The cognitive style***

This includes such aspects as beliefs, attitudes, motives, imagination, temporal orientation, problem solving style and abilities of the individual contributing to any impairment or resilience brought to any critical event (SPINZ, 2005b; McNally, et. al., 2003; Rayner & Giarratano, 2002; Papalia, et. al., 2001; Summerfield, 2001; Berman, et. al., 2000; Calhoun & Tedeschi, 2000; London

Resolve, 2000; MacLeod, 2000; Wilson & Sigman, 2000; Cohen, 1998; van der Kolk, et. al., 1996; Parker, et. al., 1995; Raphael, et. al., 1995; Stanley & Williams, 1995; Gordon & Wraith, 1993; Hodgkinson & Stewart, 1991).

### ***Affect and emotions***

There are a number of personality characteristics that are believed to be contraindicated in allowing adolescents to process their experiences: the ones that have been identified are neuroticism, dissociation, introversion, level of arousal, being inner-oriented and the suppression of feelings, capacity for self-modulation, ability to cope with fear and threat (Hirsh & Dickinson, 2005; Newman, 2005; SPINZ, 2005b; Lerner, et. al., 2003; McNally, et. al., 2003; Rayner & Giarratano, 2002; Campfield & Hills, 2001; Papalia et. al, 2001; London Resolve, 2000; Shalev, 2000; Silove, 2000; Wilson & Sigman, 2000; Shaw et. al, 1996; Grant, et. al., 1997; McFarlane & Yehuda, 1996; Ursano, et. al., 1996; Everly, 1995; Raphael, et. al., 1995; Whitla, 1994; Hodgkinson & Stewart, 1991).

### ***Pre-existing coping factors and vulnerabilities***

These are a big indicator of positive or negative outcomes: family mental health problems, alcoholism, substance abuse, depression and anxiety, suicide attempts, racial prejudice, special needs and chronic PTSD have been identified as particular pointers (Hirsh & Dickinson, 2005; SPINZ, 2005b; Annan, 2003; McNally, et. al., 2003; Davis, 2001; Lerner, et. al., 2003; Berman, et. al., 2000; Silove, 2000; Grant, et. al., 1997; McFarlane & Yehuda, 1996; Pynoos, et. al., 1996; van der Kolk, et. al., 1996; Worden, 1996; Brent, et. al., 1995; Everly, 1995; Parker, et. al., 1995; Raphael, et. al., 1995; de Girolamo, 1993; Gordon & Wraith, 1993; Wilson & Raphael, 1993; Hodgkinson & Stewart, 1991; Johnson, 1989). The coping mechanisms that the young person has developed over time will play a role in the successful, or otherwise, resolution of the traumatic experience: such outlets as physical exercise, turning to alcohol and drugs, crying, meditation techniques, having trusted people to talk to and healthy role models, will give some indication of the likely outcome (SPINZ, 2005b; McLaren, 2002; Campfield & Hills, 2001; Papalia et. al, 2001; Chemtob, 2000;

London Resolve, 2000; McFarlane & Yehuda, 1996; Raphael, et. al., 1995; Hodgkinson & Stewart, 1991).

### ***Quality of pre-trauma attachment and overall adjustment.***

Young people who are seen as operating well, who are active, socially engaging and independent in the world prior to any incident are seen as more effectively processing any incident (Hirsh & Dickinson, 2005; SPINZ, 2005b; McLaren, 2002; Papalia et. al, 2001; van Fleet, 2001; Gordon & Wraith, 1993; Pitcher & Poland, 1992).

### ***Current and previous life stressors***

These may include previous losses and trauma (SPINZ, 2005b; McLaren, 2002; Rayner & Giarratano, 2002; Annan, 2003; Lerner, et. al., 2003; Davis, 2001; van Fleet, 2001; London Resolve, 2000; Shalev, 2000; McFarlane & Yehuda, 1996; Paton & Sylvester, 1996; Everly, 1995; Raphael, et. al., 1995; Stanley & Williams, 1995; Munro, 1994; Weinberg, 1990).

### ***Personal qualities***

such as:

- the gender of the young person although the research on this gives mixed results: some saying there is no differential, some that girls are more vulnerable and symptomatic and some the opposite (SPINZ, 2005; Dyregrov, 2003; Berman, et. al., 2000; Stallard, 2000; Pfefferbaum, 1997; Stanley & Williams, 1995; Shannon, et. al., 1994; Belter & Shannon, 1993; Gordon & Wraith, 1993)
- the age of the young person, however, the developmental stage of the individual is more important. Those who are at a more mature level may be expected to resolve their issues more quickly than someone who has fewer life experiences and skills (Lerner, et. al., 2003; Worden, 1996; Pynoos et. al, 1996; Shannon, et. al., 1994; Belter & Shannon, 1993; Gordon & Wraith, 1993).

### ***Neuro- or psycho-biological mechanisms***

Originally, before PTSD became an acknowledged psychiatric illness there was much debate about the genuineness of people's symptoms. There was added debate over whether the causes were psychological or biological and neurological. The picture has been a complicated one because physical manifestations are witnessed as separate to the trauma and the link may not be a causal one.

*When traumatic memories are dissociated from other life experiences, and stored outside of ordinary awareness, they may be expressed in such seemingly incomprehensible symptoms as physical ailments, behavioural re-enactments, and as vivid sensory re-living experiences (van der Kolk et al, 1996; p.2).*

With the inclusion in the DSMIV the neurological hypersensitivity is firmly linked with the psychological one, with physiological responses and subsequent neurobiological development being inextricably linked (Newman, 2005; James & Giarratano, 2002; Rayner & Giarratano, 2002; Taylor, 2002; Tierney, 2000; Butler, 1996; Pynoos, et. al., 1996; van der Kolk, et. al., 1996; Everly, 1995; Ursano, et. al., 1994; de Girolamo, 1993; Gordon & Wraith, 1993).

This research has confirmed that there are indeed measurable physiological changes after a trauma that have significant impact on those who work in treating clients suffering from trauma-related issues (Newman, 2005; James & Giarratano, 2002; Rayner & Giarratano, 2002; Maddison, 1999; Butler, 1996; van der Kolk, 1996). The limbic system is particularly implicated:

*Increased levels of catecholamines (epinephrine and norepinephrine), resulting in increased sympathetic nervous system activity,*

*Decreased corticosteroids and serotonin (lowered levels of cortisol and serotonin result in inability to moderate the catecholamine triggered fight of flight response), and*

*Increased levels of endogenous opioids (resulting in pain analgesia, emotional blunting, and memory impairment) (Johnson, 1996a; p.6).*

Shalev (2000, p.21) further elucidates the role that biology takes in the development of trauma and the consequent considerations that therefore need to be made:

*Memory for events is consolidated during the period that immediately follows trauma*

*Elevated level of the stress hormone adrenaline contributes to memory consolidation*

*Adrenergic activation is associated with better recall of aversive information*

*Levels of the stress hormone cortisol, during adversity, modulates the effect of nonadrenaline on memory*

*Information recorded shortly after an event may distort and affect its long-term recall*

*Prolonged distress during a critical period enhances or even creates a catastrophic memory*

*The essence of prevention is reducing distress and arousal*

Those with a predisposition that makes them more susceptible to trauma will be more likely to develop the symptoms (James & Giarratano, 2002; Shalev, 2000; Shalev, 1997; Southwick, et. al., 1997; Yehuda & McFarlane, 1996; van der Kolk, et. al., 1996; Everly, 1995). Interestingly;

*Both clinical and biological data suggest that in a significant number of individuals PTSD causes significant psychological and neurobiological changes, which endure even after a disorder remits. These may include a permanent modification of the individual's vulnerability to a range of psychiatric disorders, which may or may not be triggered by subsequent adverse life experience (McFarlane & Yehuda, 1996; p.169).*

Perry (Atwool, 2000; Pynoos, et. al., 1996) has researched this area. He is less comfortable with the idea of children being resilient and sees them as malleable (Atwool, 2000; p.6):

*First, neurophysical alterations in traumatized children may disrupt normal biological maturation (Perry, in press). Second, these alterations, along with their effects over time, may have a significant impact on a variety of other aspects of child development.*

The indicators for a response, then, are to aim to reduce arousal and psychic distress, as during this time it would seem that a lot of long-term damage and consolidation of this damage may occur (Shalev, 2000). However, recent work in this field has found that, attached to this distress also causes biological or physiological stress (Newman, 2005; James & Giarratano, 2002; Rayner & Giarratano, 2002; Taylor, 2002; Atwool, 2000; Tierney, 2000; Maddison, 1999; Butler, 1996; Pynoos, et. al., 1996; van der Kolk, et. al., 1996; Everly, 1995; Ursano, et. al., 1994; de Girolamo, 1993; Gordon & Wraith, 1993).

### ***The Nature of the Trauma***

The nature of the trauma and the participants involved in it are seen to be important variables in outcomes. There has been much research to identify the factors that are seen to be important.

- The pre-existing relationship with those involved in the trauma, especially if there is a fatality or suicide, is seen as being significant (Annan, 2003; Berman, et. al., 2000; London Resolve, 2000; Paton, 1996; Paton & Sylvester, 1996; Brent, et. al., 1995; Stanley & Williams, 1995; Munro & Wellington 1994; Ursano, et. al., 1994; Whitla, 1994; Hodgkinson & Stewart, 1991; Work Group on Disasters, 2000)
- The nature of the death or loss is important, especially if it is seen as particularly traumatic (Newman, 2005; Shalev, 2000; Paton, 1996; Pynoos, et. al., 1996; Brent, et. al., 1995; Everly, 1995; Stanley & Williams, 1995; Munro & Wellington, 1994; Ursano, et. al., 1994; Hodgkinson & Stewart, 1991) or witnessing a death/murder (Richters & Martinez, 1993) or loss of property/job (Ursano & Fullerton, 1997)

For instance, in the case of a suicide, which is probably the most traumatic death that anyone has to deal with, Munro and Wellington (1994; p.16) are aware that there are several factors that will influence the incident:

*The method of suicide was particularly gruesome*

*There was a common occurrence of suicide within the school or larger community*

*Those involved had a particularly close relationship with the victim*

*Those involved had previously unresolved personal issues relating to a situation in their own past (e.g. if a friend or a relative had committed suicide)*

*Suicide prevention program had been initiated by the school and the effect of that program was seen to be negative rather than positive.*

- The level and duration of exposure to the incident is seen to be strongly associated with how strong the reactions are and the course of stress reactions over time (Lerner, et. al., 2003; Campfield & Hills, 2001; van Fleet, 2001; London Resolve, 2000; Stallard, 2000; Wilson & Sigman, 2000; Fullerton & Ursano, 1997; Grant, et. al., 1997; Paton & Sylvester, 1996; Pynoos, et. al., 1996; Tyano, et. al., 1996; Everly, 1995; Parker, et. al., 1995; Stanley & Williams, 1995; Williams, 1995; Ursano, et. al., 1994; Belter & Shannon, 1993; Gordon & Wraith, 1993; Klingman, 1993; Hodgkinson & Stewart, 1991; Work Group on Disasters, 2000).
- The degree of personal danger is identified as significant (James & Giarratano, 2002; Rayner & Giarratano, 2002; van Fleet, 2001; Wraith, 2000; Shaw, et. al., 1996; Fullerton & Ursano, 1997; Paton, 1996; Paton & Sylvester, 1996; Everly, 1995; Stanley & Williams, 1995; Ursano, et. al., 1994; Belter & Shannon, 1993; Gordon & Wraith, 1993; Klingman, 1993; Hodgkinson & Stewart, 1991; Work Group on Disasters, 2000).
- The specific detail of the event i.e. what is seen to be actually traumatising about the event (McNally, et. al., 2003; James & Giarratano, 2002; Rayner & Giarratano, 2002; Campfield & Hills, 2001; Wilson & Sigman, 2000; Pynoos, et. al., 1996; van der Kolk, et. al., 1996; Maddison, 1996; Gordon & Wraith, 1993; Wilson & Raphael, 1993).
- The type of disaster (for example, human made leads to more PTSD than natural) (van Fleet, 2001; Wraith, 2000; Paton, 1996; Paton & Sylvester, 1996; Belter & Shannon, 1993; Eränen & Liebkind, 1993).

- Proximity to the impact zone (Lerner, et. al., 2003; James & Giarratano, 2002; Ridling, 1995; Stanley & Williams, 1995; Whitla, 1994; Klingman, 1993; Work Group on Disasters, 2000). There is also the consideration that those further away may also be just as affected. Their personality or experiences may put them in a more vulnerable position (Ridling, 1995).
- Actual injury and severity of the injury (James & Giarratano, 2002; Ursano & Fullerton, 1997; Paton, 1996; Stanley & Williams, 1995; Ursano, et. al., 1994; Hodgkinson & Stewart, 1991; Work Group on Disasters, 2000)
- Subjective awareness of, and reaction to, the incident (James & Giarratano, 2002; Rayner & Giarratano, 2002; Ursano, et. al., 1994; Belter & Shannon, 1993).
- Probability of recurrence (Shalev, 2000; Hodgkinson & Stewart, 1991; Work Group on Disasters, 2000). Those involved in providing a debriefing in these circumstances need to consider when the optimal time might be for responding as a further trauma could exacerbate the outcomes (Shalev, 2000).
- When the individual response is out of proportion to the degree of exposure (Campfield & Hills, 2001; Wilson & Sigman, 2000; de Girolamo, 1993; Klingman, 1993).

### ***Recovery Environment***

The recovery environment that the adolescent returns to after the trauma and for the months and years afterwards is seen by many to be an important variable in the long-term outcomes for the individuals involved.

- The degree to which primary attachment figures are available, aware and supportive is seen as integral to positive outcomes (Hirsh & Dickinson, 2005; Newman, 2005; SPINZ, 2005b; Lerner, et. al., 2003; McNally, et. al., 2003; James & Giarratano, 2002; McLaren, 2002; Rayner & Giarratano, 2002; Papalia et. al, 2001; Summerfield, 2001; van Fleet, 2001; Armstrong, 2000; Berman, et. al., 2000; Deering, 2000; Gist & Woodall, 2000; London Resolve, 2000; Stallard, 2000; Tierney, 2000;

Wraith, 2000; Cohen, 1998; Shaw, et. al., 1996; Grant, et. al., 1997; Pfefferbaum, 1997; Ursano & Fullerton, 1997; McFarlane & Yehuda, 1996; Paton & Sylvester, 1996; Pynoos, et. al., 1996; van der Kolk, et. al., 1996; Brent, et. al., 1995; Everly, 1995; Stanley & Williams, 1995; Maddison, 1999; Munro & Wellington, 1994; Ursano, et. al., 1994; Whitla, 1994; Belter & Shannon, 1993; Gordon & Wraith, 1993; Wilson & Raphael, 1993; Pitcher & Poland, 1992, Carter & Brooks, 1990; Johnson, 1989; Toubiana, et. al., 1988; Work Group on Disasters, undated).

- The nature of communication within the family is deemed important: the more open it is the better the chance of a healthy outcome (Paton & Sylvester, 1996; Stanley & Williams, 1995; van Fleet, 2001).
- The roles of siblings, peers and significant others are seen as influential (Hirsh & Dickinson, 2005; SPINZ, 2005b; McNally, et. al., 2003; McLaren, 2002; van Fleet, 2001; Gist & Woodall, 2000; Wraith, 2000; Pynoos, et. al., 1996; Stanley & Williams, 1995; Pitcher & Poland, 1992). Peers are seen as particularly important in this age group as adolescents grow towards independence and testing their wings in the adult world.
- The socio-economic status of the family is seen as a variable of some import (Papalia et. al, 2001; Pfefferbaum, 1997; Paton & Sylvester, 1996; Munro & Wellington, 1994).
- The nature and resources of the group/community/school and environment are influential (SPINZ, 2005b; McNally, et. al., 2003; McLaren, 2002; Summerfield, 2001; Berman et. al, 2000; Gist & Woodall, 2000; London Resolve, 2000; MacFarlane, 2000; Wraith, 2000; Grant, et. al., 1997; Paton & Sylvester, 1996; Pynoos, et. al., 1996; van der Kolk, et. al. 1996; Wellington, 1996; Stanley & Williams, 1995; Ursano, et. al., 1994; de Girolamo, 1993; Gordon & Wraith, 1993; Pitcher & Poland, 1992; Hodgkinson & Stewart, 1991). In the case of a school any pre-existing tensions may be exacerbated by the tragedy (Weinberg, 1990) and the role of the principal, as the leader, becomes paramount (Paton & Sylvester, 1996).

- Cultural and religious rituals and protocols are another factor to consider when responding to incidents (Hirsh & Dickinson, 2005; SPINZ, 2005b; McLaren, 2002; Papalia et. al, 2001; Summerfield, 2001; Weisæth, 2000; Perren-Klingler, 2000; Paton & Sylvester, 1996; Wellington, 1996; Klingman, 1993).
- The use of culturally safe practices and working through cultural representatives needs to be acknowledged (Ober, et. al., 2000; Silove, 2000; Weisæth, 2000; Stewart, 1999; Paton & Sylvester, 1996).
- The media can play a part as well and may be very influential in determining positive or negative outcomes for all involved (London Resolve, 2000; Hodgkinson & Stewart, 1991).

## Appendix Three

### Summary of Guidelines

The following is a summary, from the Literature Review, of the guidelines that have been proposed internationally for the management of critical incidents:

#### **Considerations for Schools when Planning for Critical Incident Strategies**

##### ***Before the Crisis***

Allocate resources into education into responses (Ridling, 1995).

Recognise when there is a crisis (Johnson, 1989).

Teach skills related to dealing with crisis issues. Examples would be stress management, problem-solving and decision-making skills, empowerment activities (Johnson, 1989; Johnson, 1996a; Dale, 1992; Gostelow, 1990).

Teach culturally appropriate rituals and processes around death and grieving (Annan, 2003; McCarthy & Hermansson, 1998; Gilliland & James, 1997; Lichtenstein, et. al., 1995; Ridling, 1995; Rivers, 1995; Dale, 1992; Gostelow, 1990).

Build community at school by providing a supportive climate backed up with policies and procedures (Coggan, et. al., 2001; McCarthy & Hermansson, 1998; Rivers, 1998; Johnson, 1996; Johnson, 1996a; Gostelow, 1990).

Impart to teachers the importance of their role modelling the expression of emotion for students (Pitcher & Poland, 1992).

Community linkage and accessing this (Coggan, et. al., 2001; McCarthy & Hermansson, 1998; Gostelow, 1990; Johnson, 1989).

Teach listening/communication skills to staff and students, along with sensitivity, awareness of the right time to make a referral (McCarthy & Hermansson, 1998; Ridling, 1995; Dale, 1992; Gostelow, 1990; Johnson, 1989)

Consider peer group training (Coggan, et. al., 2001; Gilliland & James, 1997; Dale, 1992).

A strong and well organised counselling and pastoral care system for students and staff (Coggan, et. al., 2001; McCarthy & Hermansson, 1998).

Look for systemic issues, such as overcrowding, that could contribute to stress and violence (Gilliland & James, 1997).

Develop and train the response team (Lichtenstein, et. al., 1995; Siehl, 1990; Johnson, 1989).

### ***At the Time of the Incident***

#### **Deal with all populations in the school community**

Demographic profile of the school, identification of all involved (Munro & Wellington, 1994; Hodgkinson & Stewart, 1991; Johnson, 1989).

Listen and respond to the students as they process (through whatever means) the information and encourage the venting of feelings: expect and accept anything and encourage the recognition of their resilience (Lerner, et. al., 2003; Gurwitch, et. al., 2001; Stanley & Williams, 1995; Munro & Wellington, 1994; Klingman, 1993; Pitcher & Poland, 1992; Hodgkinson & Stewart, 1991; Siehl, 1990; Johnson, 1989; Toubiana, et. al., 1988; Klingman, 1986).

Identify student needs (Lerner, et. al., 2003; Johnson, 1996; Ridling, 1995; Rivers, 1995; Munro & Wellington, 1994; Whitla, 1994; Dale, 1992; Pitcher & Poland, 1992; Johnson, 1989).

Gauge all staff needs (for example, provide relief teachers, counselling, time-out) (Johnson, 1996a; Deaton & Berkan, 1995; Lichtenstein, et. al., 1995; Rivers, 1995; Munro & Wellington, 1994; Whitla, 1994; Klingman, 1993; Dale, 1992; Toubiana, et. al., 1988).

Communication with other community services (Coggan, et. al., 2001; Johnson, 1996; Lichtenstein et. al, 1995); Klingman 1993; Pitcher & Poland, 1992).

Contact with parents/friends (Annan, 2003; Gurwitch, et. al., 2001; McCarthy & Hermansson, 1998; Johnson, 1996a; Paton, 1996; Deaton & Berkan, 1995; Rivers, 1995; Whitla, 1994; Klingman, 1993; Johnson, 1993; Pitcher & Poland, 1992).

Contact/interaction with the police, fire service, ambulance (Lichtenstein, et. al., 1995; Roberts, 1995; Pitcher & Poland, 1992).

Liaison and the media (Coggan, et. al., 2001; Gilliland & James, 1997; Paton, 1996; Deaton & Berkan, 1995; Lichtenstein, et. al., 1995; Rivers, 1995; Roberts, 1995; Winje & Ulvik, 1995; Rivers, 1994; Klingman, 1993; Pitcher & Poland, 1992).

### **Aspects to Consider**

Campus co-ordination/direction, consultative team approach, regular staff meetings, sharing of responsibility, designated leader, supervision (Hirsh & Dickinson, 2005; SPINZ, 2005a; Lerner, et. al., 2003; McCarthy & Hermansson, 1998; Beautrais, et. al., 1997; Paton, 1996; Deaton & Berkan, 1995; Lichtenstein et. al, 1995; Rivers, 1995; Roberts, 1995; Munro & Wellington, 1994; Rivers, 1994; Dale, 1992; Pitcher & Poland, 1992; Siehl, 1990).

Getting the clear overview/consulting/collating information/asking relevant questions, and disseminating the correct story (Hirsh & Dickinson, 2005; Mitchell, 2005; SPINZ, 2005a; Annan, 2003; Lerner, et. al., 2003; Capuzzi, 2002; Coggan, et. al., 2001; McCarthy & Hermansson, 1998; Beautrais, et. al., 1997; Gilliland & James, 1997; Paton. 1996; Deaton & Berkan, 1995; Lichtenstein et. al, 1995; Rivers, 1995; Roberts, 1995; Munro & Wellington, 1994; Whitla, 1994; Klingman, 1993; Pitcher & Poland, 1992; Dale, 1992; Siehl, 1990; Toubiana, et. al., 1988; Klingman, 1986). Of particular note in recent times is the development of fast forms of communication (cell phones, text messaging, MSN/ICQ on the computer). The dissemination of an accurate as possible story is necessary to prevent this.

Clear delegation of tasks and authority (Annan, 2003; McCarthy & Hermansson, 1998; Beautrais, et. al., 1997; Lichtenstein et. al, 1995; Munro & Wellington, 1994; Whitla, 1994; Dale, 1992).

Correspondence/communication with staff, including administrative staff (Hirsh & Dickinson, 2005; Mitchell, 2005; SPINZ, 2005a; Annan, 2003; Capuzzi, 2002; Gurwitch, et. al., 2001; McCarthy & Hermansson, 1998; Johnson, 1996a; Rivers, 1995; Whitla, 1994; Pitcher & Poland, 1992).

Avoid impulsive actions, consider repercussions (Whitla, 1994).

Order priorities, remove stressors and put off what is not essential (Whitla, 1994).

Maintaining routines and timetables (Gurwitch, et. al., 2001; Gilliland & James, 1997; Deaton & Berkan, 1995; Stanley & Williams, 1995; Toubiana, et. al., 1988).

Classroom support and follow-up activities (Hirsh & Dickinson, 2005; Johnson, 1996a; Deaton & Berkan, 1995; Siehl, 1990).

Give comfort and support, modelling calmness (Lerner, et. al., 2003; de Noon, 2001; Johnson, 1996a; Stanley & Williams, 1995; Whitla, 1994; Hodgkinson & Stewart, 1991).

Provide and reinforce ideas of safety and security (Gurwitch, et. al., 2001; Johnson 1996a; Whitla, 1994; Hodgkinson & Stewart, 1991; Johnson, 1989).

Arrange for assessment and counselling for those who need it (Mitchell, 2005; SPINZ, 2005a; Annan, 2003; Lerner, et. al., 2003; Coggan, et. al., 2001; Gilliland & James, 1997; Johnson, 1996; Johnson, 1996a; Stanley & Williams, 1995; Munro & Wellington, 1994; Pitcher & Poland, 1992; Gostelow, 1990; Johnson, 1989) and including a register of at-risk students (Johnson, 1996a; Rivers, 1995; Whitla, 1994; Klingman, 1993; Toubiana, et. al., 1988).

Education re what to expect and to normalise reactions (Lerner, et. al., 2003; Coggan, et. al., 2001; Gurwitch, et. al., 2001; Johnson, 1989; Johnson, 1996a; Klingman 1993; Toubiana, et. al., 1988).

Full logging of events (Beautrais, et. al., 1997; Munro & Wellington, 1994; Pitcher & Poland, 1992).

A designated, nurturing space for students (Hirsh & Dickinson, 2005; SPINZ, 2005a; Annan, 2003; Capuzzi, 2002; Deaton & Berkan, 1995; Lichtenstein, et. al., 1995; Rivers, 1995; Munro & Wellington, 1994; Siehl, 1990).

Medical emergency, evacuation plans, logistical issues (Paton, 1996; Pitcher & Poland, 1992).

Funeral attendance if relevant (Deaton & Berkan, 1995; Lichtenstein, et. al., 1995; Rivers, 1995; Munro & Wellington, 1994; Siehl, 1990).

Memorials if appropriate (Capuzzi, 2002; Lichtenstein, et. al., 1995; Rivers, 1995; Munro & Wellington, 1994; Siehl, 1990).

### ***After the Incident***

Long-term integration of recovery/follow up (Hirsh & Dickinson, 2005; SPINZ, 2005a; Coggan, et. al., 2001; Cornell & Sheras, 1998; Paton, 1996; Lichtenstein, et. al., 1995; Roberts. 1995; Pitcher & Poland, 1992; Hodgkinson & Stewart, 1991; Siehl, 1990; Johnson, 1989).

Long-term strategies to deal with any manifestations, such as frightening recollections or images and to prevent re-traumatisation (Hirsh & Dickinson, 2005; Lerner, et. al., 2003; Carlier & Gersons, 2000; Wraith, 2000; Cornell & Sheras, 1998; Holloway & Fullerton, 1994; Whitla, 1994; Johnson, 1989).

Learning from the experience with the view to the next one (Cornell & Sheras, 1998; Pitcher & Poland, 1992).

Awareness that emergence of difficulties could take a long time (Ridling, 1995; Rivers, 1995).

Rebuilding the community (Hodgkinson & Stewart, 1991).

## Appendix Four

### **Guidelines for Developing Critical Incident Plans within Schools in Aotearoa New Zealand**

The following quote contains the guidelines within which schools in Aotearoa New Zealand are expected to be cognisant of when they are dealing with critical incidents.

(Adapted from Centers for Disease Control recommendations for a community plan for prevention and containment of suicide clusters, US Government Printing Office, 1988. In, Beautrais et. al., 1997; pp.23-24).

*1. Each school should develop its own response plan before a critical incident occurs – there will be no time to develop a plan when an incident occurs.*

*2. The response plan should involve all staff and make provision for inclusion of students, parents and support agencies from outside the school, as appropriate. The plan should not depend on any single person but be able to be implemented by the staff available at the time. It should also avoid placing any particular staff member in the “hot seat”, but rather promote the coordinated responsibility of a team of people who can support each other.*

*3. The relevant community resources/agencies should be identified. The support they can provide, contact protocols and any limitations on their involvement should be discussed with each of them. Contact persons and phone numbers (preferable including after hours contact) should be listed in the plan.*

*4. The conditions under which the plan should be implemented should be clearly understood by key staff.*

*5. The implementation of the plan should allow key staff to be contacted and prepared before they have to respond to other staff, students and the community.*

*6. The plan should ensure the response should be conducted in a manner which avoids glorifying the suicide victim(s) and minimises sensationalism. The reporting of the suicide should be as accurate as possible and announced in a manner that provides maximum support for the students, family and other members of the affected community and minimises the likelihood of hysteria.*

7. *Students who have a history of emotional distress and risk of suicide should be identified and should have at least one screening interview with a competent staff member. If necessary, they should be referred for further assistance. There should also be the opportunity for other individuals to self-identify, or be identified by teachers, as having difficulties following the suicide and to receive appropriate assistance in the normal way, with the minimum of fuss.*

8. *A timely flow of accurate, appropriate information should be provided to the media. They should ensure that there is a single media liaison person who should co-ordinate information from the school and other sectors and provide frequent, timely information and present a complete and honest picture of the pertinent events. Issues of privacy and confidentiality and the wishes of the family should be considered. It is acceptable to choose to make “no comment”.*

9. *Elements in the school environment that might increase the likelihood of further suicides or suicide attempts should be identified and changed. This should include access to methods that may have been used in the recent suicide (i.e. access to poisons, high buildings etc) and other potential risk factors.*

10. *Long-term issues suggested by the nature of the suicide should be addressed. If there are aspects of the students' environment, culture or barriers to accessing the required services (e.g. counselling, medical help etc) these should be addressed as part of an ongoing prevention policy).*

## Appendix Five

### **Traumatic Incident Management Support for Schools and Early Childhood Education (ECE) Services**

The following are the guidelines provided by the Ministry of Education in Aotearoa New Zealand (Ministry of Education, 2007: pp.1-6).

*The Ministry of Education, in partnership with schools and ECE services, has a responsibility to ensure that learning environments are emotionally and physically safe for children and young people (National Administration Guidelines 5.1; Revised Statement of Desirable Objectives and Practices (DOPs) for Chartered Early Childhood Services in New Zealand 1996, 5a).*

*The Ministry of Education works closely with school and ECE services' staff to manage traumatic incidents as part of the Ministry's contribution to providing safe learning environments. A major aim of traumatic incident support is to reduce further harm to others by assisting the school or ECE service to continue its day-to-day operations.*

*This booklet is intended to support all those who must prepare, and plan together as a team, the recovery of a school or early childhood community experiencing a traumatic incident.*

#### ***This booklet:***

- *defines a traumatic incident*
- *outlines Important Principles guiding traumatic incident support*
- *outlines what systems and procedures should already be in place*
- *provides information on the support that is available*
- *provides information on traumatic incident response actions*
- *provides information on how to seek Ministry of Education assistance.*

#### ***What is a traumatic incident or disaster?***

*Disasters are usually defined as overwhelming events that*

can involve destruction of property, include injury or loss of life, affect communities and are shared by many children and families (American Academy of Pediatrics, Work Group on Disasters, 1995). In addition, disasters are viewed as being out of the realm of 'normal' human experience and as such are viewed as traumatic, meaning that they can lead to or result in stress reactions. This has been extended in recent literature to events that also receive considerable attention in the media and include motor vehicle accidents, residential fires and community violence (La Greca et. al., 2002).

Traumatic incidents in New Zealand schools and ECE settings have been broadly defined (Coggan, et. al., 2001) as events that:

cause sudden and/or significant disruption to the operation, or effective operation, of a school, ECE service and/or community

have the potential to affect a large number of children and young people and/or staff

create significant dangers or risks to the physical and emotional wellbeing of children, young people or people within a community

attract media attention or a public profile for the ECE service or school as a result of these incidents.

**Examples of traumatic incidents may include:**

the death or serious injury of a child or young person, staff member or family/whānau member

witnessing serious injury or death of a child, young person, staff member or family/whānau members

threats to the safety of students or staff, including the presence at the school or ECE service of an individual behaving in a dangerous or threatening manner

a lost or missing child, young person or staff member

floods, fires, earthquakes or other community crisis or natural disaster.

**What important principles guide traumatic incident support?**

The way an incident is managed is critical to the recovery of the school or ECE service and reduces the potential for further risk.

Ministry support for schools/ECE services is guided by the following principles:

#### *Maintain normal structures*

*The resumption of familiar roles and routines as soon as possible following a traumatic event helps to reduce the intensity and duration of difficulties that children, young people and staff can experience following a crisis event (La Greca et. al., 2002, MOH psychosocial recovery). It is important to maintain day-to-day activities and involve children and young people in tasks that use their energies and abilities in meaningful ways.*

#### *Culturally appropriate and age appropriate responses*

*Differing cultures can have different perceptions about a traumatic event. Provision of culturally appropriate responses provides supportive contexts for children and young people. Similarly, age appropriate responses allow children and young people to explore the meaning of disaster events and to construct views of the disaster experience in ways that allow the trauma to be acknowledged without it being an overwhelming, defining influence on self-perceptions and interpersonal relationships (Omer and Alon, 1994, La Greca et. al., 2002, Sandoval, J. 2002).*

#### *Psychological first aid*

*Those involved during, and immediately after, acute traumatic exposure can experience confusion, disorganisation and emotional numbness. Psychological first aid focuses on providing immediate support on the 'here and now' and 'what needs to happen next' for those involved in the management of an incident in order to promote problem-solving and functioning (American Psychological Association 1997, Pynoos & Nader, 1988, Young, 1988). Interventions support and respect the protocols or 'kawa' of the settings involved.*

#### **Communication**

*Clear, positive communication acts to reduce uncertainty and fear and prompt positive emotional and physical coping (Klingman, 1992b, 2001a, 2001b, 2002).*

#### **What should already be in place?**

*Each school and ECE service needs to develop its own procedures before a traumatic incident occurs. The procedures support the coordination of all activities by clearly stating the roles and responsibilities of differing staff members. A number of differing agencies have a role in supporting the school or*

early childhood education community. During the preparation of their plans, schools and ECE services can explore the relationships and roles of these differing agencies, making provision for their inclusion as appropriate. The plan does not depend on any single person but promotes the coordinated responsibilities of a team of people who act to support staff and students and the functioning of the school/ECE service.

**Steps for schools and ECE services to follow:**

- (1) Develop a Traumatic Incident Response Plan and Team.
- (2) Regularly review the traumatic incident response team and Plan, including the system for calling the team together.
- (3) Ensure all staff are familiar with the Plan and know what to do.

**What support is available from the Ministry?**

Effective traumatic incident support works at both organisational and personal levels. In the event of a traumatic incident, Ministry staff, under the guidance of traumatic incident coordinators, will work alongside the school/ECE service's traumatic incident team to support their traumatic incident plan. Traumatic incident support may include:

*assisting the traumatic incident response team with planning, problem solving and supporting the school/ECE service's ability to maintain its day-to-day operations*

*assisting staff to communicate appropriately with children, young people and the community about the incident*

*promoting basic forms of support and self-help strategies, such as reconnection with daily routines, and care and advice about the meaning of varying survivor responses in emergency situations to those experiencing them*

*ensuring safety of children, young people and staff by assisting in the identification of and planning for their wellbeing, especially those who may be particularly at risk owing to previous loss, stress and/or mental health issues*

*providing immediate support for those who have witnessed or been involved in the trauma*

*supporting links to Māori networks and other culturally appropriate services.*

*In the event of a traumatic incident*

## **Recommendations**

*If you receive a call regarding a traumatic incident:*

*listen to what has happened*

*record the caller's name and phone number*

*record the names of others involved and the name of schools and/or ECE services affected*

*check that appropriate emergency services have been contacted*

*inform the caller of any actions you will take (such as informing the Principal/head teacher, informing the Ministry of Education traumatic incident coordinator by calling the 0800 number)*

*give the caller your name and phone number in case they need to call back*

*immediately the call is over make contact with the principal/senior management of the affected school/ECE service and/or the Ministry traumatic incident coordinator through the 0800 service.*

### **The school Principal/senior management may:**

*record and verify the facts of the event*

*record and ascertain the individuals involved*

*ascertain the reactions of those involved and record any actions taken*

*inform the board of trustees (BOT) and any other schools and or early childhood education services that may be affected*

*contact and establish the school/ECE-based traumatic incident team to coordinate support and further arrangements*

*contact the Ministry of Education traumatic incident coordinator service.*

### **The Ministry traumatic incident coordinator may:**

*contact (if the school/ECE service has not made contact) school/ECE service's senior management/Principal to determine if they require support, and to negotiate further involvement if required*

*contact and form a Ministry of Education Team to support the school/ECE service (size and composition depends on*

information received and/or cultural setting).

**The Ministry traumatic incident support team may:**

support the formation of a school or ECE service-based traumatic incident response team if this has not already occurred where member roles and responsibilities are clearly defined (the team should involve senior management, BOT representatives and other agencies as appropriate)

work alongside the school/ECE service-based traumatic incident team to support the teams problem solving and organisation.

**The School/ECE service-based traumatic incident team may:**

inform all staff of the event and identify and notify other key people

seek cultural assistance as appropriate (e.g., Kaumatua, Māori staff)

prepare written statements that are factual and accurate to inform staff, children and young people, the media and community. In the case of a death, family/whānau affected consult in culturally appropriate ways and share the content of any written statements

clearly assign roles and clearly communicate these to staff and other key people

support the varying reactions of school and ECE service members through maintaining normal structures, gathering accurate information about reactions, positive messages, activities in classrooms and licensed spaces, support rooms as appropriate, extra staff as needed etc

accurately record and monitor all staff and children and young people's attendance and whereabouts

assist with planning for media attention such as the time journalists will arrive, who they see and where they go

develop an at risk register

plan for the collection of deceased children's, young people's and/or staff's personal belongings and equipment to return to the family/whānau in culturally appropriate and sensitive ways. Promote culturally appropriate ways of 'normalising' the learning environment of the school/ECE service

*plan for the next day, and future events*

*keep written records of all actions.*

*compile a report of actions at the conclusion of the incident in consultation with all traumatic incident team members, with recommendations on future actions as needed.*

### **How to seek Ministry of Education assistance**

*In the event of a traumatic incident, call the appropriate Special Education office number listed below (omitted). This number will put you in contact with your local Special Education traumatic incident coordinator or the local District Special Education Manager.*

*If ringing after hours please phone the after hours number listed alongside the district office number. Calls may reach answer phones. If your call reaches an answer phone please leave a message, clearly giving your name and contact numbers. Your local Special Education Traumatic Incident Coordinator or District Special Education Manager will return your call. These calls receive top priority. Previous experience shows that rapid responses from skilled teams create the best opportunities for supporting the recovery of those experiencing a traumatic incident.*

### **References**

*American Academy of Pediatrics, Work Group on Disasters (1995). Psychosocial issues for children and families in disasters: A guide for the primary care physician. <http://www.mentalhealth.org/publications/allpubs/SMA95-3022/default.asp>*

*American Psychological Association (1997). Final Report: Task force on the mental health response to the Oklahoma City Bombing. Washington, DC.*

*Brock, S. E., Sandoval, J; Lewis, S. (2001). A manual for building school crisis response teams. (2<sup>nd</sup> ed.). J. Wiley & Sons Inc. NY.*

*Coggan, C., Dickson, P., Peters, T., and Brewin M. (2001). Formative Evaluation of Specialist Education Services: Traumatic Incidents. Injury Prevention Research Centre Te Puu Taki Aukati Whara University of Auckland, New Zealand.*

*Klingman, A. (1992). The contribution of school mental health services to community-wide emergency reorganization and management during the 1991 Gulf War. School Psychology*

*International 13, 195-206.*

*Klingman, A. (2001a). Prevention of anxiety disorders: The case of post-traumatic stress disorder. In W. K. Silverman and P. D. A. Treffers (eds.) Anxiety disorders in children and adolescents. Research, assessment and intervention (pp 368-391). Cambridge, UK. Cambridge University Press.*

*Klingman, A. (2001b). Stress reactions and adaptations of Israeli school-age children evacuated from homes during massive missile attacks. Stress, Anxiety and Coping 14, 1-14.*

*La Greca, A. M., Silvermann, A. M., Vernberg, E. M., Roberts, M. C. (2002) Helping Children Cope With Disasters and terrorism. American Psychological Association (ed.). Washington, DC.*

*Ministry of Health June 2006. Draft Psychosocial Recovery Plan. Wellington: Ministry of Health.*

*Pynoos, N. S., Nader, K. (1988). Psychological first aid and treatment approach to children exposed to community violence: Research implications. Journal of Traumatic Stress, 1, 445-473.*

*Sandoval, J. (2002). Handbook of Crisis Counseling, Intervention and Prevention in the Schools. (2<sup>nd</sup> ed.). Lawrence Erlbaum, New Jersey*

*Young, M. A. (1998). The community crisis response team training manual (2<sup>nd</sup> ed.) National organization for Victim Assistance, Washington, DC.*

*Youth Suicide Prevention in Schools: A practical guide*

*The prevention, recognition and management of young people at risk of suicide: Development of guidelines for schools*

# Appendix Six

## Ethics Application

(Revised 30/10/02)



### Human Ethics Committee

To: Secretary, Human Ethics Committee  
**AT** Principal's Office  
Albany

**OR** Equity & Ethics  
Old Main Building  
Turitea, Palmerston North

**OR** Principal's Office  
Wellington

Please send this **original (1) application plus twelve (12) copies**  
Application should be double-sided and stapled  
Application due two (2) weeks prior to the meeting

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#### APPLICATION FOR APPROVAL OF PROPOSED RESEARCH/TEACHING/EVALUATION PROCEDURES INVOLVING HUMAN PARTICIPANTS

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##### SECTION A: GENERAL INFORMATION

**1 Full Name of Staff Applicant**

*(for staff research, teaching and evaluations)*

*Please sign the relevant Staff Applicant's Declaration.*

**School/Department/  
Institute/Section**

**Region (mark one only)**

Albany  
Wellington

Palmerston North

**Telephone**

**Email Address**

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##### OFFICE USE ONLY

Date First Reviewed: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Final Outcome: \_\_\_\_\_

ALB/PN/WGTN  
Protocol No: \_\_\_\_\_

2 **Full Name of Student Applicant** Kathryn (Kate) Janet Stewart  
*(for supervised student research)*  
 Please sign the relevant Student Applicant's Declaration.

**Telephone** 06 348 8060 or 025 6866 331

**Email Address** keitepai@xtra.co.nz

**Postal Address** 92 Campbell Street, Whanganui

**Employer** Self-employed

3 **Full Name of Supervisor** Dr Leland Ruwhiu and Dr Mary Murray  
*(for supervised student research)*  
 Please sign the relevant Supervisor's Declaration.

**School/Department/Institute/Section** School of Sociology, Social Policy and Social Work

**Region (mark one only)** Albany  Palmerston North   
 Wellington

**Telephone** (06) 350 5700 ext 2830

**Email Address** L.A.Ruwhiu@massey.ac.nz and M.Murray@massey.ac.nz

4 **Full Name of Line Manager**  
*(for evaluations)*  
 Please sign the relevant Line Manager's Declaration.

**Section**

**Region (mark one only)** Albany  Palmerston North   
 Wellington

**Telephone**

**Email Address**

5 **Project Title** Adolescent Experiences of Critical Incident Responses within Secondary Schools in Aotearoa New Zealand

6 **Projected start date of Project** May 2002

**Projected end date of Project** May 2006

7 **Type of Project:** (mark one only)

Staff Research	<input type="checkbox"/>	Honours Project	<input type="checkbox"/>
PhD Thesis	<input checked="" type="checkbox"/>	Evaluation Programme	<input type="checkbox"/>
Master's Thesis	<input type="checkbox"/>	Teaching Programme	<input type="checkbox"/>
MBA Project	<input type="checkbox"/>	Other	<input type="checkbox"/>
		If Other, specify	

## 8 Summary of Project

*(Note All the information provided in the application is potentially available if a request is made under the Official Information Act. In the event that a request is made, the University, in the first instance, would endeavour to satisfy that request by providing this summary. Please ensure that the language used is comprehensible to all.)*

Critical incidents (e.g. natural or unnatural deaths, fires, burglaries, accidents) impact on the population that experiences them. Within secondary schools there is an expectation, mandated by the government through the Ministry of Education, that a response is made to schools that experience a critical incident. There are also other groups (e.g. Workplace Support; Child, Adolescent and Family Mental Health Service that offer responses). There is much conflicting international research as to the efficacy of these responses. The adult experts are making decisions that they believe are in the best possible interests of the young people. The expertise/knowledge of a major stakeholder, the young people involved in the critical incident response, has been for the most part, omitted from research. This research is an attempt to gather qualitative data about young people's experiences of critical incident responses. It is hoped that the information derived from this research will be taken into account by relevant policy makers and decision makers in this field.

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# Declarations

## DECLARATIONS FOR PERSONS PROCEEDING WITHOUT A FULL APPLICATION

### DECLARATION FOR THE STAFF APPLICANT

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Staff Applicant's  
Signature

Date:

.....

### DECLARATION FOR LINE MANAGER (for research/evaluations undertaken in the Divisions)

I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's  
Signature

Date:

.....

### DECLARATION FOR THE STUDENT APPLICANT (for supervised student research)

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Student  
Applicant's  
Signature

Date:

.....

### DECLARATION FOR THE SUPERVISOR (for supervised student research)

I have assisted the student in the ethical analysis of this project. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Supervisor's  
Signature

Date:

.....

## SECTION B: PROJECT INFORMATION

*(Note the Committee treats all applications independently)*

9 I/we wish the protocol to be heard in a closed meeting (Part II).

Yes  No

*(If yes, state reason in a covering letter)*

10 State concisely the aims of the project.

- To add the voice of a major stakeholder (young people) to research in the area of critical incident responses in secondary schools in Aotearoa New Zealand
  - To qualitatively explore with young people what they believe to be their needs when there is a critical incident within their school that they have to deal with
  - To work collaboratively with young people in a way that has meaningful outcomes for them
  - To have a positive influence on the delivery of critical incident responses so that these responses better meet the needs of young people
- 

**11 Give a brief background to the project so that the significance of the project can be assessed.**

*(no more than 200 words in lay language)*

Critical incident responses in Aotearoa New Zealand have been introduced using an overseas model that has not been empirically verified and which is, in fact, subject to considerable debate. The research has shown everything on the continuum including the possibility that the critical incident response may do harm. The model was designed to debrief emergency personnel (secondary victims) but in this country we have adopted it for our use with our young people (often primary victims), who are a more vulnerable population than the professionals it was designed to debrief. There is a great amount of conflicting data from nearly all the stakeholders. There has been little input from the adolescent population and what there is tends to be quantitative data in the form of psychological testing. There is little qualitative research. I have had considerable input in responding to such incidents and, anecdotally, I am aware that what is offered by professionals does not always meet the needs of the young people. Consequently, I believe there is a need to start adding the voices of the young people concerned to the equation so that the responses may work more effectively for them.

---

**12 Where will the project be conducted?**

Interviews will be conducted in an appropriate place (e.g. at an agency such as a Child, Adolescent and Family Service, or One Stop Youth Shop) to be negotiated with the adolescent participants with their wishes being paramount.

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**13 Who will actually conduct the study?**

Kate Stewart

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**14 Who will interact with the participants?**

Kate Stewart

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**15 What experience does the researcher(s) have in this type of project activity?**

I have 8 years experience in responding to critical incidents beginning when an adult student killed himself and a response had to be made to his fellow social work students. Since then I have worked for 6 years in a mental health agency that responded to critical incidents that have affected young people. I am an experienced therapist (narrative and humanist philosophies) who has worked with many young people who are having mental health difficulties and this has often been related to crisis situations. My Masters dissertation was a qualitative exploration of critical incident responses in secondary schools within this country. I have written two peer reviewed published papers and given conference papers and presentations on this field of practice

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**16 What are the benefits of the project to the participants?**

The aim is to give the young people who have been involved in a critical incident response, a voice that, thus far, has not been heard in a meaningful way in this field of practice. Because this is designed to be collaborative research it is anticipated that young people will be consulted at various points of the research: e.g.

1. before the interviews are conducted it is anticipated that a collaborative group will have input into the information sheet, interview guide, and advertisement;
2. after the interviews are conducted the interviewees will have input into their transcripts so that it accurately reflects what they wish to say;
3. at a later point, and as an extension of this research, any young people who want to stay involved may wish to consider conference presentations, seminars, joint publishing etc with the principal researcher.

It is hoped that the outcomes of the research will be able to influence critical incident responses that are offered at present so that they more fully meet the needs of this population.

---

**17 What are the risks of the project to:**

- |  |   |
|--|---|
| <b>i. Participants:</b>                      | Because of the developmental stage of the participants of the interview participants, as well as the nature of the experience they have been through, there is a possibility that they may be emotionally affected during or after the interview. |
| <b>ii. Researcher(s):</b>                    | Because of the nature of the subject matter I myself may be affected by the interview process.  |
| <b>iii. Groups/Communities/Institutions:</b> | None anticipated  |
| <b>iv. Massey University:</b>                | None anticipated as given all the safeguards it is intended that risks are minimised  |
- 

**18 How do you propose to manage the risks for each of points ii., iii., and iv. above.**

*(Note Question 40 will address the management of risks to participants)*

- i. Safety nets will be in place for the young people. Because I am very experienced at working with young people, I will make every attempt to ensure that the process is a safe one. The intent of the interviews is not to relive any uncomfortable or traumatic situation, rather it is to be an exploration of the response that the school received and the impact that had on the participants. However, because the trauma and the response may be linked it is important that if the need arises there will be back up – wherever I am conducting the interviews it is essential that I am aware of and linked into:
- access to the local Mental Health Crisis Team
  - access to local agencies e.g. Child, Adolescent and Family Mental Health (or equivalent), school counsellors, Youth One Stop Shop (or equivalent)
- These agencies will all be supplied with information sheets. Parents/guardians will have had the information sheet and will have given consent for those who are under 16. For all participants (whether under or over 16) parental/guardian involvement will become mandatory if there is an emotional or physical risk to the young person, or to anyone else, and they need to be involved as part of the safety net. This will be made clear (written and verbal) to the participants.
- To strengthen this further no interviews will be conducted with anyone whom is in therapy at the time of the research or who has experienced a critical incident response in the last 6 months.
- I will not interview anyone who has been involved in a critical incident response that I have delivered to ensure neutrality is maintained across interviews.
- ii. As the researcher I may be negatively affected by the interview. I will have a skilled person available who is able to debrief me after interviews.

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<b>19</b>	<b>Is deception involved at any stage of the project?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<b>If yes, justify its use and describe debriefing procedures.</b>		

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<b>20</b>	<b>Does the project include the use of participant questionnaire(s)?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<i>(If yes, a copy of the Questionnaire(s) is to be attached to the application form)</i>		

<b>21</b>	<b>Does the project include the use of focus group(s)?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<i>(If yes, a copy of the Confidentiality Agreement for the focus group is to be attached to the application form)</i>		

<b>22</b>	<b>Does the project include the use of participant interview(s)?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<i>(If yes, a copy of the Interview Questions/Schedule is to be attached to the application form)</i>		

<b>23</b>	<b>Does the project involve audio taping?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<b>Does the project involve video taping?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

*(If agreement for taping is optional for participation, ensure there is explicit consent on the Consent Form)*

**If yes, state what will happen to the tapes at the completion of the project.**

The tapes will be kept in a secure locked facility. They will be destroyed by the researcher after 5 years in collaboration with supervisors.

**If audio taping is used, will the tape be transcribed?** Yes  No

**If yes, state who will do the transcribing**

*(If not the researcher, a Transcriber's Agreement is required and a copy is to be attached to the application form)*

Kate Stewart

**24 Does the project involve recruitment through advertising?** Yes  No   
*(If yes, a copy of the Advertisement is to be attached to the application form)*

**25 Will consent be given in writing?** Yes  No   
**If no, state reason.**

**26 Does this project have any links to other approved Massey University Human Ethics Committee application(s)?** Yes  No   
**If yes, list HEC protocol number(s) and relationship(s).**

**27 Is approval from other ethics committees being sought for the project?** Yes  No   
**If yes, list other ethics committees.**

### **SECTION C: FINANCIAL SUPPORT**

**28 Is the project to be funded in anyway from sources external to Massey University?** Yes  No   
**If yes, state source.**

**29 Is the project covered by a Massey University Research Services contract?** Yes  No   
**If yes, state contract reference number.**

**30 Is funding already available or is it awaiting decision?**

**31 Does the researcher(s) have a financial interest in the outcome of the project?** Yes  No   
**If yes, explain how the conflict of interest situation will be dealt with.**

### **SECTION D: PARTICIPANTS**

32 **Type of person participating:**  
*(mark one or more)*

Massey University Staff	<input type="checkbox"/>	Hospital Patients	<input type="checkbox"/>
Massey University Student	<input type="checkbox"/>	Prisoners	<input type="checkbox"/>
Children under 7	<input type="checkbox"/>	Minors 8-15	<input checked="" type="checkbox"/>
		Persons whose capacity is compromised	<input type="checkbox"/>
		Ethnic/cultural group members	<input type="checkbox"/>
		Other	<input type="checkbox"/>

If Other, specify who.

33 **What is the age range of participants?**

1. Collaborative Groups – preferably young people over 16 because of their cognitive developmental stage and subsequent ability to make a valuable contribution.
2. Research Interview Group - Secondary School Students – potentially 12 years to 19 years

34 **Is there any professional or other relationship (e.g. employer/employee, lecturer/student, practitioner/patient, researcher/family member) to the researcher?**

Yes  No

If yes, describe how this conflict of interest situation will be dealt with.

35 **What selection criteria will be used?**

1. Collaborative Groups – I will outline the project to groups of young people (one is a group of peer support people attached to a Public Health Unit who have already been formed to work with young people, the other is a whanau group attached to a community centre). Interested young people will then volunteer to be involved. They will then be screened for suitability (i.e. parental consent if under 16 years, have not been involved in a critical incident responses within the last 6 months, have not been involved in a critical incident response that I have delivered, and are not in therapy as a result of a critical incident or for any other reason) before the formation of the final collaborative groups.
2. Research Interview Group – As with the collaborative groups interested young people will register their interest and then be screened for suitability (i.e. parental consent if under 16 years, have not been involved in a critical incident responses within the last 6 months, have not been involved in a critical incident response that I have delivered, and are not in therapy as a result of any critical incident or for any other reason).

36 **Will any potential participants be excluded?** Yes  No

If yes, state the exclusion criteria

1. If the young person is in therapy for the incident or any other matter
2. If they are denied parental/guardian's consent (under 16 years)
3. Have been involved in a critical incident response that I have delivered
4. If the incident was less than 6 months ago.

**37 How many participants will be involved?**

1. Two collaborative groups – 3-6 young people in each group
2. Research Interview Group - It is anticipated that there will be between 10 and 15 participants. The interviews are to be qualitative in-depth interviews with information-rich participants.

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**What is the reason for selecting this number?**

*(Where relevant, a copy of the Statistical Justification is to be attached to the application form)*

1. Collaborative Groups – these groups will be used to input into information sheet, interview guide, advertisement, literature review sections that relate to adolescents. I wish the group to be big enough to obtain varied input but not too big as to be unwieldy (3-5participants). It is intended that two diverse groups will be used to allow for bicultural input.
2. Research Interview Group – 10-15 is anticipated to enable information-rich data to be obtained.

---

**How many participants will be in the control group?**

*(Where relevant)*

NA

---

**38 How will participants be recruited?**

1. Collaborative Groups
  - (a) through a peer support group and associated interested young people who have been trained to work with young people and are aware of issues impacting on youth
  - (b) Through a whanau based community centre that I have had some contact within the field of critical incidentsThose who are interested will then self select/volunteer to be involved. They will be screened for suitability (i.e. parental consent if under 16 years, have not been involved in a critical incident responses within the last 6 months, have not been involved in a critical incident response that I have delivered, and are not in therapy as a result of a critical incident or for any other reason) before the formation of the final collaborative groups.
2. Research Interview Group - recruitment will be through using an advertisement in a national, free newspaper that is distributed throughout the country on a monthly basis. Selection will take place after this based on emotional safety as previously outlined

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*(If by public advertising, a copy of the Advertisement to be attached to the application form)*

**39 What discomfort (physical, psychological, social), incapacity or other harm are participants likely to experience as a result of participation?**

1. Collaborative Group – because it is possible that this group may have a personal interest in, and experience of the subject area, it is possible that they may be adversely affected. The same back up will need to be in place for them as there is for the research interview group.

2. Research Interview Group - The intent of the research is to explore with the participants their experience of the response that was offered to the school after the critical event. It is not my intention to be exploring the actual incident with them. However, some knowledge of it is necessary to give a background to the rest of the interview. There is the possibility that a participant may become distressed at this stage. Being more than 6 months out from the event and not being in therapy/counselling for the event, or any other matter, are safeguards that will be put in place. However, if a further need for therapy is indicated I will ensure that the necessary back up support is made available.

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**40**      **What support processes does the researcher have in place to deal with adverse consequences or physical or psychological risks?**

Because this research has the potential to be psychologically distressing to some participants (e.g. if the young person did not get the help they needed at the time they may have a reaction) it is essential that there is backup should this occur. Whilst I am a therapist and able to defuse the immediate distress it will be necessary to ensure that options for ongoing help are available in the area that the young person lives. This will be researched before each interview so that these supports are in place. An information sheet will be made available to agencies that may be used as back up. If the young person is under 16 this information will also need to be made available to their parents/guardians with their knowledge. If the young person is over 16 telling their parents/guardians may be negotiated. If they are at serious risk then their safety will become paramount and parents/guardians will be told, with the knowledge of the young person. If any young person is at risk of self harm or of harming someone else then appropriate help will be accessed (e.g. parents, partner, police, Mental Health Crisis Team)

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**41**      **How much time will participants have to give to the project?**

Collaborative Groups – Initially this be in order to have input into the forms that are directed at young people, interview guide, advertisement, information sheet – possibly 2-3 hours. Thereafter, it will be at their discretion dependent on how much involvement they wish to have with the project (e.g. input into literature review, collaborative presentations/publishing)

Research Interview Group - The actual interview is anticipated to be between 1 and 3 hours and may be divided up into more than one session if it is a longer one. Any involvement after this is on a voluntary basis – e.g. proofreading and amending their own contributions, conference presentations, joint publishing

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**42**      **What information on the participants will be obtained from third parties?**

None

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43 Will any identifiable information on the participants be given to third parties? Yes  No

If yes, describe how.

44 Will any compensation/payments be given to participants? Yes  No

If yes, describe what and how.

Reasonable expenses that may be involved in travel, toll calls or refreshments – this will be applied for through the Postgraduate Research Fund in the School of Sociology, Social Policy and Social Work.

#### **SECTION E: DATA**

45 What approach/procedures will be used for collecting data?  
(e.g. questionnaire, interview, focus group, physiological tests, analysis of blood etc)

An in-depth interview using an interview-guide approach.

46 How will the data be analysed?

Through inductive methods – thematic analysis

47 How and where will the data be stored?

The data will be stored in a secure locked facility in the researcher's home.

48 Who will have access to the data?

The researcher will be the only person to have access to all the data. The participants will have access to their own information via the principal researcher.

49 How will data be protected from unauthorised access?

The researcher is the only person who will have access to the storage facility

50 How will information resulting from the project be shared with participants?

Participants will have access to their own information at any time. This will be through the principal researcher. A copy of the summary of the findings will be made available to participants.

51 How long will the data be retained?

(Note the Massey University Policy on Research Practice recommends that data be retained for at least five (5) years)

Five (5) years.

52 What will happen to the data at the end of the retention period?

(e.g. returned to participants, disposed or archived)

It will be returned to the participants, or archived, if this is what they request, otherwise it will be disposed of.

53 Who will be responsible for its disposal?

(An appropriate member of the Massey University staff should normally be responsible for the eventual disposal of data - not a student researcher)

Kate Stewart in collaboration with supervisors at Massey University (Dr Leland Ruwhiu and Dr Mary Murray)

54 Will participants be given the option of having the data archived? Yes  No

**SECTION E: CONSENT FORMS**

55 How and where will the Consent Forms be stored?  
In a secure facility at the researcher's home.

56 Who will have access to the Consent Forms?  
The principal researcher and the individual participants through the principal researcher.

57 How will Consent Forms be protected from unauthorised access?  
By being retained at all times in a secure facility

58 How long will the Consent Forms be retained?  
*(Note the Committee recommends that Consent Forms be stored separately from the data and retained for at least five (5) years)*  
Five (5) years

**SECTION G: HUMAN REMAINS, TISSUES AND BODY FLUIDS**

59 Does the project involve human remains, tissue or body fluids? Yes  No   
*(If yes, complete Section G, otherwise proceed to Section H)*

60 How is the material being taken?  
*(e.g. operation)*

61 How and where will the material be stored?

62 How long will the material be stored?

63 Will the material be destroyed? Yes  No   
If yes, describe how.

If no, state why.

64 Will the material be disposed of in accordance with the wishes of the relevant cultural group? Yes  No

65 Will blood be collected? Yes  No   
If yes, state what volume and frequency at each collection.

66 Will any samples go out of New Zealand? Yes  No

If yes, state where.

---

**SECTION H: COMPLIANCE WITH THE PRIVACY ACT 1993 AND HEALTH INFORMATION PRIVACY CODE 1994**

The Privacy Act 1993 and the Health Information Privacy Code 1994 impose strict requirements concerning the collection, use and disclosure of personal information. These questions allow the Committee to assess compliance.

(Note that personal information is information concerning an identifiable individual)

67 Will personal information be collected directly from the individual concerned? Yes  No

If yes, specify the steps that will be taken to ensure that participants are aware of:

- the fact that information is being collected,
- the purpose for which information is being collected and its use,
- who will receive the information,
- the consequences, if any, of not supplying the information,
- the individual's rights of access to and correction of personal information.

These points should be covered in the Information Sheet.

The only personal information that will be recorded will be the gender, ethnic identity and age of each participant.

All of the above will be covered in the Information Sheet and also in the pre-interview discussions that will be undertaken. Being collaborative research this will be clearly explored with the participants so that they are aware of their rights.

- to know what their information is to be used for and the possible outcomes of the information may be used for
- to withdraw from the study,
- to amend, retract or change their own data
- to decide not to supply information with no consequence
- to have access to their own information
- to be aware of, and give permission for anyone else to have access to their information

---

If any of the above steps are not taken explain why.

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68 Will personal information be collected indirectly from the individual concerned? Yes  No

If yes, explain why.

---

69 What storage and security procedures to guard against unauthorised access, use or disclosure of the personal information will be used?

All information will be kept in a locked cabinet to which no other person will have access. Any disclosure, other than for the purposes of the research, will be in accordance with the wishes of the participant.

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70 How long will the personal information be kept?

*(Note that Information Privacy Principle 9 requires that personal information be kept for no longer than is required for the purposes for which the information may lawfully be used.) As a general rule, data relating to projects should be kept in appropriate secure storage within Massey University (rather than at the home of the researcher) unless a case based on special circumstances is submitted and approval by the Committee.*

For 5 years after which it will be destroyed by the researcher

**71 How will it be ensured that the personal information collected is accurate, up to date, complete, relevant and not misleading?**

Data will be collected directly from the participants. It will be proof read by them to ensure that it is an accurate reflection of what they wish to convey.

**72 How will the personal information be used?**

For the purposes of the research only and as negotiated with each participant for publications and/or conference presentations e.g. using the name/identification of their choice (though not their real name)

**73 Who will have access to the personal information?**

The principal researcher and participants will have access to their own information through the principal researcher.

**74 In what form will the personal information be published?**

*(Massey University requires original data of published material to be archived for five (5) years after publication for possible future scrutiny)*

As a case study attached to the doctoral thesis. No identifiable personal information will be included apart from gender, ethnicity and age.

<b>75</b>	<b>Will a unique identifier be assigned to an individual?</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	This will depend on the wishes of the participant and will not be their real name.				
	<b>If yes, is the unique identifier one that any other agency uses for that individual?</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**SECTION I: TREATY OF WAITANGI**

<b>76</b>	<b>Does the proposed project impact on Maori people in any way?</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, describe how.

Young people affected by critical incidents come from any ethnic group. As we live in a bi-cultural nation it is the intention of this research to have both Tauwi and Tangata Whenua youth represented.

<b>77</b>	<b>Are Maori the primary focus of the project?</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If no, proceed to Question 82.

	<b>If yes, is the researcher competent in te reo Maori and tikanga Maori?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If no, outline the processes in place for the provision of cultural advice.

**78 Identify the group(s) with whom consultation has taken place.**

*(Where relevant, a copy of the supporting documentation is to be attached to the application form)*

79 What consultation process has been undertaken prior to this application?

80 Describe any ongoing involvement the group consulted has in the project.

81 How will information resulting from the project be shared with the group consulted?

82 If Maori are not the focus of the project, outline what Maori involvement there may be and how this will be managed.

Collaborative groups – Two groups will be consulted about the nature of the research. One of these groups is a whanau based community group with which I already have had some association in the critical incident field. I have the support of, and access to cultural supervision from members of the management executive of this organisation. Those involved will do so voluntarily and will respond at the level they decide is appropriate

**SECTION J: SOCIAL AND CULTURAL SENSITIVITY**

83 Are there any aspects of the project which might raise specific cultural issues? Yes  No

If yes, describe how.

The research is to be inclusive of all adolescents in secondary schools and therefore there could be a range of ethnic groups who wish to participate. Because one's culture is significant and integral to one's identity it will essential to access cultural expertise for those participants who are of a different ethnic group to myself. There is some research that explores cultural differences in the wider field of critical incident responses with even less that targets this population. It could be anticipated that there will be different perspectives from different cultural groups but this could be dependent on many factors e.g. acculturation into this country, the number of generations that have settled here. Because we are a multi-cultural nation this input could be a useful indicator of the need to be responsive to this population.

84 Is ethnicity data being collected as part of the project? Yes  No

If yes, explain why.

As part of the personal data. It will also provide some insight into the ways in which diverse realities of New Zealanders respond to critical incidents.

85 What ethnic or social group(s) other than Maori does the project involve?

Unknown as this is dependent on the self selection and screening processes and the way in which participants identify themselves ethnically.

86 Do the participants have English as a first-language? Yes  No

If no, will Information Sheets and Consent Forms be translated into the participants' first-language? Yes  No

(If yes, copies of the Information Sheet and Consent Form are to be attached to the application form)

87 What consultation process has been undertaken with the group(s) prior to this application?

Collaborative adolescent teams will be formed to take part in planning the recruitment advertisement, the information sheet, and the questionnaire. They will also be consulted on any issues on which they are able to give insight into researching this population. This ethics proposal is seen as a two stage process.

**Stage one** is to gain approval to form the consultation group that will work towards the final form of the advertisement, questionnaire and information sheet. **Stage two** is to submit the final forms to gain permission to go ahead with the research

88 Identify the group(s) with whom consultation has taken place.

(Where relevant, a copy of the supporting documentation is to be attached to the application form)

The collaborative groups are intended to be comprised of those who originally self-select and are then screened for suitability to participate (i.e. not in therapy as a result of the critical incident or for any other reason, have parental permission if under 16, have not been part of a critical incident in which I have provided a response, and have not experienced a critical incident response in the last 6 months). There will be two groups:

1. a peer support group and associated interested young people
2. a whanau based community group

89 Describe any ongoing involvement the group consulted has in the project.

This is to be at the discretion of the young people themselves in collaboration with the principal researcher. If a young person is deemed to be vulnerable at this time they will be advised that it is not in their best interests to remain involved. This will be done in a supportive way and if necessary will involve follow up with an appropriate service.

90 How will information resulting from the project be shared with the group consulted?

The young people will have input into and access to the information as it comes to hand if they wish to continue with the project. This will be through the principal researcher. The intent is that, if they wish it, they may have input into the inductive analysis if they so desire, to acknowledge that their views are listened to.

#### SECTION K: RESEARCH UNDERTAKEN OVERSEAS

91 Do the participants have English as a first-language? Yes  No

If no, will Information Sheets and Consent Forms be translated into the participants' first-language? Yes  No

(If yes, copies of the Information Sheet and Consent Form are to be attached to the application form)

**92 Describe local committees, groups or persons from whom the researcher has or will obtain permission to undertake the project.**

*(Where relevant, copies of Approval Letters are to be attached to the application form)*

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**93 Does the project comply with the laws and regulations of the country where the project will take place? Yes  No**

**94 Describe the cultural competence of the researcher for carrying out the project.**

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**95 Does the researcher speak the language of the target population? Yes  No**

# Declarations

## DECLARATION FOR THE STAFF APPLICANT

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research/teaching/evaluation (*cross out those which do not apply*) as set out in this application together with any amendments required by the Massey University Human Ethics Committee.

Staff Applicant's  
Signature

Date:

## DECLARATION FOR LINE MANAGER (for research/evaluations undertaken in the Divisions)

I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's  
Signature

Date:

## DECLARATION FOR THE STUDENT APPLICANT (for supervised student research)

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research/teaching/evaluation (*cross out those which do not apply*) as set out in this application together with any amendments required by the Massey University Human Ethics Committee.

Student  
Applicant's  
Signature

Date:

## DECLARATION FOR THE SUPERVISOR (for supervised student research)

I declare that I have assisted with the development of this protocol, that to the best of my knowledge it complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants, and that I have approved its content and agreed that it can be submitted.

Supervisor's  
Signature

Date:

# Appendix Seven

## Advertisement

### *Expect the Unexpected*

- In your school have you experienced the death of someone close to you?
  - Have you had mates seriously injured?
  - Have you been through a serious flood, fire or earthquake?
- Has someone come into your school and started threatening others with a gun or a knife?

### *Schools are expected to support their students to deal with such events when they happen*

- What do you think you needed to happen after the event?
  - Do schools do enough?
- What would you like to have changed?

### *This research is to find out*

- Whether these responses are meeting the needs of the youth affected
- What suggestions our youth have to improve what is happening now

### *Would you like to be involved?*

If you are a student in a secondary school who has experienced a response within your school please feel free to contact me to see if you are eligible to participate.

All information will be confidential and will only be used with your permission and in the form that you wish it to be used.

Parental permission will need to be obtained for students under 16 years of age.

My name is Kate Stewart

I have had many years of working with youth in a number of different areas.

Please contact me if you are interested in taking part:

**027 58 66 331**

or

**text me with your contact number**

or

**email me on [keitepai@xtra.co.nz](mailto:keitepai@xtra.co.nz)**

My supervisors at Massey University are:  
Dr Leland Ruwhiu (06) 350 5799 ext. 2830  
Dr Mary Murray (06) 356 9099 ext. 2621

# Appendix Eight

## Interview Guide

### Planning for an incident

- What preparation did the school provide before the incident (e.g. have you had any training about what to do in the event of a critical incident?) What do you feel about this?

### The Actual Incident

- What happened in the school after the incident? What were you told? What were other students saying? Doing? What did the students call the incident?
- What support/response was provided in the school? How was it introduced to the school?
- What was your experience of what was provided?
- What were your friends and classmates saying about what was provided?
- How long after the incident have things been provided? What do you think about this?
- What did you feel you needed at the time? How do you believe this need was met?

### Conclusions about the Response

- What do you think was the best thing about what was provided?
- What do you think was the worst thing about what was provided?
- As this was a response that affected teenagers, what do you believe could have been done differently?
- If you could plan a response that you think would work for your age group what would you be suggesting?

- What involvement do you think young people should have in this area of responding to critical incidents in schools?

# Appendix Nine

## Information Sheets

### *Adolescent Responses to Critical Incident Responses within Secondary Schools*

#### **Information Sheet - Collaborative Groups**

##### **The Researcher**

I am a student at Massey University studying for my Doctorate in Social Work. I have a background of working in education, community development and child and adolescent mental health. At present, I am a freelance social worker and involved in a number of social work activities e.g. private therapy with clients, contract work at Massey University, Social Work assessments, training. My contact details are as follows:

Kate Stewart

c/- Dr Leland Ruwhiu or Dr Mary Murray

School of Sociology, Social Policy and Social Work

Massey University

PO Box 11 222

Palmerston North

Telephone: 025 6866 331

Email: keitepai@xtra.co.nz

##### **The Research**

I have had extensive experience of working within the field of critical incident responses at all levels of education. A critical incident is an event that may have a significant negative impact on the people within the school so that their usual experiences within the school have been disrupted (e.g. an accidental or non-accidental death, a fire, an earthquake, a burglary). The intent is to discover the effect of the response from the adolescent's point of view.

The focus of this research is to explore the experiences of young people who have had a response provided to their secondary school after a critical incident has occurred. It is anticipated that between ten and fifteen in-depth interviews with information-rich participants will be conducted by myself. A decision on the

total number will be made when no further significant new information is being obtained.

### **The Role of the Collaborative Group**

Because this research is about the role of adolescents in critical incident responses, it is important that your voices are heard at all stages of the research. The role of the collaborative group is to:

- have input into the forms that are used for adolescents taking part in the research (i.e. information sheet, advertisement that will be used to recruit the participants interview guide)
- (optional) read and give feedback about the information in the literature review that directly relates to the voices of young people in our society and their involvement in the critical incident responses

### **Your Involvement**

There will be two collaborative groups to allow for a wide range of input from young people – one will be a mainstream group of peer support workers and interested young people, the other will be based in a whanau community group setting. These groups of young people will initially be recruited by expressions of interest from the young people. This information sheet will be given out at this stage.

Screening will need to take place to ensure the safety of those who form the groups. Screening will need to preclude those:

- who are in therapy after a critical incident or for any other matter
- who have experienced a critical incident response within the last six months
- who have been involved in a critical incident response that I have conducted
- under 16 that are denied parental consent

You will be invited to come together as a collaborative group to have input into several areas that are integral to the research:

- the information sheets
- the interview questions

- the advertisement
- the literature review that is specific to young people. This review is a discussion of what researchers say about this field of practice and also what they say about young people. As these areas are specifically about your age group I would like to have your thoughts on what I am saying and what other researchers are saying.

Your involvement is your choice. You may withdraw at any time or you may stay involved for the duration of the research. Initially we will meet regularly until we are satisfied that the forms reflect your input. After that, we will meet when there is a need to make decisions or when I need to have your input, e.g. when there is new material to read and have feedback on. Some contact may also take place through the internet and the post.

All reasonable costs to yourself incurred during the research (e.g. travel, toll calls, refreshments) will be reimbursed.

As this research is intended to be a collaborative exercise it is hoped that, if you choose, you will be able to benefit from your involvement in all areas e.g. that you will share in any positive outcomes whether this be through sharing in joint publishing, participation in conference papers or monetary reimbursement (e.g. if a donation was given you would be included in the decision making about how this was to be used).

### **Your Rights**

You have the right to:

- decline to participate at any stage
- decline to answer any particular question or to have input into a particular aspect of the study
- withdraw from the study
- ask questions and have them answered at any time during your participation
- be given access to a summary of the project findings when it is concluded

## **Support Processes**

Because this research has the potential to be distressing to some participants it is essential that there is backup should this occur. Whilst I am a therapist and able to defuse the immediate distress, options for ongoing help will be made available. If you are under 16 this information will also need to be made available, with your knowledge, to your parents.

## **Other Contacts**

While I am doing this research, I have two supervisors to ensure that I work in an ethical and safe way. If you need to contact them their details are:

Dr Leland Ruwhiu  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
Telephone: (06) 350 5799 ext. 2830

Dr Mary Murray  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
Telephone: (06) 359 5799 ext. 2621

## **Committee Approval Statement**

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/25

If you have any concerns about the conduct of this interview, please contact:

Professor Sylvia V Rumball  
Chair  
Massey University Campus Human Ethics Committee  
Palmerston North  
Telephone: 06 350 5249  
email: [humanethicspn@massey.ac.nz](mailto:humanethicspn@massey.ac.nz)

***Adolescent Responses to Critical Incident Responses within  
Secondary Schools***

## **Information Sheet – Focus Groups**

### **The Researcher**

I am a student at Massey University studying for my Doctorate in Social Work. I have a background of working in education, community development and child and adolescent mental health. At present I am a freelance social worker and involved in a number of social work activities e.g. private therapy with clients, contract work at Massey University, school counselling, Social Work assessments and training. My contact details are as follows:

Kate Stewart  
c/- Dr Leland Ruwhiu or Dr Mary Murray  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
Telephone: 025 6866 331  
Email: keitepai@xtra.co.nz  
Kate Stewart

### **The Research**

I have had many years of working with people who have been through a critical incident (e.g. an accidental or non-accidental death, a fire, an earthquake, a burglary). I am especially interested in what happens in secondary schools.

Schools are expected to provide a response after these incidents to ensure that their young people are well looked after. I wish to explore with youth their experiences of these responses to see what works well and what might be improved. I will interview a small number of youth in some detail to explore their ideas about this.

### **The Recruitment**

Initially collaborative adolescent teams were formed to take part in planning the recruitment advertisement, the information sheet, and the questionnaire. They

would also be consulted on any issues on which they are able to give insight into researching this population. Individual interviews were then conducted. To add more depth to the research it was decided in consultation with my supervisors to add two focus groups.

Selection of focus group participants will be dependent on several criteria:

- who are in therapy after a critical incident or for any other matter
- who have experienced a critical incident response within the last six months
- who have been involved in a critical incident response that I have conducted
- under 16 that are denied parental consent

All reasonable costs to yourself incurred during the research (e.g. travel, toll calls, food) will be reimbursed. As this research is intended to be a collaborative exercise it is hoped that, if you choose, you will be able to benefit from your involvement in all areas e.g. that you will share in any positive outcomes whether this be through sharing in joint publishing, participation in conference papers.

### **The Project Procedures**

- All data will be stored in a locked facility.
- It will remain the property of the researcher and you will retain ownership of your own information. At any time up until publication of the thesis you will retain the right to withdraw, correct or alter this information.
- Any use of the data after the publication of the thesis will be in collaboration with you.
- The data will be kept for a period of 5 (five) years at which time the tapes and transcripts will be destroyed.

### **Your Involvement**

- It is anticipated that a focus group interview will take between one and three hours.

- The timing and location of the interview will be negotiated with the group.
- You will be provided with a list of areas that will be covered before the interview.
- After the interview it will be transcribed and a copy will be given to you to read, correct and change so that it reflects what you want it to say. At any time you may have access to your information to ensure that at publication your experience is reflected as accurately as possible.

### **Your Rights**

You have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask questions about the study at any time during your participation
- provide information on the understanding that you are identified in the manner in which you decide and to which you give permission to the researcher (NB your real name will not be used)
- ask that the tape be turned off at any time during the interview
- read and amend your contribution at any time before publication of the research
- be given access to a summary of the project findings when it is concluded

### **Support Processes**

This research could be distressing to some participants and so it is essential that there is back up should this occur. Whilst I am a therapist and able to safely work with any immediate distress options for ongoing help will be made available. Relevant agencies in your area will have an Information Sheet about the research that is being conducted. If you are under 16 this information will also need to be made available, with your knowledge, to your parents.

### **Other Contacts**

While I am doing this research I have two supervisors to ensure that I work in an ethical and safe way. If you need to contact them their details are:

Dr Leland Ruwhiu  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North

Telephone: (06) 350 5799 ext. 2830

Dr Mary Murray  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North

Telephone: (06) 359 5799 ext. 2621

### **Committee Approval Statement**

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/25.

If you have any concerns about the conduct of this interview, please contact:

Dr John O'Neill

Chair

Massey University Campus Human Ethics Committee

Palmerston North

Telephone: 06 350 5799 (ext 8635)

email: [humanethicspn@massey.ac.nz](mailto:humanethicspn@massey.ac.nz)

***Adolescent Responses to Critical Incident Responses within  
Secondary Schools***

## **Information Sheet - Agencies**

### **The Researcher**

I am a student at Massey University studying for my Doctorate in Social Work. I have a background of working in education, community development and child and adolescent mental health. At present, I am a freelance social worker and involved in a number of social work activities e.g. private therapy with clients, contract work at Massey University, school counselling, Social Work assessments, training. My contact details are as follows:

Kate Stewart  
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Massey University  
PO Box 11 222  
Palmerston North  
Telephone: 025 6866 331  
Email: keitepai@xtra.co.nz

### **The Research**

I have had extensive experience of working within the field of critical incident responses at all levels of education. A critical incident is an event that may have a significant negative impact on the people within the school so that their usual experiences within the school have been disrupted (e.g. an accidental or non-accidental death, a fire, an earthquake, a burglary). The intent is to discover the effect of the response from the adolescent's point of view.

The focus of this research is to explore the experiences of young people who have had a response provided to their secondary school after a critical incident has occurred. It is anticipated that between ten and fifteen in-depth interviews with information-rich participants will be conducted by myself. A decision on the total number will be made when no further significant new information is being obtained.

## **The Recruitment**

The recruitment of these young people will initially be through self selection. An information-giving advertisement will be placed in a magazine that is free and accessible to adolescents in Aotearoa New Zealand. Selection of research participants will be dependent on several criteria:

- That the young person experienced the response over 6 months ago
- That the young person is not in therapy for the incident or for any other incident
- That consent is obtained. For those under 16 years parental/guardian consent will be obtained.

All reasonable costs incurred during the research (e.g. travel, toll calls, food) will be reimbursed. As this research is intended to be a collaborative exercise it is hoped that adolescents will be able to benefit from their involvement in all areas e.g. that they will share in any positive outcomes whether this be through sharing in joint publishing, participation in conference papers or monetary reimbursement.

## **The Project Procedures**

- All data will be stored in a locked facility.
- It will remain the property of the researcher and the young people will retain ownership of their own information. At any time up until publication of the thesis they will retain the right to withdraw, correct or alter this information.
- Any use of the data after the publication of the thesis will be in collaboration with the adolescents.
- It will be kept for a period of 5 (five) years at which time the tapes and transcripts will be destroyed.

## **Adolescent Involvement**

- It is anticipated that interviews will take between one and three hours.
- The timing and location of the interview will be negotiated with the young people.
- They will be provided with a list of areas that will be covered before the interview.

- After the interview, it will be transcribed and a copy will be given to the young people to read, correct and amend so that it reflects what they want it to say. At any time they may have access to their information so that at publication their experience is reflected as accurately as possible

### **Participant Rights**

The participants have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask questions about the study at any time during their participation
- provide information on the understanding that they are identified in the manner in which they decide and to which they give permission to the researcher (NB their real name will not be used)
- ask that the tape be turned off at any time during the interview
- read and amend their contribution at any time before publication of the research
- be given access to a summary of the project findings when it is concluded

### **Support Processes**

Because this research has the potential to be distressing to some participants it is essential that there is backup should this occur. Whilst I am a therapist and able to defuse the immediate distress, options for ongoing help will be made available. Relevant agencies in the area where the participants live will have an Information Sheet about the research that is being conducted. If they are under 16 this information will also need to be made available, with their knowledge, to their parents.

### **Other Contacts**

While I am doing this research, I have two supervisors to ensure that I work in an ethical and safe way. If you need to contact them their details are:

Dr Leland Ruwhiu  
 School of Sociology, Social Policy and Social Work  
 Massey University  
 PO Box 11 222

Palmerston North  
Telephone: (06) 350 5799 ext. 2830

Dr Mary Murray  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
Telephone: (06) 359 5799 ext. 2621

### **Committee Approval Statement**

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/25.

If you have any concerns about the conduct of this interview, please contact:

Professor Sylvia V Rumball  
Chair  
Massey University Campus Human Ethics Committee  
Palmerston North  
Telephone: 06 350 5249  
email: [humanethicspn@massey.ac.nz](mailto:humanethicspn@massey.ac.nz)

***Adolescent Responses to Critical Incident Responses within  
Secondary Schools***

**Information Sheet - Research Participants**

**The Researcher**

I am a student at Massey University studying for my Doctorate in Social Work. I have a background of working in education, community development and child and adolescent mental health. At present, I am a freelance social worker and involved in a number of social work activities e.g. private therapy with clients, contract work at Massey University, school counselling, Social Work assessments and training. My contact details are as follows:

Kate Stewart

c/- Dr Leland Ruwhiu or Dr Mary Murray

School of Sociology, Social Policy and Social Work

Massey University

PO Box 11 222

Palmerston North

Telephone: 027 58 66 331

Email: keitepai@xtra.co.nz

**The Research**

I have had many years of working with people who have been through a critical incident (e.g. an accidental or non-accidental death, a fire, an earthquake, a burglary). I am especially interested in what happens in secondary schools.

Schools are expected to provide a response after these incidents to ensure that their young people are well looked after. I wish to explore with youth their experiences of these responses to see what works well and what might be improved. I will interview a small number of youth in some detail to explore their ideas about this.

**The Recruitment**

Initially, collaborative adolescent teams were formed to take part in planning the recruitment advertisement, the information sheet, and the questionnaire. They would also be consulted on any issues on which they are able to give insight into researching this population. Individual interviews were then conducted. To

add more depth to the research it was decided in consultation with my supervisors to add two focus groups.

Selection of focus group participants will be dependent on several criteria:

- That the young person experienced the response over 6 months ago
- That the young person is not in therapy for the incident or any other reason
- That the young person has not been involved in a critical incident response that I have provided
- That consent is obtained. For those under 16 years parental/guardian consent will be obtained.

All reasonable costs to yourself incurred during the research (e.g. travel, toll calls, food) will be reimbursed. As this research is intended to be a collaborative exercise it is hoped that, if you choose, you will be able to benefit from your involvement in all areas e.g. that you will share in any positive outcomes whether this be through sharing in joint publishing, participation in conference papers.

### **The Project Procedures**

All data will be stored in a locked facility.

It will remain the property of the researcher and you will retain ownership of your own information. At any time up until publication of the thesis, you will retain the right to withdraw, correct or alter this information.

Any use of the data after the publication of the thesis will be in collaboration with you.

The data will be kept for a period of 5 (five) years at which time the tapes and transcripts will be destroyed.

### **Your Involvement**

It is anticipated that a focus group interview will take between one and three hours.

The timing and location of the interview will be negotiated with the group.

You will be provided with a list of areas that will be covered before the interview.

After the interview, it will be transcribed and a copy will be given to you to read, correct and change so that it reflects what you want it to say. At any time, you may have access to your information to ensure that at publication your experience is reflected as accurately as possible.

### **Your Rights**

You have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask questions about the study at any time during your participation
- provide information on the understanding that you are identified in the manner in which you decide and to which you give permission to the researcher (NB your real name will not be used)
- ask that the tape be turned off at any time during the interview
- read and amend your contribution at any time before publication of the research
- be given access to a summary of the project findings when it is concluded

### **Support Processes**

This research could be distressing to some participants and so it is essential that there is back up should this occur. Whilst I am a therapist and able to safely work with any immediate distress, options for ongoing help will be made available. Relevant agencies in your area will have an Information Sheet about the research that is being conducted. If you are under 16 this information will also need to be made available, with your knowledge, to your parents.

### **Other Contacts**

While I am doing this research, I have two supervisors to ensure that I work in an ethical and safe way. If you need to contact them their details are:

Dr Leland Ruwhiu  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
Telephone: (06) 350 5799 ext. 2830

Dr Mary Murray  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
Telephone: (06) 359 5799 ext. 2621

### **Committee Approval Statement**

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/25.

If you have any concerns about the conduct of this interview, please contact:

Dr John O'Neill  
Chair  
Massey University Campus Human Ethics Committee  
Palmerston North  
Telephone: 06 350 5799 (ext 8635)  
email: [humanethicspn@massey.ac.nz](mailto:humanethicspn@massey.ac.nz)

# Appendix Ten

## Consent Forms

### *Adolescent Experiences of Critical Incident Responses within Secondary Schools*

#### **Consent Form - Adolescent Participants**

***This consent form will be held for a period of five (5) years***

I have read the Information Sheet and have had all the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

If you are under 16, parental permission to participate also needs to be obtained. You are able to sign this form to indicate that all are aware of the process that is being undertaken.

If you are over 16, whilst you are not obliged to inform your parents/guardians, you are encouraged to do so.

I agree/do not agree to the interview being audio taped.

I agree to participate in this study under the condition set out in the information sheet.

Signature .....Date.....

Full Name (printed).....

**Adolescent Experiences of Critical Incident Responses within  
Secondary Schools**

**Consent Form - Parents/Guardians**

***This consent form will be held for a period of five (5) Years***

I/we have read the Information Sheet and have had all the details of the study explained to me. My questions have been answered to my satisfaction, and I/we understand that I may ask further questions at any time.

I/we agree/do not agree to the interview being audio taped.

I/we agree to allow my son/daughter (full name – please print)

.....to participate in this study  
under the conditions set out in the information sheet.

**Parents/Guardians Signatures**

Signature: ..... Date.....

Full Name (printed):.....

Signature: ..... Date.....

Full Name (printed):.....

**Young Persons Signature**

Signature:..... Date.....

***Adolescent Experiences of Critical Incident Responses within  
Secondary Schools***

**Consent Form – Participation in Focus Group**

***(Adolescent Participants)***

***This consent form will be held for a period of five (5) Years***

I have read the Information Sheet and have had all the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

If you are under 16, parental permission to participate also needs to be obtained. You are able to sign this form to indicate that all are aware of the process that is being undertaken.

If you are over 16, whilst you are not obliged to inform your parents/guardians, you are encouraged to do so.

I agree/do not agree to the interview being audio taped.

I agree to participate in this study under the condition set out in the information sheet.

Sign

Full Name (printed):.....

*Adolescent Experiences of Critical Incident Responses within  
Secondary Schools*

**Consent Form - Participation in Focus Group  
(Parents/Guardians)**

***This consent form will be held for a period of five (5) Years***

I/we have read the Information Sheet and have had all the details of the study explained to me. My questions have been answered to my satisfaction, and I/we understand that I may ask further questions at any time.

I/we agree/do not agree to the interview being audio taped.

I/we agree to allow my son/daughter (full name – please print)

.....to participate in this study  
under the conditions set out in the information sheet.

**Parents/Guardians Signatures**

Signature:.....Date.....

Full Name (printed).....

Signature:.....Date.....

Full Name (printed).....

**Young Persons Signature**

Signature.....Date.....

***Adolescent Experiences of Critical Incident Responses within  
Secondary Schools***

**Consent Form - Adolescent Participants  
(Collaborative Group)**

***This consent form will be held for a period of five (5) years***

I have read the Information Sheet and have had all the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the condition set out in the information sheet (Collaborative Group).

Signature:.....Date.....

Full Name (printed).....

*Adolescent Experiences of Critical Incident Responses within  
Secondary Schools*

**Consent Form – Collaborative Groups  
(Parents/Guardians)**

***This consent form will be held for a period of five (5) Years***

I/we have read the Information Sheet and have had all the details of the study explained to me. My questions have been answered to my satisfaction, and I/we understand that I may ask further questions at any time.

I/we agree/do not agree to the interview being audio taped.

I/we agree to allow my son/daughter (full name – please print)

.....to participate in this study  
under the conditions set out in the information sheet.

**Parents/Guardians Signatures**

Signature:.....Date.....

Full Name (printed).....

Signature:.....Date.....

Full Name (printed).....

**Young Persons Signature**

Signature.....Date.....

# Appendix Eleven

## Confidentiality Forms

*Adolescent Experiences of Critical Incident Responses within  
Secondary Schools*

### Confidentiality Agreement - Research Interview Group

I,.....(full name – printed)

agree to keep confidential all information concerning the project:

Signature:.....Date:.....

Full name (printed).....

*Adolescent Experiences of Critical Incident Responses within  
Secondary Schools*

**Confidentiality Agreement - Collaborative Group**

I,.....(full name – printed)

agree to keep confidential all information concerning the project:

Signature: .....Date:.....

Full name (printed).....

# Appendix Twelve

## Ethics Application - Focus Group

(Revised 30/10/02)



### Human Ethics Committee

To: Secretary, Human Ethics Committee  
**AT** Principal's Office **OR** Equity & Ethics **OR** Principal's Office  
Albany Old Main Building Office  
Turitea, Palmerston North Wellington

Please send this original (1) application plus twelve (12) copies  
Application should be double-sided and stapled  
Application due two (2) weeks prior to the meeting

---

**APPLICATION FOR APPROVAL OF PROPOSED RESEARCH/TEACHING/EVALUATION  
PROCEDURES INVOLVING HUMAN PARTICIPANTS**

---

#### SECTION A: GENERAL INFORMATION

**1 Full Name of Staff Applicant**

*(for staff research, teaching and evaluations)*

*Please sign the relevant Staff Applicant's Declaration.*

**School/Department/  
Institute/Section**

**Region (mark one only)**

Albany  
Wellington

Palmerston North

**Telephone**

**Email Address**

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#### OFFICE USE ONLY

Date First Reviewed: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Final Outcome: \_\_\_\_\_

ALB/PN/WGTN  
Protocol No: \_\_\_\_\_

2 **Full Name of Student Applicant** Kathryn (Kate) Janet Stewart  
*(for supervised student research)*  
 Please sign the relevant Student Applicant's Declaration.

**Telephone** 06 344 1197 or 027 5866 331

**Email Address** keitepai@xtra.co.nz

**Postal Address** 7A Somerset Road, Whanganui

**Employer** Self-employed

3 **Full Name of Supervisor** Dr Leland Ruwhiu and Dr Mary Murray  
*(for supervised student research)*  
 Please sign the relevant Supervisor's Declaration.

**School/Department/Institute/Section** School of Sociology, Social Policy and Social Work

**Region (mark one only)** Albany  Palmerston North   
 Wellington

**Telephone** (06) 350 5700 ext 2830

**Email Address** L.A.Ruwhiu@massey.ac.nz and  
M.Murray@massey.ac.nz

4 **Full Name of Line Manager**  
*(for evaluations)*  
 Please sign the relevant Line Manager's Declaration.

**Section**

**Region (mark one only)** Albany  Palmerston North   
 Wellington

**Telephone**

**Email Address**

5 **Project Title** Adolescent Experiences of Critical Incident Responses within Secondary Schools in Aotearoa New Zealand

6 **Projected start date of Project** May 2002

**Projected end date of Project** December 2006

7 **Type of Project:**  
*(mark one only)*

Staff Research	<input type="checkbox"/>	Honours Project	<input type="checkbox"/>
PhD Thesis	<input checked="" type="checkbox"/>	Evaluation Programme	<input type="checkbox"/>
Master's Thesis	<input type="checkbox"/>	Teaching Programme	<input type="checkbox"/>
MBA Project	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, specify

## 8 Summary of Project

*(Note All the information provided in the application is potentially available if a request is made under the Official Information Act. In the event that a request is made, the University, in the first instance, would endeavour to satisfy that request by providing this summary. Please ensure that the language used is comprehensible to all.)*

Critical incidents (e.g. natural or unnatural deaths, fires, burglaries, accidents) impact on the population that experiences them. Within secondary schools there is an expectation, mandated by the government through the Ministry of Education, that a response is made to schools that experience a critical incident. There are also other groups (e.g. Workplace Support; Child, Adolescent and Family Mental Health Service that offer responses). There is much conflicting international research as to the efficacy of these responses. The adult experts are making decisions that they believe are in the best possible interests of the young people. The expertise/knowledge of a major stakeholder, the young people involved in the critical incident response, has been for the most part, omitted from research. This research is an attempt to gather qualitative data about young people's experiences of critical incident responses. It is hoped that the information derived from this research will be taken into account by relevant policy makers and decision makers in this field.

---

# Declarations

## DECLARATIONS FOR PERSONS PROCEEDING WITHOUT A FULL APPLICATION

### DECLARATION FOR THE STAFF APPLICANT

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Staff Applicant's  
Signature

Date:

.....

### DECLARATION FOR LINE MANAGER (for research/evaluations undertaken in the Divisions)

I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's  
Signature

Date:

.....

### DECLARATION FOR THE STUDENT APPLICANT (for supervised student research)

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Student  
Applicant's  
Signature

Date:

.....

### DECLARATION FOR THE SUPERVISOR (for supervised student research)

I have assisted the student in the ethical analysis of this project. I understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Supervisor's  
Signature

Date:

.....

**SECTION B: PROJECT INFORMATION**

*(Note the Committee treats all applications independently)*

**9 I/we wish the protocol to be heard in a closed meeting (Part II).** Yes  No

*(If yes, state reason in a covering letter)*

**10 State concisely the aims of the project.**

- To add the voice of a major stakeholder (young people) to research in the area of critical incident responses in secondary schools in Aotearoa New Zealand
- To qualitatively explore with young people what they believe to be their needs when there is a critical incident within their school that they have to deal with
- To work collaboratively with young people in a way that has meaningful outcomes for them
- To have a positive influence on the delivery of critical incident responses so that these responses better meet the needs of young people

**11 Give a brief background to the project so that the significance of the project can be assessed.**

*(no more than 200 words in lay language)*

Critical incident responses in Aotearoa New Zealand have been introduced using an overseas model that has not been empirically verified and which is, in fact, subject to considerable debate. The research has shown everything on the continuum including the possibility that the critical incident response may do harm. The model was designed to debrief emergency personnel (secondary victims) but in this country we have adopted it for our use with our young people (often primary victims), who are a more vulnerable population than the professionals it was designed to debrief. There is a great amount of conflicting data from nearly all the stakeholders. There has been little input from the adolescent population and what there is tends to be quantitative data in the form of psychological testing. There is little qualitative research. I have had considerable input in responding to such incidents and, anecdotally, I am aware that what is offered by professionals does not always meet the needs of the young people. Consequently, I believe there is a need to start adding the voices of the young people concerned to the equation so that the responses may work more effectively for them.

**12 Where will the project be conducted?**

Interviews (individual and focus group) will be conducted in an appropriate place (e.g. at an agency such as a Child, Adolescent and Family Service, or One Stop Youth Shop) to be negotiated with the adolescent participants with their wishes being paramount.

**13 Who will actually conduct the study?**

Kate Stewart

**14 Who will interact with the participants?**

**15 What experience does the researcher(s) have in this type of project activity?**

I have 10 years experience in responding to critical incidents beginning when an adult student killed himself and a response had to be made to his fellow social work students. Since then I have worked for 6 years in a mental health agency that responded to critical incidents that have affected young people. I am an experienced therapist (narrative and humanist philosophies) who has worked with many young people who are having mental health difficulties and this has often been related to crisis situations. My Masters dissertation was a qualitative exploration of critical incident responses in secondary schools within this country. I have written three peer reviewed published papers and given conference papers and presentations on this field of practice

---

**16 What are the benefits of the project to the participants?**

The aim is to give the young people who have been involved in a critical incident response, a voice that, thus far, has not been heard in a meaningful way in this field of practice. Because this is designed to be collaborative research it is anticipated that young people will be consulted at various points of the research: e.g.

1. before the interviews are conducted it is anticipated that a collaborative group will have input into the information sheet, interview guide, and advertisement;
2. after the interviews are conducted the interviewees will have input into their transcripts so that it accurately reflects what they wish to say;
3. at a later point, and as an extension of this research, any young people who want to stay involved may wish to consider conference presentations, seminars, joint publishing etc with the principal researcher.

It is hoped that the outcomes of the research will be able to influence critical incident responses that are offered at present so that they more fully meet the needs of this population.

---

**17 What are the risks of the project to:**

- |  |   |
|--|---|
| <b>i. Participants:</b>                        | Because of the developmental stage of the participants of the interview participants, as well as the nature of the experience they have been through, there is a possibility that they may be emotionally affected during or after the interview. |
| <b>ii. Researcher(s):</b>                      | Because of the nature of the subject matter I myself may be affected by the interview process.  |
| <b>iii. Groups/Communities / Institutions:</b> | None anticipated  |
-

iv. Massey University: None anticipated as given all the safeguards  
it is intended that risks are minimised

---

**18 How do you propose to manage the risks for each of points ii., iii., and iv. above.**

*(Note Question 40 will address the management of risks to participants)*

- i. Safety nets will be in place for the young people. Because I am very experienced at working with young people, I will make every attempt to ensure that the process is a safe one. The intent of the interviews is not to relive any uncomfortable or traumatic situation, rather it is to be an exploration of the response that the school received and the impact that had on the participants. However, because the trauma and the response may be linked it is important that if the need arises there will be back up – wherever I am conducting the interviews it is essential that I am aware of and linked into:

- access to the local Mental Health Crisis Team
- access to local agencies e.g. Child, Adolescent and Family Mental Health (or equivalent), school counsellors, Youth One Stop Shop (or equivalent)

These agencies will all be supplied with information sheets.

Parents/guardians will have had the information sheet and will have given consent for those who are under 16. For all participants (whether under or over 16) parental/guardian involvement will become mandatory if there is an emotional or physical risk to the young person, or to anyone else, and they need to be involved as part of the safety net. This will be made clear (written and verbal) to the participants.

To strengthen this further no interviews will be conducted with anyone whom is in therapy at the time of the research or who has experienced a critical incident response in the last 6 months.

I will not interview anyone who has been involved in a critical incident response that I have delivered to ensure neutrality is maintained across interviews.

As the researcher I may be negatively affected by the interview. I will have a skilled person available who is able to debrief me after interviews.) to the participants.

To strengthen this further no interviews will be conducted with anyone whom is in therapy at the time of the research or who has experienced a critical incident response in the last 6 months.

I will not interview anyone who has been involved in a critical incident response that I have delivered to ensure neutrality is maintained across interviews.

- ii. As the researcher I may be negatively affected by the interview. I will have a skilled person available who is able to debrief me after interviews.

---

19 Is deception involved at any stage of the project?

Yes  No

If yes, justify its use and describe debriefing procedures.

20 Does the project include the use of participant questionnaire(s)? Yes  No   
(If yes, a copy of the Questionnaire(s) is to be attached to the application form)

21 Does the project include the use of focus group(s)? Yes  No   
(If yes, a copy of the Confidentiality Agreement for the focus group is to be attached to the application form)

22 Does the project include the use of participant interview(s)? Yes  No   
(If yes, a copy of the Interview Questions/Schedule is to be attached to the application form)

23 Does the project involve audio taping? Yes  No   
Does the project involve video taping? Yes  No   
(If agreement for taping is optional for participation, ensure there is explicit consent on the Consent Form)

If yes, state what will happen to the tapes at the completion of the project.

The tapes will be kept in a secure locked facility. They will be destroyed by the researcher after 5 years in collaboration with supervisors.

If audio taping is used, will the tape be transcribed? Yes  No

If yes, state who will do the transcribing

(If not the researcher, a Transcriber's Agreement is required and a copy is to be attached to the application form)

Kate Stewart

24 Does the project involve recruitment through advertising? Yes  No   
(If yes, a copy of the Advertisement is to be attached to the application form)

25 Will consent be given in writing? Yes  No

If no, state reason.

26 Does this project have any links to other approved Massey University Human Ethics Committee application(s)? Yes  No

If yes, list HEC protocol number(s) and relationship(s).

27 Is approval from other ethics committees being sought for the project? Yes  No

If yes, list other ethics committees.

### SECTION C: FINANCIAL SUPPORT

28 Is the project to be funded in anyway from sources external to Massey University? Yes  No

If yes, state source.

29 Is the project covered by a Massey University Research Services contract? Yes  No

If yes, state contract reference number.

30 Is funding already available or is it awaiting decision? Yes, from GRF (Massey) valid for 2005

31 Does the researcher(s) have a financial interest in the outcome of the project? Yes  No

If yes, explain how the conflict of interest situation will be dealt with.

**SECTION D: PARTICIPANTS**

32 Type of person participating:  
*(mark one or more)*

Massey University Staff	<input type="checkbox"/>	Hospital Patients	<input type="checkbox"/>
Massey University Student	<input type="checkbox"/>	Prisoners	<input type="checkbox"/>
Children under 7	<input type="checkbox"/>	Minors 8-15	<input checked="" type="checkbox"/>
		Persons whose capacity is compromised	<input type="checkbox"/>
		Ethnic/cultural group members	<input type="checkbox"/>
		Other	<input type="checkbox"/>

If Other, specify who.

33 What is the age range of participants?  
 1. Collaborative Groups – preferably young people over 16 because of their cognitive developmental stage and subsequent ability to make a valuable contribution.  
 2. Research Interview Group - Secondary School Students – potentially 12 years to 19 years.  
 3. Focus Group – adolescents above 16 years of age to allow for more mature cognitive development.

34 Is there any professional or other relationship (e.g. employer/employee, lecturer/student, practitioner/patient, researcher/family member) to the researcher? Yes  No

If yes, describe how this conflict of interest situation will be dealt with.

35 What selection criteria will be used?

1. Collaborative Groups – I will outline the project to groups of young people (one is a group of peer support people attached to a Public Health Unit who have already been formed to work with young people, the other is a whanau group attached to a community centre). Interested young people will then volunteer to be involved. They will then be screened for suitability (i.e. parental consent if under 16 years, have not been involved in a critical incident responses within the last 6 months, have not been involved in a critical incident response that I have delivered, and are not in therapy as a result of a critical incident or for any other reason) before the formation of the final collaborative groups.

2. Research Interview Group – As with the collaborative groups interested young people will register their interest and then be screened for suitability (i.e. parental consent if under 16 years, have not been involved in a critical incident responses within the last 6 months, have not been involved in a critical incident response that I have delivered, and are not in therapy as a result of any critical incident or for any other reason).

3. Focus Group – To be negotiated through a local youth focused community group. Participants will have to meet the eligibility criteria ((i.e. parental consent if under 16 years, have not been involved in a critical incident responses within the last 6 months, have not been involved in a critical incident response that I have delivered, and are not in therapy as a result of any critical incident or for any other reason).

---

36 **Will any potential participants be excluded?**

Yes  No

**If yes, state the exclusion criteria**

1. If the young person is in therapy for the incident or any other matter
  2. If they are denied parental/guardian's consent (under 16 years)
  3. Have been involved in a critical incident response that I have delivered,
  4. If the incident was less than 6 months ago.
- 

37 **How many participants will be involved?**

1. Two collaborative groups – 3-6 young people in each group
  2. Research Interview Group - It is anticipated that there will be between 10 and 15 participants. The interviews are to be qualitative in-depth interviews with information-rich participants.
  3. Focus Group – 4-6 participants
- 

**What is the reason for selecting this number?**

*(Where relevant, a copy of the Statistical Justification is to be attached to the application form)*

1. Collaborative Groups – these groups will be used to input into information sheet, interview guide, advertisement, literature review sections that relate to adolescents. I wish the group to be big enough to obtain varied input but not too big as to be unwieldy (3-5 participants). It is intended that two diverse groups will be used to allow for bicultural input.
2. Research Interview Group – 10-15 is anticipated to enable information-rich data to be obtained.
3. Focus Group - 4-6 to allow for a group that is not unwieldy but large enough to get some synergy.

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**How many participants will be in the control group?**

*(Where relevant)*

NA

---

**38 How will participants be recruited?**

1. Collaborative Groups

(a) through a peer support group and associated interested young people who have been trained to work with young people and are aware of issues impacting on youth

(b) Through a whanau based community centre that I have had some contact within the field of critical incidents

Those who are interested will then self select/volunteer to be involved. They will be screened for suitability (i.e. parental consent if under 16 years, have not been involved in a critical incident responses within the last 6 months, have not been involved in a critical incident response that I have delivered, and are not in therapy as a result of a critical incident or for any other reason) before the formation of the final collaborative groups.

2. Research Interview Group - recruitment will be through using an advertisement in a national, free newspaper that is distributed throughout the country on a monthly basis. Selection will take place after this based on emotional safety as previously outlined

3. Focus Group – this will be negotiated through a representative of a youth trust, followed by my speaking to them and asking for volunteers. They will need to meet the eligibility criteria.

*(If by public advertising, a copy of the Advertisement to be attached to the application form)*

---

**39 What discomfort (physical, psychological, social), incapacity or other harm are participants likely to experience as a result of participation?**

1. Collaborative Group – because it is possible that this group may have a personal interest in, and experience of the subject area, it is possible that they may be adversely affected. The same back up will need to be in place for them as there is for the research interview group.

2. Research Interview Group and Focus Group - The intent of the research is to explore with the participants their experience of the response that was offered to the school after the critical event. It is not my intention to be exploring the actual incident with them. However, some knowledge of it is necessary to give a background to the rest of the interview. There is the possibility that a participant may become distressed at this stage. Being more than 6 months out from the event and not being in therapy/counselling for the event, or any other matter, are safeguards that will be put in place. However, if a further need for therapy is indicated I will ensure that the necessary back up support is made available.

---

**40 What support processes does the researcher have in place to deal with adverse consequences or physical or psychological risks?**

Because this research has the potential to be psychologically distressing to some participants (e.g. if the young person did not get the help they needed at the time they may have a reaction) it is essential that there is backup should this occur. Whilst I am a therapist and able to defuse the immediate distress it will be necessary to ensure that options for ongoing help are available in the area that the young person lives. This will be researched before each interview so that these supports are in place. An information sheet will be made available to agencies that may be used as back up. If the young person is under 16 this information will also need to be made available to their parents/guardians with their knowledge. If the young person is over 16 telling their parents/guardians may be negotiated. If they are at serious risk then their safety will become paramount and parents/guardians will be told, with the knowledge of the young person. If any young person is at risk of self harm or of harming someone else then appropriate help will be accessed (e.g. parents, partner, police, Mental Health Crisis Team)

---

**41 How much time will participants have to give to the project?**

Collaborative Groups – Initially this be in order to have input into the forms that are directed at young people, interview guide, advertisement, information sheet – possibly 2-3 hours. Thereafter, it will be at their discretion dependent on how much involvement they wish to have with the project ( e.g. input into literature review, collaborative presentations/publishing)

Research Interview Group and Focus Group - The actual interview is anticipated to be between 1 and 3 hours and may be divided up into more than one session if it is a longer one. Any involvement after this is on a voluntary basis – e.g. proofreading and amending their own contributions, conference presentations, joint publishing

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- 42 **What information on the participants will be obtained from third parties?**  
None
- 
- 43 **Will any identifiable information on the participants be given to third parties?** Yes  No
- If yes, describe how.
- 
- 44 **Will any compensation/payments be given to participants?** Yes  No
- If yes, describe what and how.  
Reasonable expenses that may be involved in travel, toll calls or refreshments – this will be applied for through the Postgraduate Research Fund in the School of Sociology, Social Policy and Social Work.
- 

#### **SECTION E: DATA**

- 45 **What approach/procedures will be used for collecting data?**  
*(e.g. questionnaire, interview, focus group, physiological tests, analysis of blood etc)*  
An in-depth interview using an interview-guide approach.
- 
- 46 **How will the data be analysed?**  
Through inductive methods – thematic analysis
- 
- 47 **How and where will the data be stored?**  
The data will be stored in a secure locked facility in the researcher's home.
- 
- 48 **Who will have access to the data?**  
The researcher will be the only person to have access to all the data. The participants will have access to their own information via the principal researcher.
- 
- 49 **How will data be protected from unauthorised access?**  
The researcher is the only person who will have access to the storage facility
- 
- 50 **How will information resulting from the project be shared with participants?**  
Participants will have access to their own information at any time. This will be through the principal researcher. A copy of the summary of the findings will be made available to participants.
- 
- 51 **How long will the data be retained?**  
*(Note the Massey University Policy on Research Practice recommends that data be retained for at least five (5) years)*  
Five (5) years.
- 
- 52 **What will happen to the data at the end of the retention period?**  
*(e.g. returned to participants, disposed or archived)*  
It will be returned to the participants, or stored, if this is what they request, otherwise it will be disposed of.
-

53 **Who will be responsible for its disposal?**  
*(An appropriate member of the Massey University staff should normally be responsible for the eventual disposal of data - not a student researcher)*  
Kate Stewart in collaboration with supervisors at Massey University  
(Dr Leland Ruwhiu and Dr Mary Murray)

54 **Will participants be given the option of having the data archived?** Yes  No

**SECTION F: CONSENT FORMS**

55 **How and where will the Consent Forms be stored?**  
In a secure facility at the researcher's home.

56 **Who will have access to the Consent Forms?**  
The principal researcher and the individual participants through the principal researcher.

57 **How will Consent Forms be protected from unauthorised access?**  
By being retained at all times in a secure facility

58 **How long will the Consent Forms be retained?**  
*(Note the Committee recommends that Consent Forms be stored separately from the data and retained for at least five (5) years)*  
Five (5) years

**SECTION G: HUMAN REMAINS, TISSUES AND BODY FLUIDS**

59 **Does the project involve human remains, tissue or body fluids?** Yes  No   
*(If yes, complete Section G, otherwise proceed to Section H)*

60 **How is the material being taken?**  
*(e.g. operation)*

61 **How and where will the material be stored?**

62 **How long will the material be stored?**

63 **Will the material be destroyed?** Yes  No   
If yes, describe how.

If no, state why.

64 **Will the material be disposed of in accordance with the wishes of the relevant cultural group?** Yes  No

65 **Will blood be collected?** Yes  No   
If yes, state what volume and frequency at each collection.

66 Will any samples go out of New Zealand? Yes  No   
If yes, state where.

**SECTION H: COMPLIANCE WITH THE PRIVACY ACT 1993 AND HEALTH INFORMATION PRIVACY CODE 1994**

The Privacy Act 1993 and the Health Information Privacy Code 1994 impose strict requirements concerning the collection, use and disclosure of personal information. These questions allow the Committee to assess compliance.  
(Note that personal information is information concerning an identifiable individual)

67 Will personal information be collected directly from the individual concerned? Yes  No

If yes, specify the steps that will be taken to ensure that participants are aware of:  
- the fact that information is being collected,  
- the purpose for which information is being collected and its use,  
- who will receive the information,  
- the consequences, if any, of not supplying the information,  
- the individual's rights of access to and correction of personal information.  
These points should be covered in the Information Sheet.

The only personal information that will be recorded will be the gender, ethnic identity and age of each participant.

All of the above will be covered in the Information Sheet and also in the pre-interview discussions that will be undertaken. Being collaborative research this will be clearly explored with the participants so that they are aware of their rights.

- to know what their information is to be used for and the possible outcomes of the information may be used for
- to withdraw from the study,
- to amend, retract or change their own data
- to decide not to supply information with no consequence
- to have access to their own information
- to be aware of, and give permission for anyone else to have access to their information

If any of the above steps are not taken explain why.

68 Will personal information be collected indirectly from the individual concerned? Yes  No

If yes, explain why.

69 What storage and security procedures to guard against unauthorised access, use or disclosure of the personal information will be used?

All information will be kept in a locked cabinet to which no other person will have access. Any disclosure, other than for the purposes of the research, will be in accordance with the wishes of the participant.

70 How long will the personal information be kept?

*(Note that Information Privacy Principle 9 requires that personal information be kept for no longer than is required for the purposes for which the information may lawfully be used.) As a general rule, data relating to projects should be kept in appropriate secure storage within Massey University (rather than at the home of the researcher) unless a case based on special circumstances is submitted and approval by the Committee.*

For 5 years after which it will be destroyed by the researcher

**71 How will it be ensured that the personal information collected is accurate, up to date, complete, relevant and not misleading?**

Data will be collected directly from the participants. It will be proof read by them to ensure that it is an accurate reflection of what they wish to convey.

**72 How will the personal information be used?**

For the purposes of the research only and as negotiated with each participant for publications and/or conference presentations e.g. using the name/identification of their choice (though not their real name)

**73 Who will have access to the personal information?**

The principal researcher and participants will have access to their own information through the principal researcher.

**74 In what form will the personal information be published?**

*(Massey University requires original data of published material to be archived for five (5) years after publication for possible future scrutiny)*

As a case study attached to the doctoral thesis. No identifiable personal information will be included apart from gender, ethnicity and age.

**75 Will a unique identifier be assigned to an individual?**

This will depend on the wishes of the participant and will not be their real name.

Yes	X	N	
		o	
Yes		N	X
		o	

**If yes, is the unique identifier one that any other agency uses for that individual?**

**SECTION I: TREATY OF WAITANGI**

**76 Does the proposed project impact on Maori people in any way?**

Yes	X	N	
		o	

**If yes, describe how.**

Young people affected by critical incidents come from any ethnic group. As we live in a bi-cultural nation it is the intention of this research to have both Tauwiwi and Tangata Whenua youth represented.

**77 Are Maori the primary focus of the project?**

Yes		N	X
		o	

**If no, proceed to Question 82.**

**If yes, is the researcher competent in te reo Maori and tikanga Maori?**

Yes		N	
		o	

**If no, outline the processes in place for the provision of cultural advice.**

**78 Identify the group(s) with whom consultation has taken place.**  
*(Where relevant, a copy of the supporting documentation is to be attached to the application form)*

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**79 What consultation process has been undertaken prior to this application?**

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**80 Describe any ongoing involvement the group consulted has in the project.**

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**81 How will information resulting from the project be shared with the group consulted?**

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**82 If Maori are not the focus of the project, outline what Maori involvement there may be and how this will be managed.**

Collaborative groups – Two groups will be consulted about the nature of the research. One of these groups is a whanau based community group with which I already have had some association in the critical incident field. I have the support of, and access to cultural supervision from members of the management executive of this organisation. Those involved will do so voluntarily and will respond at the level they decide is appropriate

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**SECTION J: SOCIAL AND CULTURAL SENSITIVITY**

**83 Are there any aspects of the project which might raise specific cultural issues?** Yes  No

**If yes, describe how.**

The research is to be inclusive of all adolescents in secondary schools and therefore there could be a range of ethnic groups who wish to participate. Because one's culture is significant and integral to one's identity it will essential to access cultural expertise for those participants who are of a different ethnic group to myself. There is some research that explores cultural differences in the wider field of critical incident responses with even less that targets this population. It could be anticipated that there will be different perspectives from different cultural groups but this could be dependent on many factors e.g. acculturation into this country, the number of generations that have settled here. Because we are a multi-cultural nation this input could be a useful indicator of the need to be responsive to this population.

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**84 Is ethnicity data being collected as part of the project?** Yes  No

**If yes, explain why.**

As part of the personal data. It will also provide some insight into the ways in which diverse realities of New Zealanders respond to critical incidents.

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**85 What ethnic or social group(s) other than Maori does the project involve?**

Unknown as this is dependent on the self selection and screening processes and the way in which participants identify themselves ethnically.

- 86 **Do the participants have English as a first-language?** Yes  No   
**If no, will Information Sheets and Consent Forms be translated into the participants' first-language?** Yes  No

*(If yes, copies of the Information Sheet and Consent Form are to be attached to the application form)*

- 87 **What consultation process has been undertaken with the group(s) prior to this application?**

Collaborative adolescent teams will be formed to take part in planning the recruitment advertisement, the information sheet, and the questionnaire. They will also be consulted on any issues on which they are able to give insight into researching this population. This ethics proposal is seen as a two stage process.

**Stage one** is to gain approval to form the consultation group that will work towards the final form of the advertisement, questionnaire and information sheet. **Stage two** is to submit the final forms to gain permission to go ahead with the research.

**Stage three** has been added as over time the need for focus groups emerged. It is intended that two focus groups will occur – one will be a Tangata Whenua group that will access the young people who have already had some involvement through the collaborative groups and interviews; the second will be a youth collective who have had some involvement through interviews. The two groups are in two different areas and will involve some travel.

- 88 **Identify the group(s) with whom consultation has taken place.**

*(Where relevant, a copy of the supporting documentation is to be attached to the application form)*

The collaborative groups are intended to be comprised of those who originally self-select and are then screened for suitability to participate (i.e. not in therapy as a result of the critical incident or for any other reason, have parental permission if under 16, have not been part of a critical incident in which I have provided a response, and have not experienced a critical incident response in the last 6 months). There will be two groups:

1. a peer support group and associated interested young people
2. a whanau based community group

- 89 **Describe any ongoing involvement the group consulted has in the project.**

This is to be at the discretion of the young people themselves in collaboration with the principal researcher. If a young person is deemed to be vulnerable at this time they will be advised that it is not in their best interests to remain involved. This will be done in a supportive way and if necessary will involve follow up with an appropriate service.

- 90 **How will information resulting from the project be shared with the group consulted?**

The young people will have input into and access to the information as it comes to hand if they wish to continue with the project. This will be through the principal researcher. The intent is that, if they wish it, they may have input into the inductive analysis if they so desire, to acknowledge that their views are listened to.

**SECTION K: RESEARCH UNDERTAKEN OVERSEAS**

91	<b>Do the participants have English as a first-language?</b>	Yes		N o	
	<b>If no, will Information Sheets and Consent Forms be translated into the participants' first-language?</b>	Yes		N o	

*(If yes, copies of the Information Sheet and Consent Form are to be attached to the application form)*

92 **Describe local committees, groups or persons from whom the researcher has or will obtain permission to undertake the project.**  
*(Where relevant, copies of Approval Letters are to be attached to the application form)*

93	<b>Does the project comply with the laws and regulations of the country where the project will take place?</b>	Yes		N o	
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94 **Describe the cultural competence of the researcher for carrying out the project.**

95	<b>Does the researcher speak the language of the target population?</b>	Yes		No	
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# Declarations

## DECLARATION FOR THE STAFF APPLICANT

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research/teaching/evaluation (*cross out those which do not apply*) as set out in this application together with any amendments required by the Massey University Human Ethics Committee.

Staff Applicant's  
Signature

Date:

## DECLARATION FOR LINE MANAGER (for research/evaluations undertaken in the Divisions)

I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's  
Signature

Date:

## DECLARATION FOR THE STUDENT APPLICANT (for supervised student research)

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and understand my obligations and the rights of the participants, particularly in so far as obtaining informed consent is concerned. I agree to undertake the research/teaching/evaluation (*cross out those which do not apply*) as set out in this application together with any amendments required by the Massey University Human Ethics Committee.

Student  
Applicant's  
Signature

Date:

## DECLARATION FOR THE SUPERVISOR (for supervised student research)

I declare that I have assisted with the development of this protocol, that to the best of my knowledge it complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants, and that I have approved its content and agreed that it can be submitted.

Supervisor's  
Signature

Date:

## Appendix Thirteen

### **Aotearoa New Zealand Association of Social Workers Practice Standards**

The following is taken from the ANZASW Code of Ethics (ANZASW, 2005; unnumbered) and are the practice guidelines within which members of the professional association work under within Aotearoa New Zealand.

#### **1. The social worker adheres to the Code of Ethics and the Objects of Aotearoa New Zealand Association of Social Workers.**

This standard is met when the social worker demonstrates a knowledge of:

- the Code of Ethics
- the Association's Objects
- and when the social worker:
  - is committed to professional, standards, principles and practices
  - takes a stand from an explicit value position.

#### **2. The social worker demonstrates a commitment to practising social work in accordance with the Bicultural Code of Practice and an understanding of the Principles of Te Tiriti O Waitangi.**

This standard is met when the social worker:

- demonstrates a knowledge of Te Tiriti O Waitangi and its implications for social work
- recognises the Tangata Whenua status of the indigenous Maori people of Aotearoa/New Zealand
- respects Maori culture and protocol and has an understanding of her/his own culture and cultural heritage
- challenges racism at personal and institutional levels in Aotearoa/New Zealand
- recognises the right of Maori people to determine their own needs and to develop services in accordance with those needs
- offers practical support to the local Tangata Whenua for their initiatives
- supports Maori services in their area of work.

**3. The social worker establishes an appropriate and purposeful working relationship with clients, taking into account individual differences and the cultural and social context of the client's situation.**

This standard is met when the social worker:

- uses culture and gender appropriate verbal and non-verbal communication
- is able to work with a variety of individuals and groups

and when the social worker demonstrates a knowledge of:

- the concepts of culture, class, race, ethnicity, spirituality, sex, age and disability and understands the impact of racism, poverty and sexism at a personal and institutional level
- the cultural norms and protocols of Pakeha and Maori societies and an awareness of the cultural norms and protocols of other ethnic groups
- the dynamics and place in society of:
  - a. whanau/families
  - b. groups/committees
  - c. hapu and iwi
  - d. organisations and institutions
- types and functions of formal and informal networks:
  - a. voluntary agencies
  - b. government departments
  - c. church networks
  - d. community networks
  - e. legal services
  - f. health services
- human growth and development including:
  - a. the development of personality
  - b. life stages and crises
  - c. normal and abnormal psychology and behaviour
  - d. common relationship problems
  - e. health, illness and disability.

**4. The social worker acts to secure the client's participation in the working relationship.**

This standard is met when the social worker:

- motivates and encourages participation
- negotiates agreed upon goals and tasks with clients
- negotiates and agrees with clients on how to reach goals
- jointly evaluates with the client the process, progress and outcomes of work
- renegotiates with clients should working agreements fail.

**5. The social worker's practice assists clients to gain control over their own circumstances.**

This standard is met when the social worker:

- provides choice by accurately presenting own and agency values
- clarifies with client what is preventing her/him from gaining control
- where possible, works with client to overcome these obstacles
- affirms client's success at each step in this process.

**6. In working with clients, the social worker uses her/his personal attributes appropriately.**

This standard is met where the social worker demonstrates a knowledge of:

- how one's values and attitudes have developed and their effect on behaviour
- personal strengths and weaknesses
- stress indicators and how these affect her/his performance as a social worker
- methods of self evaluation.

**7. The social worker has knowledge about social work methods, social policies, social services, resources and opportunities and acts to ensure access for clients.**

This standard is met when the social worker demonstrates a knowledge of:

- I. Social work practice with Pakeha, Maori and Pacific Islands peoples and other ethnic groups, including the following aspects:

- a. communication processes
  - b. planned, purposeful social work process
  - c. group processes
  - d. change strategies
  - e. preventive strategies
  - f. social planning, social action
  - g. community work and community development
  - h. power and authority issues
  - i. privacy and confidentiality
  - j. empowerment strategies
- II. Social services, including the following aspects:
    - a. the role of government
    - b. the role of non-governmental organisations (NGO's)
    - c. the role of volunteers
    - d. teamwork and multidisciplinary approaches
    - e. organisation and management practice
    - f. research principles and practice.
- III. Social policies including; the following aspects:
    - a. policy issues for people who may be disadvantaged on the grounds of race, gender, economic status, disability, sexual orientation and age.
    - b. contemporary social policy directions
    - c. strategies for influencing policy
    - d. strategies for the promotion of informed participation.
- IV. Resources and opportunities including; the following aspects:
    - a. the identification of needs including gaps in existing services
    - b. the expansion and promotion of a range of choices and opportunities
    - c. the use of networks to support clients, colleagues and communities in meeting social needs
    - d. the availability of funding sources and procedures for obtaining funds
    - e. the significance of culturally appropriate resources and personnel.

**8. The social worker only works where systems of accountability are in place in respect of the agency, clients and the social work profession.**

This standard is met when the social worker:

- works within agency procedures and accountability mechanisms
- contributes to organisational reviews
- is accountable through supervision and / or peer review
- develops and maintains systems for obtaining client/community feedback and the social worker demonstrates knowledge of the social work role in the agency including:

- a. tasks
- b. accountability
- c. ethical responsibilities
- d. rights and obligations as an employee/employer
- e. recording systems
- f. management processes relevant to social work role.

**9. The social worker constantly works to make the organisations and systems, which are part of the social work effort, responsive to the needs of those who use them.**

This standard is met when the social worker:

- acts to eliminate discriminatory practices
- advocates effectively as an individual and as a team member
- participates in change strategies
- contributes to policy-making through personal agency and ANZASW processes
- understands the conflict of interest inherent in actions which challenge agency/government policies.

**10 The social worker uses membership of the Aotearoa New Zealand Association of Social Workers to influence and reinforce competent practice.**

This standard is met when the social worker:

- takes an active role in ANZASW
- brings to the attention of the Association instances where social work practice is at variance with professional standards
- is committed to identification with social workers as a collective group via active professional links
- recognises the limits of a social worker's roles, functions and skills.

## Appendix Fourteen

### Qualities Identified as Helpful

The following qualities were identified as being helpful by young people who had been interviewed about abuse situations (Ostell cited in Cloke & Davies, 1995; pp.254-255):

*Professional competence: an expectation that staff would have broad based knowledge about children, their families and the difficulties that can arise, and be trained to use and apply this knowledge.*

*Tangibles: expectations about the appearance of buildings and other facilities, the age appropriateness of materials used, physical attributes of the practitioners, and information about services.*

*Reliability: an expectation that practitioners will keep promises that are made to children, and keep appointments on time.*

*Responsiveness: concerns that availability of the practitioner for the child during the course of the work, and whether the client is thought to be the primary client. This criterion concerns work being set up for the child at a time when the child feels ready for it.*

*Customisation: this relates to children's abilities to choose, about the location of work, about who is present, about the way in which help is provided, about the timing and ending of work and about the method of work.*

*Core service: this concerns the relationship between the practitioner and child as a process of identifying problems and working together on solutions. It is about producing improvements for the child.*

*Courtesy: describes the demeanor, the manner and the ways in which people are treated. Key elements are warmth, friendliness, respect and consideration.*

*Credibility: is about being honest and truthful in order to build up trust. Credibility is also drawn from the reputation of the organisation, of social workers in general and of social workers' experiences of working with children.*

*Security: concerns not only physical and emotional security, but also confidentiality and ensuring that children feel at ease and comfortable and not under pressure when focusing on problems*

*and painful matters.*

*Access: concerns availability and the avoidance of disappointment. It is about establishing regular patterns of contact and negotiating change. At times, it is about keeping children informed and practitioners making themselves available to children who may otherwise be unable to reach them.*

*Communication: concerns the child's experiences of the worker listening and hearing, as well as assuring and talking. It is about clarifying the purpose of any contact. It is about giving information about other meetings concerning the child and about future plans.*

*Understanding the child: this encompasses a broad empathy area in which the child feels the worker understands what is being said and experienced. The process empowers children to express their own remedies to problems, and maximises on choices, so when a choice exists the child should be given it. Understanding the child demonstrates that the individual is valued in their own right (Cloke & Davies, 1995; pp.254–255).*

# Appendix Fifteen

## Information Sheet – Focus Group

### The Researcher

I am a student at Massey University studying for my Doctorate in Social Work. I have a background of working in education, community development and child and adolescent mental health. At present I am a freelance social worker and involved in a number of social work activities e.g. private therapy with clients, contract work at Massey University, school counselling, Social Work assessments and training. My contact details are as follows:

Kate Stewart  
c/- Dr Leland Ruwhiu or Dr Mary Murray  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
Telephone: 027 58 66 331  
Email: keitepai@xtra.co.nz

### The Research

I have had many years of working with people who have been through a critical incident (e.g. an accidental or non-accidental death, a fire, an earthquake, a burglary). I am especially interested in what happens in secondary schools.

Schools are expected to provide a response after these incidents to ensure that their young people are well looked after. I wish to explore with youth their experiences of these responses to see what works well and what might be improved. I will interview a small number of youth in some detail to explore their ideas about this.

### The Recruitment

Initially collaborative adolescent teams were formed to take part in planning the recruitment advertisement, the information sheet, and the questionnaire. They would also be consulted on any issues on which they are able to give insight into researching this population. Individual interviews were then conducted. To

add more depth to the research it was decided in consultation with my supervisors to add two focus groups

**Selection of focus group participants will be dependent on several criteria:**

- That the young person experienced the response over 6 months ago
- That the young person is not in therapy for the incident or any other reason
- That the young person has not been involved in a critical incident response that I have provided
- That consent is obtained. For those under 16 years parental/guardian consent will be obtained.

All reasonable costs to yourself incurred during the research (e.g. travel, toll calls, food) will be reimbursed. As this research is intended to be a collaborative exercise it is hoped that, if you choose, you will be able to benefit from your involvement in all areas e.g. that you will share in any positive outcomes whether this be through sharing in joint publishing, participation in conference papers.

**The Project Procedures**

- All data will be stored in a locked facility.
- It will remain the property of the researcher and you will retain ownership of your own information. At any time up until publication of the thesis you will retain the right to withdraw, correct or alter this information.
- Any use of the data after the publication of the thesis will be in collaboration with you.
- The data will be kept for a period of 5 (five) years at which time the tapes and transcripts will be destroyed.

## **Your Involvement**

- It is anticipated that a focus group interview will take between one and three hours.
- The timing and location of the interview will be negotiated with the group.
- You will be provided with a list of areas that will be covered before the interview.
- After the interview it will be transcribed and a copy will be given to you to read, correct and change so that it reflects what you want it to say. At any time you may have access to your information to ensure that at publication your experience is reflected as accurately as possible.

## **Your Rights**

You have the right to:

- decline to participate
- decline to answer any particular question
- withdraw from the study
- ask questions about the study at any time during your participation
- provide information on the understanding that you are identified in the manner in which you decide and to which you give permission to the researcher (NB your real name will not be used)
- ask that the tape be turned off at any time during the interview
- read and amend your contribution at any time before publication of the research
- be given access to a summary of the project findings when it is concluded

## **Support Processes**

This research could be distressing to some participants and so it is essential that there is back up should this occur. Whilst I am a therapist and able to safely work with any immediate distress options for ongoing help will be made available. Relevant agencies in your area will have an Information Sheet about the research that is being conducted. If you are under 16 this information will also need to be made available, with your knowledge, to your parents.

## **Other Contacts**

While I am doing this research I have two supervisors to ensure that I work in an ethical and safe way. If you need to contact them their details are:

Dr Leland Ruwhiu  
School of Sociology, Social Policy and Social Work  
Massey University  
PO Box 11 222  
Palmerston North  
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## **Committee Approval Statement**

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Application 04/25.

If you have any concerns about the conduct of this interview, please contact:

Dr John O'Neill  
Chair  
Massey University Campus Human Ethics Committee  
Palmerston North  
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# Appendix Sixteen

## Consent Form – Focus Group

*Adolescent Experiences of Critical Incident Responses within  
Secondary Schools*

### CONSENT FORM FOR PARTICIPATION IN A FOCUS GROUP

**(Parents/Guardians)**

**This consent form will be held for a period of five (5)  
Years**

I/we have read the Information Sheet and have had all the details of the study explained to me. My questions have been answered to my satisfaction, and I/we understand that I may ask further questions at any time.

I/we agree/do not agree to the interview being audio taped.

I/we agree to allow my son/daughter (full name - please print)  
.....to participate in this study  
under the conditions set out in the information sheet.

#### **Parents/Guardians Signatures**

Signature: ..... Date.....

Full Name (printed):.....

Signature:.....Date.....

Full Name (printed):.....

#### **Young Persons Signature**

Signature:.....Date.....

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