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From the Perspectives of School Staff: The Helpful and Hindering Factors of Recovery from a School Crisis

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FROM THE PERSPECTIVES OF SCHOOL STAFF: THE HELPFUL AND HINDERING

FACTORS OF RECOVERY FROM A SCHOOL CRISIS

A Dissertation

Presented to the Faculty of

Antioch University Seattle

Seattle, WA

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By

Andria Weiser

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FROM THE PERSPECTIVES OF SCHOOL STAFF: THE HELPFUL AND HINDERING

FACTORS OF RECOVERY FROM A SCHOOL CRISIS

This dissertation, by Andria Weiser, has
been approved by the committee members signed below who
who recommend that it be accepted by the faculty of the Antioch University
Seattle at Seattle, WA in partial fulfillment of requirements for the
degree of

DOCTOR OF PSYCHOLOGY

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ABSTRACT

FROM THE PERSPECTIVES OF SCHOOL STAFF: THE HELPFUL AND HINDERING

FACTORS OF RECOVERY FROM A SCHOOL CRISIS

Andria Weiser

Antioch University Seattle

Seattle, WA

The impact of a violent event at a high school has an effect that ripples throughout the entire community. The present study sought to review what led teachers and school staff to recover after an unexpected violent event killed one student and critically injured another. The study sought to understand the process of recovery, including the post crisis intervention, response, and factors of personal resiliency, from the perspective of the staff and teachers involved. Enhanced Critical Incident Technique (ECIT), a robust qualitative research methodology used to study phenomenological constructs in a systematic way, was employed to give voice to the participants and understand the factors that contribute to successful response and recovery. Using ECIT, factors that helped or hindered the participants' ability to cope with and return to work are discussed. The implications for future events and intervention protocol are discussed. Further to this, feedback was shared with the school district so that any follow up efforts could be employed. This dissertation is available in open access at AURA: http://aura.antioch.edu/ and Ohio Link ETD Center, https://edt.ohiolink.edu/etd

Keywords: school violence, crisis response, teachers impacted by violence, ECIT

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Introduction

After a violent event at a local high school, the present study was developed to understand the factors that lead to successful recovery from the perspective of some of those most impacted by the event. The purpose of the study was to explore how the staff and teachers, who acted as first responders to the violent incident, were able to recover and return to their job duties. Teachers and staff have a unique position that has been largely ignored in the literature on school violent events. The helpful and hindering factors that contributed to their experience of recovering after the traumatic event were examined. From their voices, components that they wished were available during the recovery period were also investigated.

Context of the Study

Within in a two-year period of the present study, a man walked into a high school in a suburban community in Western Canada, and randomly stabbed two students. One of the students died, while the other student was critically injured. Out of respect to the participants, the families, and students involved, and to protect the school district and the community, details about the event have been purposely kept vague. Given that school was in session when the event occurred, hundreds of students and staff witnessed the event and aftermath, acted as first responders, and spent hours in lock down. This is a community where murder in general is rare compared to other parts of the world, particularly given that Canada as a whole has one of the lowest murder rates per capita for a developed nation (Statistics Canada, 2018. An average of two to five murders per year have been recorded over the past decade in the city where this event occurred (Statistics Canada, 2018).

What unfolded after the event was a community that responded the best way that they knew how. A multidisciplinary and multi-layer approach emerged. The school stayed out of

session for several days following the event. An expert in school violence was brought into the school within a few days to help organize the response. Within days after the event, teachers were invited back to the school to debrief and be exposed to the space. Later, students, along with their families, were invited to attend an assembly and then walk the halls of the school in effort to allow them to "reclaim their school." Crisis and counseling services were provided immediately after the event and in the weeks following, the school was supported by several local community agencies. Local restaurants and grocery stores donated food, and therapy dogs were brought in. This is certainly not an exhaustive list of the resources that were available, but rather a sampling of some of the services that were provided in the post crisis intervention.

This study has special meaning to me because, along with my colleagues, I was amongst the professionals in the community involved in the response from a mental health perspective providing crisis and post intervention counseling. From an outsider looking in, the overall response seemed helpful, organized, and meaningful; however, I am an outsider. I wasn't there during the event, I wasn't on the ground teaching the students every day in the weeks following, and I wasn't working while potentially experiencing post trauma symptoms. As I reflected upon the response, I began to wonder how the teachers were coping with their responsibilities while simultaneously dealing with their grief. The study is intended to give a voice to that critical perspective and to understand the factors that were meaningful to the staff and teachers.

Statement of the Problem

While there is an understanding in the literature that post event intervention may be necessary or desired, there is not one specific model for providing it (Jordan, 2003). The literature appears disconnected and either focuses on particular responses to trauma or specific mental health interventions or protocols that have been used (Jordan, 2003). This study sought to

understand intervention and recovery on a more personal level. It was anticipated that both interventions and structured components of the response, as well as factors outside formal response protocols, contributed both positively and negatively to individuals' recovery journey. It was anticipated that these might include specific therapies that the participants had available to them or things naturally occurred, such as support from their friends, family, and colleagues.

If we only focus on research-based interventions or specific techniques, we may miss out on the naturally occurring resources that can be heard if the voices of those directly involved are thoroughly examined. Humans are adaptive creatures that have inherent abilities to help them move towards recovery. It is hoped that the ability to understand these inherent resources may actually reveal more effective and holistic models of recovery.

Most of the studies that have looked at components of the impact of and the response and recovery after a school violent event have focused on the perspectives of the students. Very few studies focus on the impact on teachers (Cole, Hayes, Jones, & Shah, 2013). Even fewer have sought to understand the aspects that support recovery from the perspective of staff and teachers.

Research Question

This study sought to understand the factors that underlie and encourage effective coping and recovery, from the perspective of school staff, after a violent school event. Factors that helped and hindered recovery were explored as well as factors that participants wished were available to them. This research hopes to answer the question: What factors facilitate or detract from effective emotional recovery for staff after a violent event at a school?

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Literature Review

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Carl Jung initially coined the term "the wounded healer" to describe the idea that physicians provide treatment as a result of their own wounds. He also wrote about how the best

training for a physician was the experience of living through and suffering his own wounds (Sedgwick, 1994). Nouwan (1972), a theologian writer, further described the wounded healer as those who rise as leaders in caring for others; however, they rise into leadership because of their own painful experiences, and this is what allows them to guide others towards healing. The participants, whose stories inform this project, endured a painful and traumatic experience, yet they were also in a position where they were looked upon by their students to support their healing. It is in this recognition that the proposed study is built—that the stories of the teachers and staff, who also require support to heal are often faced with the task of helping others in their process of their recovery.

School Shootings and Violent Events

Unexpected violent events are an unfortunate reality in our society. Mass violent acts and murders in public places have been documented throughout North America over the past several decades (Follman, Aronson, & Pan, 2014). Examples of these events in the United States include the "Virginia Tech shooting," "Sandy Hook Elementary School shooting," and "Columbine High School shooting." Canada also has examples of mass violence including the shootings at Montreal's Ecole Polytechnique, La Loche school shooting, and more recently, the Quebec City Massacre (Chin, 2017). This also remains an international phenomenon (Malkki, 2014; Rees & Seaton, 2011).

A catastrophic event has been defined as having several identifiable features, including being a localized violent event that produces widespread trauma to those exposed to it (Roberts, 2000). While these events are statistically rare, they receive mass media coverage and international attention which often leads to misperceptions about the frequency of their occurrence (Borum, Cornell, Modzeleski, & Jimerson, 2010). Despite their rarity, the severity of

the impact of these events is often wide reaching and long lasting. Those affected often extend far beyond the identified victims and have severe psychological and emotional responses from the larger community (Crepeau-Hobson, Sievering, Armstrong, & Stonis, 2012).

A subset of events involving mass violence are those events that occur within schools (Borum et. al., 2010). For many people, the perception is that schools are a safe space immune from these events. As such, when mass violence does occur there is even more shock and anxiety that arises (Cornell, 2015; Turunem & Punamäki, 2016). These events differ from events of bullying or assault at school, in that they are more unexpected and are targeted at a wider range of victims (Borum et al., 2010). Greenway (2005) stated that violent incidents in schools are especially impactful because they go against the schema that is generally built about a school—that it is a safe, predictable, and routine place for children to learn. Crime statistics do show that schools generally are amongst the safest places; however, mass media coverage and the rippling effect that occurs after a catastrophic school event can lead to misperceptions about their frequency (Cornell, 2015).

Again, while rare statistically, there have been several events over the past decade that fit within this category (Borum et al., 2010). Most of these events were highly publicized and impacted the nation in terms of legislation, perception, and fear. These events include (but are not limited to), the Sandy Hook Elementary school shooting, the Columbine school shooting and even recently, the San Bernardino school shooting. Due to the intensity of the media coverage, the names of these events alone, provide adequate information to readily identify the event (Follman et al., 2014). As such, the events will not be re-described here. The focus of the present study is on recovery from these events, rather than on the specific details of each event.

The purpose of mentioning them here is simply to provide examples of types of events that may fit in this category.

When these events occur in schools they differ significantly from violence more commonly seen in schools such as assault (i.e., bullying, vandalism, or thefts) and deaths (i.e., car crashes or suicides; Borum et al., 2010). As described by Jordan (2003), catastrophic school events generally have many more witnesses who are either directly or indirectly exposed to the traumatic scenes (i.e., directly witnessing the sight, hearing, aftermath, or fearing for their own safety). The result is also different in that they generally attract significant media attention, as well as involvement from outside sources such as emergency personnel, politicians, mental health professionals, school boards, and the public in general (Malkki, 2014; Metzl & MacLeish, 2015).

The impact of these events on individuals and the greater community and the effectiveness of crisis response attempts have been examined in the literature (Crepeau-Hobson & Summers, 2011). Many studies focus on the psychological impacts that these events have on the students and their families (Lowe & Galea, 2017). Other studies focus on the prevention of these events or specific interventions that may be clinically supported (Turunen & Punamaki, 2016). Relatively scarce, however, are studies that give voice to the victims of these events and their understanding of what supports recovery (Brown, 2016; Murtonen, Suomalainen, Haravuori, & Marttunen, 2012).

Columbine effect. While Columbine was not the first of these events, it marked a shift in how these events were perceived and handled. In the Columbine Shooting, which occurred on April 20, 1999, two students entered the school and shot students and staff, wounding dozens and killing 15 people (Norris & Stevens, 2007). Columbine has been described as the event that

contributed to a "loss of innocence" (Marsico, 2010, p. 90). Post Columbine, the media, and academic writings, became focused on the need to improve school safety and find ways to predict these events (Borum et al., 2010; Henry, 2009). The shootings led to changes in policies and procedures in schools to increase security measures (Crepeau-Hobson, Filaccio, & Gottfried, 2010) and generated the most significant period of legislative activity on school violence in history thus far (Lawrence & Birkland, 2004).

Research poured into understanding the perpetrators. Questions such as "What would cause someone to complete an act like this?" and "How do we go about predicting it?" were the major themes in writings and research (Ferguson, Coulson, & Barnett, 2011). Theories of bullying, "goth" pop culture, and music genres were being held responsible for the event (Lawrence & Birkland, 2004). There was even evidence showing that fear towards people in trench coats drastically increased due to these writings (Ferguson et al., 2011). Trying to find the predicting variables was born out of the fear that arose from the attention received by this event. The reality, however, is that while factors were identified that may have contributed to the perpetrators' motive, this has not successfully contributed to a reduction in these events from occurring (Borum et al., 2010, Swanson, 2011).

Media. The media often covers catastrophic school events quite intensely (Cornell, 2015). Studies have documented the adverse impact that the media can have on the victims and in the recovery in the aftermath of the school violent events (Haravuori, Suomalainen, Berg, Kiviruusu, & Marttunen, 2011). Hawkins, McIntosh, Silver, and Holman (2004) found that the community (i.e., victims in the school, but also the community in general) felt angry towards the media after Columbine. They felt that the media had misrepresented the response that had occurred and the precautions that had been taken prior to the event. Norris and Stevens (2007)

reported that victims felt extreme distress over the exposure that occurred in the media coverage of the event and the community. Another study found that students who had been interviewed by the media showed greater elevation in scores on the Impact of Event Scale when compared to students who had not been involved with the media (Haravuori et al., 2011). The intensive coverage of these events in the media has been identified as a factor that leads to exacerbated symptoms, increased stress, and hindered victims' recovery (Borum et al., 2010; Cornell, 2015; Haravuori et al., 2011; Hawkins et. al, 2004)

Teachers and Return to Work

Teachers play a unique role in our society. They are educators, but their role often extends to supporting their students in other domains of their lives. Teachers often build relationships with their students that allow them to be an emotional and relational support to them. Given this, teachers are often relied upon as a key component in supporting students when tragedy occurs (O'Toole & Friesen, 2016). The challenge becomes that the teachers are often impacted by the same tragedies that they are expected to help their students recover from. For example, teachers are often relied upon to provide support and intervene when a student dies tragically (i.e., by suicide or motor vehicle accident), after a natural disaster, or when a tragic event hits a community (i.e., 9/11); yet the research suggests they receive very little training and support to follow protocol (O'Toole & Friesen, 2016). Furthermore, teachers too are often grieving, processing, and experiencing similar impacts of the event as the students they are supporting (Cole et al., 2013).

Violence can occur across work environments. Several studies have documented the effects that violent deaths in a workplace have on employees; however, teachers may have a particularly unique response when an unexpected violent event occurs in their workplace (Cole

et al., 2013). Teachers are expected to return to their workplace and are faced with the increased responsibility of caring for vulnerable persons: children and youth. When a tragedy happens in most other workplaces, employees have some ability to grieve, mourn, and process the events without this additional responsibility (Cole et al., 2003). In most other workplaces, this process can happen on the same level as their peers. Teachers are faced with the additional responsibility of returning to a caregiving role for the students (O'Toole & Friesen, 2016).

There is evidence suggesting that teachers need to return to the scene of the tragedy much quicker and more repeatedly (i.e., will walk by the scene many times per day), which may increase the risk of re-traumatization. This is a different experience than in many other workplaces. For instance, first responders do experience more frequent contact with violent events; however, very rarely do they have to quickly and repeatedly return to the scene of the trauma due to the difference in the nature of their work (Cole et al., 2013).

Overall, there is very little research on how school staff are affected by these events and the recovery supports they receive (Cole et al., 2013); however, there is evidence that the impact may be significant and unique. Research suggests that teachers may deny or minimize their own symptoms in an effort to care for the students (Cole et al., 2013). Hawkins et al. (2004) reports that over half the employees involved in the Columbine shooting left within a year, despite a low turnover rate prior to the event. Teachers and school staff are often called upon during the crisis to act as first responders, provide crisis intervention, keep other students safe, and enact emergency response protocols (Crepeau-Hobson & Summers, 2011) with little, and at times, no training. They are also called upon after the event to provide reports, aid investigations, be interviewed by the media, and are generally the first who are asked to return to the site. They are called upon for all of these important responsibilities, and yet, they also were victimized by and

the primary witnesses of the same event, and are also having their experience of processing the trauma (Cole et al., 2013).

Effects of Witnessing School Violence

The effects of witnessing a violent event are well documented in the literature; however, there is great variability in what may be experienced (Lowe & Galea, 2017). Catastrophic school events have significant effects on the witnesses and victims that were inside the school, whether they were directly injured or not (Webb, 2010). Regardless of an individual's position during the event, there is a risk of disruption to their behavioral, cognitive, and psychological well-being (Jordan, 2003).

Witnessing a death that is violent in nature can lead to an increased risk for mental health problems, including anxiety, depression, and post-traumatic stress disorder (PTSD; Turunen & Punamaki, 2016). In comparison to those who have lost someone due to natural causes, secondary victims of violent deaths are at an increased risk to develop anxiety, changes in mood, and prolonged grief disorder.

In the context of a school environment, when catastrophic events occur, there are often several victims and witnesses (Jordan, 2003). The literature provides a distinction between primary and secondary victims defining different relationships with the event and differing responses post event and during recovery. Primary victims are described as those individuals who were present on scene during the catastrophic event and feared for their own or others' safety. This include those were directly injured or killed, observed, either visually or aurally, the threat or harm to others, or were hiding and within physical proximity of being at risk (Jordan, 2003). Secondary victims are defined as those individuals who have a more distant involvement with the event. Examples might include hearing about the event graphically, seeing pictures or

videos of the event, or being related to the primary victims (Jordan, 2003). The variability of responses and coping after the incident is not succinctly related to this classification between primary and secondary victims. For example, secondary victims can develop and experience PTSD in the same fashion that a primary victim can (Lowe & Galea, 2017).

Witnessing a death that is violent in nature can lead to an increased risk for mental health problems, including anxiety, depression, and PTSD (Turunen & Punamaki, 2016). In comparison to those who have lost someone due to natural causes, secondary victims of violent deaths are at an increased risk to develop anxiety, changes in mood, and prolonged grief disorder (Turunen & Punamaki, 2016). Given the population and nature of a school environment, the number affected is likely to be substantially more than in other environments.

Furthermore, the impact of losing someone to a sudden and violent death in a school catastrophic event likely causes pain to an extended group of survivors (Turunen & Punamaki, 2016). Schools are often connected to a larger community, and as such a catastrophic event can reach a great number of secondary victims (Turunen & Punamaki, 2016). Due to the community base that often surrounds schools, the effects ripple out far beyond the direct witnesses or victims of the event. For example, in many cases parents have to wait for hours outside the scene to learn whether or not their children are safe. This alone, even with a positive outcome, may be experienced as traumatic. These examples illustrate factors that contribute to the traumatic nature of a school violent event (Kristensen, Weisaeth, & Heir, 2012).

It is widely accepted that not everyone who experiences a trauma will develop PTSD and school catastrophic events are no different (Lowe & Galea, 2017). The majority of individuals, however, will experience some symptoms after witnessing (either directly or indirectly) a school shooting or violent event. Just like with any trauma, each individual will respond differently and

the severity and duration of these symptoms is dependent on several variables (Elklit & Kurdahl, 2013).

Several factors have been identified that may influence the impact and severity of the symptom development. These factors include personal and psychiatric history, personality traits, age and gender (i.e., females are at an increased risk), personality, coping style, emotion regulation, and availability of social supports (Bardeen, Kumpula, & Orcutt; 2013; Brener, Simon, Anderson, Barrios, & Small, 2002; Elklit & Kurdahl, 2013; Grills-Taquechel, Littleton, & Axsom, 2011; Littleton, Axsom, & Grills-Taquechel, 2011; Lowe & Galea, 2017). Proximity to the event and level of intimacy with the victim may also play a role in the development and maintenance of symptoms (Elklit & Kurdahl, 2013; Jordan, 2003; Lowe & Galea, 2017).

For some individuals, symptoms are short term, while others may experience long lasting symptoms that may develop into psychiatric conditions, such as depressive disorders, anxiety disorders, and PTSD (Murtonen et al., 2012). Many individuals will experience intense emotions after the incident (Kumpula, Orcutt, Bardeen, & Varkovitzky, 2011). Intrusive thoughts about the incident, ruminations, flashbacks, and nightmares are also commonly experienced. Other symptoms may include feeling detached from their emotions, emotional numbing, withdrawal from relationships, and feeling constantly hyper aroused (Lowe & Galea, 2017). Physical symptoms such as lack of appetite, fatigue, and increased illness have also been documented (Jordan, 2003). Research has shown that for victims of a traumatic violent event in a school setting, symptoms are experienced on a spectrum. Many individuals will find that symptoms subside over time and through the use of naturally occurring resources and self-care, while others may require more structured interventions (Murtonen et al., 2012.

Post Crisis Response

The literature lacks a clear model for understanding and responding to a catastrophic school event. There is a recognition, however, that post crisis response needs to be immediate, coordinated, and multimodal (Jaycox et al., 2007; Séguin et al., 2013). Studies tend to focus on different aspects of crisis and psychological intervention, whereas very few provide a uniform model (Séguin et al., 2013). Studies tend to focus on a particular intervention that addresses behavioral, psychological, or cognitive aspects of recovery after a traumatic event (Sèguin et al., 2013). This finding speaks to the need to act in a multidisciplinary fashion (Crepeau-Hobson & Summers, 2011).

Cornell and Sheras (1998) identified three key characteristics to effective crisis response protocols in schools. They identified teamwork between staff inside the school and connection with services outside of the school as an important component to effectively mitigating the impact of a crisis. Furthermore, leadership and responsibility were also noted as necessary ingredients. This included during the event, but also post event in evaluating the response, ensuring enough training, and making any necessary changes after the protocols had been enacted.

Acting in an organized and careful way while being highly flexible and sensitive to the different needs of individuals is ideal in providing post crisis response in a school environment (Crepeau-Hobson & Summers, 2011). The need for flexibility and adaptability of plans based on context, developmental stage, nature of the crisis, and cultural factors, is critical. As such, effective crisis response plans share a foundation in theories of stress, coping, adaptation, and resilience, rather than a one-size fits all plan (Séguin et al., 2013, p. 2).

Engagement of the larger community is a theme discussed throughout the research in this area. Norris and Stevens (2007) found that communities that came together after a crisis had more resilience, sense of connectedness, and hope. This connectedness is built through engagement of local people (i.e., community response), encouragement of social support to each other (i.e., wearing pins and ribbons), and through the creating organization links (e.g., collaborative service provisions that engage multiple service organizations; Norris & Stevens, 2007). Vuori (2016) found that the perception of community solidarity was a mitigating factor in reducing fear and improving a sense of safety. Drawing upon community resources has also been noted as an important long-term step in recovery after a violent school event, i.e., making referrals for follow up with community agencies (Crepeau-Hobson & Summers, 2011; Séguin et al., 2013).

The ability to follow through on crisis response plans in a school environment relies heavily on school staff and teachers. This requires staff to have prior training of crisis plans and a thorough knowledge of the school. Staff should have a good understanding of both the physical location, but also the culture of the school (Crepeau-Hobson & Summers, 2011).

Psychological triage and first aid were also identified in the literature as an important component of post crisis intervention (Crepeau-Hobson et al., 2012). Ensuring that support and education is available (i.e., peer support, staff meetings, and small group discussions) was identified as a valuable component (Crepeau-Hobson & Summers, 2011; Séguin et al., 2013; Turunen & Punamaki, 2016). Proactive identification of those experiencing trauma symptoms is critical in ensuring that individuals receive the support they require. It is also important that long-term follow up occurs and that appropriate referrals are made (Séguin et al., 2013).

Promoting a sense of safety, hope, and connectedness is the overarching goal of post crisis response (Séguin et al., 2013). Psycho-social education and clear messaging is necessary. Ensuring open communication with the larger community is important in reducing misperceptions and rumours from taking over.

In summary, the literature generally supports the notion that post crisis intervention after a catastrophic school event requires a multidisciplinary and multimodal approach. Focusing only on specific interventions leaves out the important role that social support and community connectedness can have on recovery (Crepeau-Hobson et al., 2012). When an event like this occurs it can lead to a "shattered world vision"; hence, instilling hope is a key ingredient to moving forward (Séguin et al., 2013, p. 5).

Counselling and Psychotherapy for Trauma

In addition to key ingredients and overarching goals of post crisis intervention discussed earlier, counselling interventions for trauma have also been noted in the literature on recovery after a traumatic incident. Very few studies have specifically addressed the use of these treatments exclusively after a catastrophic school event, but rather draw on evidence generalized from studies with other traumatic incidents (Jordan, 2003). This finding may, at least in part, be due to the recognition that large scale violent events require a multidisciplinary approach (Crepeau-Hobson et al., 2011). It may also reflect the finding that structured counselling may be a barrier to successful recovery if imposed upon the participant too soon or too rigidly (Hawkins et al., 2004).

Models of treatment. Research on psychological models of recovery after a traumatic event appear to support several different models of counselling intervention. Trauma-Focused Cognitive Behavioural Therapy (CBT-TF) has been supported in the literature as an evidence-

based treatment for PTSD and trauma symptoms (Westerman, Cobham, & McDermott, 2017).

Eye Movement Reprocessing and Desensitization (EMDR) has also been recognized as an

effective intervention for treatment after a trauma (Chemtob, Nakashima, & Carlson, 2002;

Levin, Lazrove, & van der Kolk, 1999). Other models, such as Solution Focused Brief Therapy

(O'Hanlon & Rowan, 1999), Dialectal Behavior Therapy (Harned, Korslund, & Linehan, 2014),

and family therapy (James & McKinnon, 2012) also find support in the research on providing

treatment to an individual who has experienced a traumatic event. This is not an exhaustive list

of interventions that may be helpful in the context of a therapeutic counselling environment, but

rather a sampling of trauma-based treatments identified in the literature.

School based interventions. Several studies support the use of professional intervention

for students involved in a catastrophic school event in school (James, Logan, & Davis, 2011;

Openshaw, 2011; Riley & McDaniel, 2000), i.e., group counselling (Sklarew, Krupnick,

Ward-Wimmer, & Napoli, 2002), peer support groups (Séguin et al., 2013), and increased class

discussions (Jordan, 2003). Many of these interventions, however, require staff and teacher

support in these processes. Teachers and staff seem to be put in a position to provide support to

students with little training and in the midst of their own grief and possible traumatic symptoms,

as they may be primary and at least secondary victims. Very little, if any, research has looked at

the impact that these interventions have on the staff. The focus has solely been on the students'

experience (Cole et al., 2013; O'Toole & Friesen, 2016).

Critical incident stress debriefing. Since the late 1980s, Critical Incident Stress

Debriefing (CISD) was supported as an effective tool for reducing symptoms of and preventing

PTSD. Its effectiveness, however, has been called into question over the past several years and

more recently has been recognized as a potentially harmful intervention (McNally, Bryant, &

Ehlers, 2003; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002).

CISD is a seven-stage intervention led by a trained mental health professional and is

generally done within the first few days after an incident (Mitchell & Everly, 1997). The goal of

this model is to intervene before symptoms arise and help participants make sense of the trauma

before it can be stored in a maladaptive way. In this model, facilitators guide participants in a

structured discussion encouraging them to share their thoughts and feelings about the event,

generally in a group format. CISD is a short-term intervention lasting one to four sessions on

average.

Over the past decade, the field of crisis response has recognized that CISD may not be

the most effective way to respond psychologically to victims of traumatic events (McNally et al.,

2003; Roberts, Kitchiner, Kenardy, & Bisson, 2009; Rose, Bisson, Churchill, & Wessely, 2002).

Several meta-analyses have discredited its effectiveness and recommended against the regular

use of this method (Roberts et al., 2009; Rose et al., 2002). Studies have noted that critical

incident debriefing may actually impede the natural recovery process. The meta-analyses also

revealed that its use is contraindicated in terms of reducing PTSD development and found that it

may actually cause more severe symptoms (Szumilas, Wei, & Kutcher, 2010). There is no

evidence in the literature that CISD is helpful for schools after a catastrophic school event (Wei,

Szumilas, & Kutcher, 2010).

Recovery Factors

There is a recognition that beyond specific models of intervention there are naturally

occurring resources and a resilient capacity within humans that promote recovery after a

traumatic event (Bonanno, 2004). Very little research from the perspective of school staff and

teachers exist (Cole et al., 2013). In particular, there was a scarcity of research that cited factors that support or detract from recovery from a teacher's perspective. A small body of literature, however, has uncovered recovery factors that fall outside of specific interventions (Cole et al., 2013). Studies with students and parents occupy the majority of the literature in this area. These studies are reflected in the following section. While these findings can lead to inferences about what may be helpful for teachers, I would argue that school staff have a unique perspective that deserves investigation.

Helpful factors. Several factors have been identified in the literature as aiding to recovery after a catastrophic event from the perspective of students. Social support was identified as a key factor in several studies throughout the literature (Crepeau-Hobson & Summers, 2011; Hawkins et al., 2004; Norris et al., 2002b; Séguin et al., 2013).

Hawkins et al. (2004) interviewed students and parents after Columbine looking to understand the array of emotional responses that may be experienced by the victims and the aspects of recovery that were found to be helpful. This study provides an overview of the factors that students and parents reported to positively aid in their recovering. Support from the larger community network that surrounded the school after the event was identified as a helpful factor. For example, community members wore pins and ribbons, hung signs that showed support, and enacted public memorial sites.

Furthering the theme of social support, several studies have found that having supportive friends and family reach out with calls and visits appears highly beneficial to the recovery process. Several respondents in the study identified feelings of comfort in knowing that people cared and were willing to just talk (Hawdon & Ryan, 2012; Hawkins et al., 2004; Murtonen et al., 2012). Additionally, participants found benefit in spending time with people who also

experienced the event. Physical touch, such as hugs and being held closely by others, was also identified as a helpful factor (Hawkins et al., 2004; Norris, Friedman, & Watson, 2002a; Turunen, Haravuori, Punamäki, Suomalainen, & Marttunen, 2014).

Increased self-care was another factor that was identified as helpful (Crepeau-Hobson & Summer, 2011). Peer support groups for survivors, witnesses, and family members were also found to be helpful for some individuals (Murphy, 2006; Turunen & Punämaki, 2016). Tangible forms of support, such as meals and cleaning help, were also identified as helpful (Hawkins et al., 2004).

North, Spitznagel, and Smith (2001) studied the coping behaviors of survivors of a mass murder, finding certain coping behaviors positively correlated with a reduction in symptoms, including active outreach of support and resources and reducing isolative behaviors.

Professional support, such as structured counselling, has some conflicting evidence when viewed from the perspective of the victim (Hawkins et al., 2004). In a qualitative study looking to understand students' perspectives of recovery factors after a traumatic school event, researchers interviewed several students about their experience. For some individuals, professional support contributed to successful recovery while others viewed it as a hindering factor.

A diverse sample and the unique impact of how these factors contribute to recovery, however, is lacking in the literature.

Hindering factors. Factors that adversely impacted recovery have also been reported in the literature. While social support was identified as a helpful factor, its quality was important. For example, a youth identified that conversations with her parents escalated to anger quickly which negatively impacted recovery (Hawkins et al., 2004). Restrictive and smothering contact

was also identified as an unhelpful factor, including parents and siblings becoming over

protective and restricting access to friendships and social support.

Hawdon and Ryan (2012) studied the nature of interactions and their impact on

well-being after the Virginia tech mass murder. They looked at whether face to face versus

virtual communication differed in their relation to improved well-being several months after the

event. The correlational study looked at emotional well-being scales of 543 students, five months

after the Virginia Tech shootings. When they compared the scores on these scales against the

frequency of reported face to face versus virtual contact, the results indicated face to face

interactions significantly improved well-being, while support and interactions via text messages,

email, and online, had no impact on well-being (Hawdon & Ryan, 2012, p. 8).

As previously mentioned, structured counselling was identified as an unhelpful factor by

several respondents in the Hawkins et al., (2004) study. They reported it to be irritating, overly

structured, and imposed too soon. It also appeared that participants felt that approach devalued

the naturally occurring resources that were available and helping (i.e., spending time with

others).

Coping strategies. In addition to recovery factors, research has also identified adaptive

and maladaptive coping strategies that individuals have used to deal with the aftermath of a

catastrophic school event (Littleton et al., 2011). Adaptive coping strategies are those that reduce

stress and promote long term well-being. These include exercise, nutrition, self-care activities,

and spending time with close relationships (Cole et al., 2013). Maladaptive coping strategies

have also been identified as helpful during the recovery process. These strategies, however,

generally provide short-term stress relief, but in the long term reduce overall well-being

(Littleton et al., 2011). These coping strategies include substance use, interpersonal withdrawal,

and longer term avoidance of normal daily activities (Littleton et al., 2011). Again, however, determinations about how precisely these strategies impact recovery is lacking in the literature.

Research With Victims of Trauma

Ensuring safety of participants in this study was of great importance. Given the nature of the event that the participants' experienced, there is a level of vulnerability that needed to be addressed. The literature provided some direction for researchers to consider in terms of informed consent and dealing with emotional distress. Studies have found positive results with victims of trauma in research participation (Fergus, Rabenhorst, Orcutt, & Valentiner, 2011).

Newman, Walker, and Gefland (1999) examined the adequacy of informed consent and the frequency of adverse reactions to determine the efficacy of the cost-benefit analysis made by researchers and research ethics boards in including victims of trauma in the studies. They found that the majority of participants did not experience emotional distress during the research interview and that this remained stable for at least 48-hours post-interview. The participants also reported it to be a valuable and positive experience that they would consider being involved in again. Furthermore, Newman et al. (1999) found that even participants who experienced greater levels of emotionality during the study still reported that they would participate again and found it to be of benefit to them. The conclusions indicated that informed consent was adequate and that participation in research was reported as a valuable and beneficial experience for participants, hence, providing direction to researchers and research ethics boards when considering a cost-benefit analysis (Newman et al., 1999).

Heightened emotional distress during and after the study is one factor to consider with this population of participants. Fergus et al. (2011) investigated participants' subjective (i.e., self-report) and objective (i.e., heart rate and cortisol) levels of distress. A correlation was found

between greater PTSD-like symptoms after the event and increased subjective measures of distress during the study. No change, however, was found on objective measures of distress (Fergus et al., 2011). Despite increased emotions during the study, the majority of participants rated participation in the study as positive and suggested they would participate again. Similar results have been replicated in other studies, in which participants rated participation in research as a very positive and personally beneficial experience (Ferguson et al., 2011; Griffin, Resick, Waldrop, & Mechanic, 2003; Newman et al., 1999).

The research points to certain safeguards to help mitigate ethical concerns when using survivors of traumatic events as participants in research. First, it is important to ensure that informed consent is thoroughly discussed and increased emotional distress is highlighted as a potential risk (Fergus et al., 2011). As much anonymity of the data possible can help participants feel more comfortable during the study (Griffin et al., 2003). Finally, a trained clinician, either the researcher themselves, or another professional, who can effectively support the participant through the distress and ensure their safety prior to leaving the research site can be an important factor in mitigating concerns (Griffin et al., 2003). Specific ethical issues and remedies related to this study will be addressed in the subsequent sections.

Methods

ECIT was employed as the method of inquiry for the present project. ECIT is a qualitative research methodology that provides a framework for understanding the helping and hindering factors of a particular phenomenon. In the past several decades, it has become a well-established methodology in clinical and counselling psychology (Butterfield, Borgen, Maglio, & Amundson, 2009). The present chapter seeks to provide the justification for the use of ECIT as the method of inquiry for the study, outline the steps in the research process, and address ethical

considerations.

Enhanced Critical Incident Technique

Enhanced critical incident technique as a research method has been successfully applied to study many constructs across the field of psychology (Butterfield, Borgen, Maglio, & Amundson, 2009). These studies uncover new theories and inform new practices and interventions. The method has been used in clinical, health, organizational, and counselling psychology (Butterfield et al., 2009).

ECIT has been successfully applied to understanding factors that promote or detract from success in a particular area. Bartlett and Domene (2015) used ECIT to understand what helped criminally involved youth to enter the workforce and develop careers. Chou et al. (2015) also applied the ECIT method to understand youths' perspective on how to improve high school completion rates. This methodology has been applied to understanding how employees deal with change in the workplace (Butterfield et al., 2010), factors that promote effective treatment for panic disorders (Nelson, 2010), and resiliency factors for families of children with developmental disabilities (Moffatt, 2013; Thompson, 2013).

ECIT has been found to be an appropriate methodology to study psychological and counselling psychology constructs. The methodology allows a systematic way to understand a phenomenon with the potential to inform service provisions, policy development, clinical practice, and professional training (Butterfield et al., 2009). In the current study, the use of this methodology led to increased knowledge of the limited understanding in the literature about how teachers cope with and recover after unexpected violence occur in their schools.

General Overview of Enhanced Critical Incident Technique

Critical incident technique (CIT) was originally developed for the U.S. Army Air Force

during World War II as a tool for selecting and classifying aircrews (Flanagan, 1954). Its early use was in the field of organizational psychology and it was primarily concerned with understanding components necessary for job success, measuring proficiency, informing training programs, and selecting and classifying personnel (Butterfield, Borgen, Amundson, & Maglio, 2005). Since its foundation, CIT has expanded to answer questions in several other fields including nursing, counselling, marketing, social work, education, and psychology (Butterfield et al., 2009; Woolsey, 1986). Woolsey was the pioneer in expanding the methodology in counselling psychology and since then several studies have used the methodology to inform theory and interventions. Over the past several decades, rigor, validity, and reliability of the method for the field of counselling and psychology has occurred by expanding the research on data analysis and enhancing credibility checks; hence, the updated name of "Enhanced Critical Incident Technique" (Butterfield et al., 2009).

ECIT is qualitative by design, following a flexible but structured data collection and analysis process that seeks to empower the voice of the participant. As described in Butterfield et al. (2009), ECIT is foundational and exploratory by nature and is often used to initiate or build upon theories and models. It has a few distinguishing characteristics: The first is that the researcher is the key instrument in the process (Butterfield et al., 2005). The researcher's role is to honor the words and the voices of the participants. As principal investigator, this was a privilege that I took seriously and used as a guiding principle throughout the research process. The second characteristic is that data is collected through the words of the participants and is analyzed inductively (Butterfield et al., 2009). A frame of reference is developed by the researcher and then the participant's words are used to form categories which results in quantifiable data that can be used to inform a model or theory.

ECIT is interested in eliciting "critical incidents" or factors that promote or detract from the effective performance of a specific experience (Butterfield et al., 2005). Flanagan (1954) provides a five step general overview for conducting an CIT study as follows: (1) ascertaining the general aims of the activity or phenomena being studied; (2) making plans and setting specifications; (3) collecting the data; (4) analyzing the data; and (5) interpreting and reporting the data. Each step will be outlined and described in relation to the currently proposed study in the subsequent sections.

Rationale for the Use of ECIT in This Study

Prior to outlining the steps of data collection and analysis for the current study, it is important to reflect upon why this methodology was chosen to investigate this particular research question. Butterfield et al. (2009) suggests that ECIT is an appropriate method of inquiry for psychological and counselling phenomena because it provides a structured way to elicit factors that have helped or delineated within a group of people who have had a similar experience. In the case of current study, it began with the assumption that the group of participants selected for the study had been involved in a similar experience of receiving support and working towards recovering in the aftermath of a violent school event. Through self-reflection of this experience, we learned what was helpful and what was unhelpful about the support they received in the aftermath of the event.

The information that was uncovered will be critical in informing models of response at several levels. First, the school district and larger community of professionals involved in the crisis response are likely to be interested in information that can help evaluate the current system that was in place and better inform a process for the future. Furthermore, ECIT provided a structured and rigorous way to learn about what the participants wished they would have had

available during the response. Given that the incident is still recent, this will provide a unique opportunity for further intervention to be provided that is directly informed by the participants' voice.

Additionally, it is intended that other local school districts will find this information helpful in informing and revising their protocols for providing post crisis support. On a larger level, this study adds to the body of literature that exists on trauma response, but does so from a perspective that remains as a deficit in the literature. This often forgotten voice are those of the teachers and school staff who were directly involved and impacted by the events. The teachers and school staff have a unique perspective that is valuable for the greater body of knowledge.

As directed by the ECIT guidelines, in order for data collection and analysis to be effective, the researcher needs to be clear about the research question that is driving the study (Butterfield et al., 2009). The researcher begins with an assumption that there is a discrete experience among the participants that can be discovered through narrative reflection of successful strategies used (Butterfield et al., 2009). The research question that guided this study was, "What helps and hinders teachers and administrators who were involved in the first response of a catastrophic school event to successfully recover in the aftermath of the event?" The purpose of the study was to learn more about the factors that have promoted or detracted from successful recovery and which post intervention efforts were helpful or unhelpful in this process (Butterfield et al., 2005). The use of ECIT was justified and appropriate in this study because it sought to learn from a particular set of individuals (e.g., teachers and staff) who have a similar experience in a particular area (e.g., recovering after involvement in the aftermath of a traumatic event; Butterfield et al., 2009).

Outline of Research Process

In clearly outlining the first of the five steps in conducting this study using the ECIT method, the guidelines suggest clearly ascertaining the general aims of the study (Butterfield et al., 2009; Flanagan, 1954). The objective of the study was to investigate any factor, either naturally occurring (i.e., thoughts, worldview, perspective, support of family, history) or imposed (i.e., crisis response efforts by the community, counselling, staff meetings, the presence of a trauma response expert) that contributed or took away from the recovery process and return to work duties of participants.

Recruitment. The recruitment material that was used (Appendix A) was intended to provide interested participants with practical information needed to make an informed decision about their desire to participate (i.e., time commitment, time frames for scheduling an interview, issues of confidentiality, etc.). Recruitment began by contacting the superintendent of the school district to develop rapport and credibility to perform the research, but also to ensure that recruitment was done in a sensitive manner. The superintendent gave full support to the project and stated its importance via an approval email. Recruitment was then directed to the administrator of the high school where the event occurred to assist me, as the researcher, in identifying potentially appropriate and sensitive methods of informing staff about the study and inviting them to participate. Recruitment then occurred via email, word of mouth (i.e., participants referring other potential participants), and face-to-face interactions. During recruitment, the purpose of the study and the interview process were explained to potential participants, and who were then invited to discuss questions or concerns.

Inclusion criteria. Returning to the guiding principles of this study in which empowerment of participants' voices is critical, no coercion was used during the process of

recruitment; rather an invitation was put forward to those who desired to have their voice heard and wished to contribute to a body of research in this area as a result of sharing their voice. Additional inclusion criteria included: having been a staff member (i.e., teacher, administrator, or counsellor) who was present during and involved in the aftermath of incident and have now returned to work.

Exclusion criteria. Given the nature of the event that was discussed during the interview, exclusion criteria were used to increase the safety of the participants by ensuring that those who were likely to experience severe emotional distress as a result of participating were identified early. Exclusion criteria included: the self-identification of severe substance abuse or dependence in the last three months, current psychosis, antisocial personality, or borderline personality disorder. Additional exclusion criteria included: an identified lack of adequate social support, active suicidal ideation, those who were experiencing a current crisis, or those who had identified as having a traumatic incident since the event. The voices of those individuals are equally important; however, the risk of significant emotional distress leading to potentially impaired functioning would have outweighed the benefit. If these issues had been identified during the pre-screen, these individuals would have been offered the same resources as would have been offered if they were participants in the study (Appendix B). None of the recruited participants met exclusion criteria; therefore, there were no excluded participants in the study. One potential participant self-selected to the study and did not have any issues identified in the pre-screen, but had to withdraw (before the interview) due to an unrelated medical condition that required attention and did not allow them to schedule an interview.

Prescreen interview. A pre-screen interview was conducted by the primary investigator (Appendix C) to identify inclusion and exclusion criteria, provide the individual with more

information about the study in preparation for informed consent, and to allow the individual the opportunity to discuss any questions or concerns they may have. The pre-screen interview was used to help to reduce the potential for risk of increased emotional distress due to participation in the study. Prescreen interviews were completed by phone, face to face, or by email (i.e., questionnaire was sent to the participant) at a time prior to the scheduled interview. As previously noted, none of the recruited participants met the exclusion criteria in the pre-screen and therefore there were no exclusions based on the pre-screen.

Participants. The underlying purpose of the proposed study was to empower the voices of those most directly involved and therefore potentially impacted by the incident. Their voice in contributing to the body of knowledge about post intervention, crisis response, and long-term support for those involved in a violent school incident is invaluable to stakeholders of the school district and community involved, but also for the greater body of literature. Given these guiding principles, it was critical that recruitment respected participants' individual desire to provide their voice.

The sample was collected from self-selected school teachers, administrators, and staff (i.e., school counsellors or educational assistants) from the high school in which the incident occurred. Inclusion criteria included: (a) being a staff member in a teaching or student support role at the high school in which the incident occurred; (b) being involved in the recent aftermath of the incident. It was not a necessity that they directly witnessed the event or had been a direct first responder, only that they had some level of involvement in responding or keeping students safe during or after the event occurred; and (c) desiring to share their voice in what was helpful and unhelpful in recovering after the incident.

Seven participants, five males and two females, were interviewed for the study. Participants ranged in age from 30 to 55 years old. The sample included two administrators, two school counsellors, two classroom teachers, and one district staff member. Their experience in education ranged from two to 25 years.

Sample size. At the outset of the study, given the ECIT methodologically framework, there was no set number of participants and no formula to determine the number needed. The number of interviews necessary was dependent upon "exhaustiveness" or "saturation" which in ECIT is defined as the point where no new categories were being elicited by the interviews (Butterfield et al., 2009). The number of interviews required to meet saturation in this study was four. Appendix D provides a table that was used to track incidents and when the data reached exhaustiveness.

Participant compensation. To demonstrate an appreciation of the participant's time, a $20 Starbucks gift card was offered for participation in the study. Participants were informed that they would receive this compensation regardless of whether or not they withdrew from the study. Participants were sent the Starbucks gift card via email shortly after the interview.

Consent. Informed consent was explained prior to the interview beginning. Consent forms (Appendix E) were reviewed with each participant, including ethical issues of confidentiality, limits to confidentiality, and how emotional distress would be handled during or after the interview. Participants were reminded that they did not have to talk about the trauma during the interview, but that they might still feel heightened emotions. Participants were also informed that they had the right to withdraw their participation at any time. They were given time to read the consent form, ask questions, and sign the consent form.

Data collection. In-person interviews are the preferred method of data collection in an ECIT study of this nature (Butterfield et al., 2009). All interviews in the study were performed in person by the principal investigator, thus there was no need to train additional interviewers and a greater assurance of uniformity in data collection was achieved. Basic demographic information was collected as the initial questions in the interview process.

As per the ECIT guidelines, the study involved one face to face interview per participant and then one follow-up phone call or email interview. The initial interview took place face to face with all the participants and ranged in length between 45–80 minutes per participant.

Interviews were audio taped on a digital recording device that was password protected. The audio was securely transferred to an encrypted USB device that was stored in a locked file cabinet. The audio file was then deleted from the digital recording device. The interview audio was sent via secure file transfer to an independent transcriptionist. Transcriptionists consented to confidentiality and non-disclosure and confirmed that they would destroy any audio or documentation once the principal investigator confirmed receipt of the transcription (Appendix F).

Interviews took place at the location of preference and convenience for the participant; however, privacy was stressed to the participant when making meeting arrangements and a few locations were proposed, including a classroom or private room at the school or the principal investigator's office. Six of the interviews took place at the school, while one was completed at the principal investigator's office.

Sequence of data collection. An interview guide is suggested in the use of ECIT research for several reasons, including record keeping, back up in case of technological failure, and to ensure the interview is focused and all questions are asked (Butterfield et al., 2009). In

ECIT research, the interview guide allows for structure; however, it should have flexibility to adjust based on the unique needs and story of the participant. During the interview, Butterfield et al. (2009) suggests that it is imperative to display empathy and active listening skills to allow the participant to tell their story in a way where they feel heard and understood. During the first interview with each participant, the objective was to allow the participant to tell their story which provided the background for the critical incidents, as well as elicited which factors helped recovery (helping critical incidents), which factors hindered recovery (hindering critical incidents), and the Wish List of what they think might have helped (Wish List critical incidents).

The interview guide for this study can be found in Appendix G. After consent was given and reviewed, the contextual component of the interview began. Participants were given the following preamble intended to frame the interview:

> I am investigating how teachers and support staff have successfully navigated returning to work and recovering from the violent event that occurred at the school in November of 2016. This is the first of the two interviews. In this interview, I will be asking you questions to collect information about your experience in the aftermath of the event and the ways in which you are dealing with recovery.

Participants were then asked a few demographic questions, including role at the school, a brief description of where they were during the event, and how long they had been in education. In this section, participants were also asked three scaling questions about their health and well-being at a few points in the recovery process. This information was collected to provide a gauge of how much their wellness was impacted immediately after the event and how much they felt they had improved since the event. All of the participants rated a significant drop post incident and then rated themselves at the same or higher for their current level of wellness at the

current time.

Next, participants were invited to share their story. I, as the principal investigator followed the structure of the interview guide. The interview transitioned through the guide to elicit the helping, hindering, and Wish List critical incidents. As described in the interview guide in Appendix G, for each category a similar set of questions was asked. To help provide structure and assist the participant in recalling the factors, the interviewer guided them through the categories in a sequential timeline (the factors that supported recovery in the immediate aftermath; the return to the school; the days after; and up until the present). However, participants were invited share in a spontaneous fashion if they recalled something.

Participants were asked what they experienced as helpful and how they have dealt with the recovery after the incident. Probing and follow up questions, such as "What was helpful about that?" or "Tell me more about the unique impact of that for you," were asked where necessary. Actively listening, empathy, reflection, and appropriate tracking of the participant was used to support the participant in telling their story and to follow up on unclear or unexplained parts. For each factor that was identified by the participant, they were asked what it meant to them, why it was important, and to provide a relevant example where appropriate. This process was repeated for the hindering and Wish List critical incidents. The interview was purposely flexible in nature and participants were invited and supported to share factors that came up even if they didn't fit with the current category (i.e., if they remembered a helpful factor even though we had moved on to hindering, they were encouraged to state it).

Ethical Considerations

Given the nature of the event that was the focus of the interview, it was important to ensure that there was a plan in place in the event that a participant experienced emotional distress

during or after the interview. A list of resources (Appendix B) was developed for participants and offered to participants after the interview in case the process had increased any emotional difficulties for them. The resource list included low-cost or free counselling in the nearby area, suicide and crisis line numbers, and other local resources that might be helpful. Participants were also invited to contact the primary investigator to help them connect to these or other resources as needed on an individual basis.

Safeguards were used to reduce the risk of emotional distress during the interview. Participants were reminded that the focus of the interview was not on discussing the incident itself and that they were not required to share, re live, or discuss the event. They were asked only to discuss as much as they were comfortable in sharing. The focus of the interview was on the factors that supported or detracted from their recovery.

There was a plan in place to ensure that if at any time, any member of the research team believed that further participation would have posed greater risk than benefit to a potential participant, the interview would have been stopped, the data would have been excluded from the sample, and the individual would have been provided relevant resources. This would have been done in a sensitive manner that did not indicate to the participant that they had done something wrong. This did not occur during any of the interviews and therefore none of the data required exclusion.

While it was made clear that it was not a therapeutic relationship, it should also be noted that interviews were completed by the principal investigator who is a trained clinician with additional training in treating trauma, grounding, and assessing safety and risk, which is indicated in the literature (Griffin et al., 2003). It is believed and supported by the literature that this was a safeguard to the participants during the interviews. It was also part of the rationale for

the principal investigator to complete all the interviews versus training a research assistant.

While none of the participants appeared to be in emotional distress during the interview, some participants displayed low levels of emotion (i.e., eyes welling up). When a participant experienced emotion during the interview, they were responded to with empathy and flexibility. They were reminded that they were welcome to stop the interview or take a break at any point. Participants were offered to participate in a grounding exercise (Appendix H) before leaving the interview as a method of de-escalating any strong emotions that came up during the interview (Vujanovic, Niles, Pietrefesa, Schmertz, & Potter, 2013). While it was not part of data collection, it should be noted that several of the participants made a point of saying that they found participating and sharing their story helpful in their recovery and therapeutic in some way.

Confidentiality and data storage. In order to maintain confidentiality, data was recorded digitally and then prior to leaving the interview location was transferred onto an encrypted, password protected, and secure USB device. Any other copies were immediately and permanently deleted. The USB device was directly transferred to and stored in a locked file cabinet. In order to further maintain confidentiality and in attempting to achieve anonymity, participants were assigned a participant number and only this participant number was heard on the recordings (i.e., names were not listed on the recording). Participant-identifying information and contact information was kept on a separate document stored on a separate encrypted USB and kept in a different locked filing cabinet. Transcriptions were handled using the same secure handling procedure. Upon approval of the dissertation, saved data will be reviewed and destroyed as appropriate.

Frame of Reference for Interpretation of Data

Knowing the frame of reference for which the data will be used is a critical component in

the data analysis stage, particularly when extracting the data into categories (Butterfield et al., 2009). The way that the data from the study was intended to be used helped to determine the formation of the categories, as well as the specificity of the categories. In addition to adding to the teacher and staff's voice to the body of literature on crisis response, it is hoped that the results will be used to inform violent response protocols for school districts. Furthermore, intervention strategies for school districts, community response programs (i.e., counselling, Employee Assistance Programs), and victim service programs is indicated and discussed from the data. The hope is that this information will help other schools and communities who experience a similar event.

Data Analysis Procedure

The data analysis procedure that is described here follows the prescribed procedure for using the ECIT method and has been adapted to fit the proposed study (Butterfield et al., 2005, 2009; Flanagan, 1954). After the interviews were complete, they were transcribed. Each interview transcription was printed and subsequently put into a three-ring binder, as well as kept electronically. For each transcript, an identified color was used to appropriately identify the different components of the interview guide and was highlighted accordingly.

Flanagan (1954) outlined that transcripts be analyzed in batches of three. As such, three randomly selected interviews were chosen and for each, the helping critical incidents, hindering critical incidents, and Wish List items, were highlighted. Only critical incidents with examples and where the impact of the incident was described were included. If there wasn't an explanation of the impact, the incident was flagged for follow up where appropriate or excluded (Butterfield et al., 2009). The highlighted incidents were then extracted from the transcripts into separate text documents for each participant; hence, creating a list of just critical incidents.

Once the incidents were extracted, the data was analyzed with an attempt to find themes, similarities, and differences between them in an inductive manner (Butterfield et al., 2009). Data analysis followed the same sequence for each interview as follows: (1) Helping Critical Incidents; (2) Hindering Critical Incidents; and (3) Wish List items. Similar incidents were placed together in categories, under the larger heading of helping, hindering, and Wish List, and were tracked on an Excel spreadsheet. The formation of categories was an evolving process that involved visual maps and critical incidents written on large pieces of poster board. The process involved creating new categories and renaming and breaking down categories as new data emerged (Butterfield et al., 2009), which occurred for each of the three randomly selected transcripts. Once the first set of interviews was complete and the data was put into categories, a new set of three interviews was selected and the process was repeated and continued until there were only 10% of the interviews remaining (one interview in the case of the present study).

Several components were considered during category formation as outlined in Butterfield et al. (2009). One of these considerations was the generality or specificity of a category. Butterfield et al. (2009) suggests that often categories become too broad and a greater breakdown of the category is necessary for the richness of the data to be understood. A related issue is that of merging smaller categories together. It was important to reflect upon the intended use of the data and the degree to which smaller categories overlapped when considering a merge. This process involved hours of reflection and discussion to accurately consider all of the data. A small group of graduate students outside the study was created to discuss and debate the categories. These research assistants were required to sign the confidentiality agreement (Appendix F). One final consideration was that of participation rates within a particular category. Borgen and Amundson (1984) set the standard at requiring a minimum of 25% of participants identifying an

incident in their interview in order for it to be a viable category. A decision was made to uphold a 28.6% participation rate, which meant that at least two participants had to have an incident that fell in the category in order for it be considered a viable category for reporting.

Once 90% (six of the seven) of the transcriptions were coded for critical incidents and placed into appropriate categories, each category was given a name and an operational definition was written. Finally, the last 10% (one of the seven) of the transcriptions were analyzed for critical incidents and those incidents were placed into the categories that had been created. As predicated by Butterfield et al. (2009), at that point no new categories or changes to the operational definitions were required.

Credibility Checks

As per the enhancements to CIT, Butterfield et al. (2005) outlines that there are nine credibility checks required by the methodology. Each check will be described in the following section.

Audiotaping. The first credibility check is to ensure that all interviews are audiotaped. This occurred by ensuring that proper equipment was readily available and prepared (i.e., adequately charged, enough space, etc.) at each interview site. All interviews were audiotaped and no issues occurred with the equipment of the audio (i.e., the quality was clearly audible).

Interview fidelity. Butterfield et al. (2005) suggests that every third interview that is completed be listened to by an ECIT expert, which may include a committee member or an external expert to the research team. Every third interview (total of two interviews) was listened to by an external professional who had expertise in the ECIT method; no changes were made to the structure of the interview or the guide as it was deemed to be sufficiently organized.

Independent extraction of the critical incidents. Another credibility check involved

having an independent individual extract critical incidents and Wish List items from the

transcripts. Butterfield et al. (2005) suggests randomly selecting 25% of the transcripts to cross

check with the independent individual. A graduate student familiar with the methodology

completed this for the present study. Once the independent individual (the graduate student) had

completed the process with the two randomly selected transcripts, a comparison of the critical

incident and Wish List extractions occurred with those of the principal investigator. A percentage

of agreement was created at 100%. There were two discrepancies (both in the helpful incidents)

of individual critical incidents but they were discussed, and once the definition of the category

was reviewed, the independent examiner placed them in a different category (corresponding with

this researcher's placement of the incident).

   Exhaustiveness. As described previously, exhaustiveness is the point at which

interviews were no longer eliciting any further categories. As outlined by Butterfield et al.

(2009), a chart (Appendix D) was used to track and determine the point at which exhaustiveness

occurred. Once exhaustiveness had occurred, participants were no longer recruited for

participation. Exhaustiveness was found after the fourth interview.

   Participation rates. When placing critical incidents and Wish List items into categories,

participant numbers were recorded beside each of the incidents in the category. This allowed the

principal investigator to record and calculate participation rates in each category. The formula

used for calculating the participation rates was the number of participants recorded in each

category divided by the total number of participants in the study.

   Placing incidents into categories by an independent judge. To complete this

credibility check, 25% of the incidents within each category were randomly selected. The

incidents, the categories, and their operational definitions were sent to an independent expert in

working with individuals who have experienced a traumatic event. The experts were asked to place each incident into the category that they think felt fit the best. This was compared to the categories formed by the principal investigator and an agreement rate was computed. An agreement rate of at least 80% is outlined by Andersson and Nilsson (1964) and was used as a standard for this study. The agreement rate for this study was 100%.

Cross-checking by participants. Once all of the first interview data had been analyzed and the credibility checks discussed above were complete, the follow up with participants occurred. The purpose of the follow up was to invite participants to have their voice in judging the critical incidents, Wish Lists, and categories, and ensuring that their stories were represented accurately. Participants were sent an email with their extracted incidents from their first interview and the categories. They were asked to review the documents and to indicate if they were correct, if anything was missing, or if anything needed revising. They were also invited to include any other comments, and were asked if the information made sense and captured their experience.

During the follow up participants were also asked to address any questions from their first interview (e.g., there was no example or impact provided to an item that seemed like a critical incident or Wish List). Participants were invited to discuss any discrepancies; however, the participants and researchers were in full agreement and no revisions were needed at this stage. A full outline for the second interview can be found in Appendix I.

Expert opinions. Once the participant cross check was complete, the categories and incidents were sent to two experts in the field. These were not experts in ECIT, but rather, experts in trauma response. They were asked the following questions: (1) Do you find the categories to be useful?; (2) Are you surprised by any of the categories?; and (3) Do you think

there is anything missing based on your experience? Both of the experts stated that the categories were useful and well described. They did not feel like anything was missing, nothing surprising, and nothing missing.

   Theoretical agreement. Butterfield et al. (2005) describes two parts to the theoretical agreement credibility. The first task is to describe the assumptions that underlie the study. The assumptions that underlie the present study were: (a) There is a unique experience of teachers and staff that were involved in this incident; (b) Through self-reflection of these experiences, they can be described by the individual; and (c) Individuals move towards recovery. These assumptions were identified and used as a framework to discuss the findings against current literature. Overall, there is a general agreement between the current findings and the available literature; however, a theoretical comparison between the literature and the categories are explored in greater depth in the discussion section.

Results

   ECIT provided a structure for organizing, analyzing, and understanding the data that was collected through the interviews with the seven participants. The overarching goal for data analyses was to create categories of helping, hindering, and Wish List critical incidents that accurately reflected the voices of the participants to inform the current literature. Interviews were conducted between March and May 2018. During the seven interviews, participants were asked to identify factors that helped and hindered their recovery after the violent school event that they experienced. In these interviews, participants recalled 139 helpful and 76 hindering factors that contributed to their successful recovery and 15 Wish List items. From this data, 14 categories of helpful factors and 10 categories of hindering factors were formed. Three helpful factors and five hindering factors were omitted as they did not meet inclusion criteria. Of the 15 Wish List items,

four categories were formed. Two Wish List items did not meet the inclusion criteria. Given the underlying purpose of the study which was to empower the voices of the participants, a decision was made to consider all the Wish List items for the purpose of informing the recommendations and discussion.

Helpful Critical Incident Categories

Participants reported 139 helpful critical incidents (CI). These critical incidents were placed into the following helpful 14 categories: (a) Connectedness and being with others who had been involved; (b) Distraction/engaging in normal daily activities, (c) Relationships; (d) Support from the community; (e) Bringing in an expert; (f) A purposeful plan (knowing they had a role and were part of the plan); (g) Bringing in extra professional support of familiar people; (h) Anniversaries and Tributes; (i) Extra physical resources; (j) Information; (k) Hosting a parent forum; (l) Therapy dogs; (m) Having someone caringly enforce self-care; and (n) Mindset. Table 1 summarizes the categories and the participant rates of each critical incident. A 28% inclusion rate was upheld in determining whether or not a category was formed, meaning that at least two participants must have had a critical incident that fell within the category for it to have been considered a viable category. Three helpful categories were omitted because they didn't meet the participation rate.

Table 1

Helpful Category Participation Rates

Category Name	# of Participant with an incident in this category	% of Participants	Number of Incidents	% of Incidents
Being with the others who had experienced the event	7	100%	20	14.4%
Bringing in an Expert	7	100%	10	9.4%
Seeing the greater purpose (i.e., faith, everything happens for a reason, looking out for moments)	7	100%	15	10.8%
Distraction	7	100%	12	8.6%
Knowing there was a plan & having a job, purpose, role etc. in this plan	6	86%	13	9.4%
Relationships	4	57%	15	10.8%
Support of the Community	4	57%	7	5.0%
Bringing in extra familiar professional support to the school	4	57%	16	11.5%
Extra Resources (tangible)	4	57%	5	3.6%
Information	4	57%	6	4.3%
Someone Caring Enforcing Self-care	4	57%	4	2.9%

Anniversary and tributes	3	43%	5	3.6%
Parent Forum	3	43%	4	2.9%
Dogs	3	43%	4	2.9%

Table 2 provides an operational definition of each of the helpful categories and a selection of examples of the incidents that were used to develop each category.

Table 2

Helpful Categories Defined

Category Name	Operational Definition	Selected Examples of Critical Incidents
Being with the others who had experienced the traumatic experience	A sense of connectedness (physically, emotionally) to those who were has also involved in the experience.	"Being around people who had also experienced similarities within the trauma. A lot of people were there experiencing the same thing. It wasn't people who hadn't heard anything or the screams or whatever it was. I was with a lot of the people that were… if I were to share the story, they'd understand versus those who might not."
		"I love seeing her … It's a how are you actually doing? It's a very different felt sense."
		"I think I wanted to be with my people. I think that's really important to still have that. And the relationship I have with the people who were first responders will always be really strong. There is this unspoken, we will forever have this bond."
		"Weird as it might sound, was helpful just to know I was with like-minded people in the room."
		"Anything where people came together to talk, sometimes talking just about what happened, but talking about, yeah, just when we brought people together to grieve together, or just to hug and support each other, all the minds together coming up with solutions to a plan to bring kids back into school, to make everyone feel valued and cared for and supported."
		"It was just this fluidity of all connected people helping, which I liked big time. ..everyone was here in the building, which was very helpful."
		"Like you want to talk about empathy? That's like ultimate empathy because you've experienced it." "I don't believe that there was one person in this building that didn't support everybody. I have to say there isn't a person here that I haven't felt supported by. And there might be that person, and

maybe they faked it really well… When tragedy happens, as hard as it is, it makes you appreciate the things you have. Our administrative team was incredible."

"I think keeping busy and keeping connected to the school is really important."

Bringing in an Expert	Having an outside expert who was able to provide direction, support, expertise, and consultation in a validating, purposeful, and	"I knew she was the big gun coming in to help us, with a connection, because she knew us which was even, right? … anyways, and it was like your auntie coming in the house, right, to help out."

"Oh, it's just her, like yeah, knowing the piece and then knowing our district, and having actually done a workshop in this school that she did, it was just super cool. Yeah, and just her voice of connection to us also, and she's just a different … She's not a bully. Bully, I hate that word. She's not somebody that comes in and bosses. She's just so empathic, and she just comes in and she's just, you know, she says all the right things because she's good at this. She says all the right things"

"I think having someone come in and not force us, but tell us what would be important, even though the training that I have would tell me that's what's important, but I was so overwhelmed by emotion and the quickness of everything that I just wasn't able to… it was almost like a robot."

"That was so instrumental in us moving forward, even so early. Right? You think how can you possibly plan the future when this has just happened, but you have to because you're responsible for literally 1,500 people in this building."

"I think you bring in the experts. You bring in the people that have experienced trauma on a massive scale in schools and have a framework of important things to deal with. She helped navigate not only the school, but she helped navigate the school district. She even helped navigate some of the ministry response. I can't imagine doing that |

job, but she is an incredible wealth of information."

"I think it helped with the fact that we knew that we were supported by the community. We knew that maybe we weren't thinking clearly so we needed somebody to help us with a clear plan. And we were all willing to give ideas, but were they good ideas? Were they gonna be helpful ideas? We needed to talk to somebody who had been through a similar situation, and we needed to talk to people who were gonna be able to help us implement the plan"

Seeing the greater purpose (i.e., faith, everything happens for a reason, looking out for moments)	A mindset of the universe or faith or gratitude that acknowledged the pain, but also the possibility of a greater purpose or meaning in any aspect of the event, recovery, etc.	"It always seemed like everything that we were doing was guided by a strength-based process, which for me is really important because instead of focusing on that trauma piece, which we're all aware was there…. That strength, growth mindset was really important." "[Thinking] you're doing something positive in spite of all the negative." "I think for me it was a vision of what this place would look like when those [next grades] graduated.
Distraction/Getting back to Normalcy	Engaging in a variety of self-care activities that provided distraction, escape, normalcy, or routine.	"We took a lot of trips and different things like that too. Camping, kind of those unconventional things that we might normally do but there was a big purpose to it now" "to just get away… It just gets you away from your normal routine of like wake up, go to work, do whatever… to escape, which isn't always the best thing, but it just helps you reset, refocus." "I played a lot of video games ...because I'm able to lose myself in that." "One of the things that I did was I went away. I literally got out of town. I went [away] for a week right after, and spent a lot of time by myself; and

just trying to process what happened, how I felt about what happened, what my next steps would be in my healing from what had happened, and how I could come back … and be effective in light of how I was feeling. … I think it gave me an opportunity to process."

"Well, I have two workouts… and I made sure I went to them."

Knowing there was a plan and having a job, purpose, role.	Feeling like there was a trusted plan, feeling connected and consulted about the plan, and feeling like they had a role and purpose in the aftermath and follow up.	"I was part of helping the [aftermath]… I was active and I was doing, so I didn't have a chance to feel helpless or feel like I didn't know what was going on."
		"You were doing, like I was doing. I felt like I was helping people. I was fixing things. I was working at a, looking after plan of everybody, and I was concerned about other people more than myself."
		"Just having us all bounce everything, and each having a voice to say what you thought would be a great idea and her either, "Well, that's interesting, that's awesome." Just everyone having a voice was awesome."
		"For her to be looking for me to help in different ways I think gave me a purpose"
		"The other thing that I think helped that I'm thinking about was the relationships that we had built with the police through the liaison program. I was actively involved in the decision making through the lockdown with the police. Normally, that would never happen. Police would completely take over the scene and basically we would've been locked in our offices just waiting. But I was part of it. I helped with the decisions and the evacuations."
		"I actually got back to the building. I can't remember now. I can't remember the timeline, but I got back into the building alone before we came back as a staff, and I got back into the building

after that with the other people that were involved in first aid before we came back as a staff I think. I don't remember the timeline on that now… I knelt where I knelt and the other people were like, this is where we were. We took ownership of it in a sense… Of our roles. Like, it was weird to see it sanitized because it felt like wiping it away was weird. But then we actually found some stuff that they missed. Like, we found like the concrete downstairs is cracked a little bit, so we found blood in the cracks that they missed. It felt like it was our job to go back to make sure that was dealt with. I don't know. I took ownership of it… So, I got down there. Like, I want to be here before anyone else. I worked here. This is my space and this is where I had my first day setup. Like, I don't know. For me it helped. I took ownership of where I'm involved. So, to do that there and then we found, because they were going to wax seal it I think again, like seal the concrete after whatever they had to do, clean it. I guess there's a reason I couldn't think of that. Anyway, but yeah, to see that there was still blood in the cracks. This needs to be dealt with."

Relationships	The support of pre-existing relationships including family and friends.	"[my wife] she always reminded me of what was going on or how to interact with the world when I felt like maybe I couldn't anymore. At least where I thought I was doing a good job but I might not have been… she's good at recognizing that for me and pointing out and calling me on the stuff that I needed to work on."

"Even just the support of my wife throughout the whole thing. She was awesome. Always making sure that I'm taking care of myself, whatever that might look like."

"I think constant check-ins from people in my live was really important, whether it was my wife or even my staff at [outpatient mental health program for children and youth]. A lot of people might not have really fully understood what was going on for me specifically, but they knew what had happened. Just them asking how I was doing,

even though the answer was always the same. I wasn't really letting anybody into my bubble. I think that was just nice to know that people were really looking out for me."

"I knew that I had to be the leader, and I thought the staff and the students would look to me to get them through this, and my team… But the foundation of our recovery was, I think, done years before the event."

"So it's the relationships that I say were built before this happened that are important to you"

"Then my friends just started phoning like crazy, that don't belong to the school, because they had heard from the school district and wanted to know if I was okay and stuff like that. friends that phoned right away, and I talked to them… Just, 'How's everybody? How are you doing? Is everybody okay? It must be terrible.' Just validation, really, I guess."

"The thing that I really appreciated about him [my husband] is that he would just listen. He would let me sob. He gave me lots of space."

"It was more just sitting and being, knowing that they cared, knowing at the drop of a hat they would be there. Same kinds of things, at least in the short-term, that my wife provided. Both of the guys who were there I've known for a long time and so they get me, they get my humor. Again, with them is where the dark sense of humor came out."

| Support of the Community | The general community (i.e., businesses) reaching out with gifts, acknowledgement, and words of encouragement. | "[food sent by local businesses] It was nice hearing where they were from … There was cards in the staff room"

"Or the community sending all ... Save On Foods and all these other companies were sending stuff to the school…I think was really helpful."

"Yeah, for me it's just that feeling of community and caring that was so prevalent." |

"I think that it was just showing that the community was supporting [us], we weren't on our own. That other people were noticing the impact that it was having and doing anything they could to help. Whether it was opening space like the church to use as counseling, whether it was giving people food or bringing puppies into the school. It was everything that people could think of to throw at the school"

"I think just the community partners all working together and not looking for gain or benefit, but for healing or hope I think was a really important." "I think that the unbelievable outpouring of support, not just from the district, but from the community, the business community, the outside community, the Ministry of Education, the messages from the premier, the messages from the prime minister, the messages from schools across Canada, the flowers, the gifts, the goodies, all of those things… It's just an social/emotional connection to a caring community, not just a local caring community, but more of a nationwide."

"As a teacher I feel a certain sense of responsibility to the kids we have in the building, and to know that they're being taken care of helped me. So, the dogs, that room we had downstairs. What else did we do. The food every morning, the coffee and the drinks, the juice boxes and all that stuff that was there for the students and for the staff. The lunches we got that people, like those outside of the district even. All of the sudden, lunch was provided by some other school. It feels kind of meaningless, but it was just something we didn't have to think about. It was lunch provided… Someone cared enough to foot the bill for lunch, so that was huge."

Bringing in extra support—familiar people to the school	Bringing in extra professionals who were familiar people to help provide support and relief duties.	"Unlike a bunch of strangers entering the building, which happens, 'Oh, go talk to that stranger,' because they do want to talk to us, a kid would go, 'Oh my God, there's [that person], I know her'"
		"Having the middle school teachers come over-

Was also incredibly helpful, because that's something with kids, that was three years of their life, so the grade nines in the building, it was kind of like, 'Oh, there's more of our aunties and uncles,' sort of to build a family, the school family, that they were just there for those kids that had quite an attachment to their old teachers or counselors or administration. Knowing, just seeing that they're like, 'Oh my God, they're here, they care,' right?"

"We did bring in extra support for clerical as well, but the people that we brought back to the school to help were people that had been connected to the school previously. I brought back a vice principal who had gone to [another local school district] to become a principal. I brought back a vice principal who had gone to another school. They were connected with the kids. We brought back the custodian that was the old daytime custodian because our custodian that he had left to take another job"

"Having a point person from community mental health, so that you could run stuff by them and what you needed, and flushing out some of the kids that were super, we were worried about and they were worried about and that all eyes were on everybody, that was helpful."

"Or the feeling that they [administrators] knew what they were doing. [administrators] steered the ship in a way that was kind of unbelievable, and to his own detriment. I don't know if he would say that, but it seemed like our admin put themselves in ... I feel like they, yeah. To take care of us, it feels like they put themselves at a bit of a detriment"

"Having community mental health and those people in the room right next to the counseling center. We're so fortunate to have that room there… And I felt like, I'll say they, it wasn't them coming in and grabbing all our kids and saying, 'You just sit there and you don't have to do

y

		anything.' Again, I value our community and how well we all know each other that here's people I've known and worked with and contacted, and they are now all here. It was fluid in the sense of, I could walk in there and talk to my kids. They were coming here"
		"Oh, and you're not the carer or 1,000 people, well, 1,100 people. It's not you having to look around and just be everywhere with everyone. You knew that the load was shared."
Extra Resources	Having available extra funds, services, people, and physical resources.	"[Having someone who was] Managing all the bloody food and stuff"
		"Yeah, totally, people not hurting, or part of the helping or whatever, that they're here to manage the minutiae of what goes on."
		"Individuals that were just managing the supports that were coming in, so it was a lot of division of labor, … coordinated."
		"Oh, yeah. The support poured in, it was just reams of support. People from other buildings were redirected there. The mental health agencies. People with the dogs, and there was just layers and layers of... there was no lack of support for trying to address whatever the needs were going to be, and the expertise was there to... the sense of support, we didn't feel like we were ever alone."
Information	Learning accurate information about the event, the plan, recovery etc.	"The police officers I think it was, the next day, told me there was nothing anyone could have done, nothing."
		"Debriefed the situation, we knew there wasn't anything humanly possible that we could've done faster or better to help save [the victim]."
Someone caring enforcing self-care	Having someone who cared about them intervening and enforcing self-care, even though it was hard.	"And he's like, 'Go. If that's what you have to do so that when you come back... because we're gonna need you.' And so for me, I felt so terrible leaving, but I knew that I would be a wreck."

"I needed him to be able to say, 'You have to go, or you're not gonna be helpful for us at all.' Yeah."

"She recognized that I wasn't the same where I thought I might've been. Where I'd come home and I'd try and be happy or I try and be whatever it was and she'd be able to call me on my bullshit and say you're not okay. You need to take time to do whatever it might be and she was really good at recognizing that for me"

"I felt terrible about leaving, but I'm so glad. And I never would've left if I had not had people… saying, 'You're going,' If I had felt in any way, if anybody would've wavered and said, 'Well, we really could use you'—I never would've gone.

The anniversary/tribute	The idea that the school community is forever changed by the event and acknowledging it as part of the school's history	"The tribute was huge, that whole day, it was huge."

"[flowers] absolutely, just it acknowledged… If it had been stark with nothing it wouldn't have been right, but it diverted you to look at the flowers and see the beauty in the area."

"And I think the fact that we didn't acknowledge or stress the actual site, like we didn't put a big cross there or anything. It just was kind of, people knew where it was, but let's just not really make a big deal of the site, to try and draw away that… I don't know what the word is. To draw you away from that, and just be…Well yeah, it was a school. It wasn't an area where something tragic happened, right there. It was, you saw the entire rotunda and its beauty and the flowers and the people, and this is our building. This isn't the place where someone died right there"

"No. I think now it'll become part of our culture, but that day needs to be recognized, at least until this grade nine group is graduated. How we go about next year will be completely different than what we did this year….. Because you're being honest about what happened. You're not sweeping it under the rug.

Parent Forum	Having a place for parents to learn about the event.	"I think that having that night really allowed people to air their dirty laundry and their fears and worries. Having an expert… there was helpful because she was really able to answer questions that would have been really hard for I think anyone else to answer except her"
		"Communication is probably the most important for parents at this stage"
		"At the end of the forum, we invited the parents and the students to walk the halls again."
		"It's an 'everybody wants to know' sort of thing, so that's instead of e-mails home or whatever home, and it was bringing people back here before the day of, with your parents and friends or whatever, so you felt safer and more… You know, it was an easier transition."
Dogs	The healing power of animals.	"The other piece that I felt was really important is that previous [year], I had got a puppy, and that dog was probably one of the most healing things… It was awesome… latching onto my dog. It was incredible. So when we would have lock downs, I would leave first responders with my dog… she would sit beside me. This actually made me cry too. And she would just sit with her head on my lap the entire time, and I'd be sobbing, and she would just sit… She just knew. It's one of those things, if you can have a dog during that time, or any animal, right, I would highly recommend it."
		"The dogs; everybody loved the dogs…. Well, I mean it's for kids. Kids would walk in, even adults… You'd see them crouching down and hugging a dog, and just cuddling a dog and feeling loved and all that sort of stuff. Especially for kids who don't feel comfortable with adults or strangers, a dog is never a stranger. They're always a friend, so having that everywhere was super cool for them, which you knew it, but then when you saw it, it just so heartwarming was. It was really cool.

Hindering Critical Incident Categories

Participants reported 76 hindering critical incidents (CI). These critical incidents were placed into 10 categories. Table 3 summarizes the categories and the participant rates of each critical incident. The 10 hindering categories that emerged are as follows: (a) Recurring/intrusive thoughts; (b) Physical space; (c) Media; (d) Not feeling supported by "higher ups"; (e) No choice in services; (f) Others emotions/Comparing experiences; (g) A focus on fear/lack of acknowledgment for the rarity of the incident; (h) Role as helper; (i) Workers' Compensation; and (j) Other life circumstances. A 28% inclusion rate was also employed when making decisions about hindering categories. If a category did not have a 28% participation rate, it was excluded. Three hindering categories were omitted because they didn't meet the participation rate.

Table 3

Hindering Category Participation Rates

Category Names	# of Participant with an incident in this category	% of Participants	Number of Incidents	% of Incidents
Others emotions/Comparing Experiences	6	86%	13	18.1%
Focus on Fear & Lack of Acknowledgement	6	86%	12	15.8%
Media	5	71%	6	8.3%
Role as Helper	5	71%	10	13.2%
Recurring/Intrusive Thoughts	4	57%	8	10.5%
Not feeling supported by "Higher Ups"	4	57%	5	6.9%
No Choice in Services	4	57%	5	6.9%
Not Enough Information about Recovery	4	57%	6	8.3%
Other Life Circumstances	4	57%	4	5.3%
Workers' Compensation	3	43%	4	5.3%
Physical Space	3	43%	3	3.4%

Table 4 provides an operational definition of each of the hindering categories and a selection of examples of the incidents that were used to develop each category.

Table 4

Hindering Categories Defined

Category Name	Operational Definition	Selected Examples of Critical Incidents
Other's emotions/ comparisons	Being triggered by other's emotions and comparing personal experiences of emotions, recovery, etc., with others.	"Some of the people that were in the room were breaking down emotionally and they weren't even involved in it. That to me, triggered me a little bit where I was being unempathetic and saying, 'You don't even know. You didn't even see.' But obviously it affects different people different ways, but at that time I couldn't even get there."
		"People were so triggered that weren't even there. We all felt it as a community, but seeing these massive emotions, I wasn't able to handle them. It turned me off from them as well. To be like, 'I don't even want to be around you because one, you're either going to trigger me and I'm on the verge or two, this is way too much I can't even be there.' I can't, just unempathetic."
		"[Someone untrained with emotions] had to debrief with us… but as a non-trained person, it was really bad, and everybody lost it in the meeting… People were yelling at each other. It wasn't good…"
		"So you're doing the normal things, you're trying to do this, and that, and you're trying to return to norms. I said this so many times, and obviously I was struggling with a great number of issues, in terms of recovery, that I didn't recognize until later. But quite often I'd be in a room in front of people that were dealing with this, and we're on topic, we're in this place, and I'd feel like an absolute imposter. 'I shouldn't be here, I kind of faked my way in, and now I'm surrounded by people who know what they're doing, and I don't have a clue who I am, or what I'm doing…' So I was just like, 'My God, I'm

faking this. I hope at some point I don't get figured out...' I'd be looking around the room, and go, 'Man, all these people are okay, and I'm really in a shitty place.' And I'm going, 'Wow, I'm going to just try to pretend I'm okay, because they seem fine.' But still, that was one of the ones where you kind of go, I didn't find out 'til later that they're kind of like, 'Oh, yeah, we were.' Well, of course there are, they're struggling too, but they were apparently functional, do you know what I mean? You could see them doing what they needed to do, I was watching them do all the right things."

"Yeah. For situations that are this extreme. Because it almost gets you feeling like you're a bit crazy yourself. Honestly, I'm like, questioning myself. I'm looking at other people and they're going on as usual. And you only see the outside."

"To a certain extent. I wanted to unload on my colleagues. I really wanted to unload on a couple of people that weren't involved that were, 'I was in lockdown. It was so traumatizing.' It's just like, okay, let's talk about in lockdown versus up to your elbows in someone else's blood. Like, I wanted to shock them into shutting up, I guess, is what I wanted to do."

"I wasn't a first responder so I'm not as badly traumatized. 'If they're at work, I'll be at work. I'm expected to be in this role of counselor and counselors in my mind or the school's mind or whatever are just supposed to be perfect and get over trauma in a day.' I don't know."

"I almost feel, sometimes when I think about my recovery feels like a trivial item compared to people who never recover. That's really, I guess, there's some guilt around that. When I think about what does it take to put myself back together, knowing that as difficult as this

is, there's people that struggle far greater in the same incidents. It feels bad to think about that."

Focus on fear & lack of long term acknowledgement.	Any aspect where people (i.e., the community) who were not directly and did or said things that felt blaming or invalidating. This includes: The focus on "fear" and "the need for safety" and took away from acknowledging what the school had been through and how well they handled it, as well as lack of long term acknowledgement.	"That town hall should have been about acknowledging how well it went, and how thankful we are that the rest of our kids were saved or safe or whatever, and what a great job everybody did, not, 'What are you going to do to make schools safer? What are you going to do? You're going to have to have guards in it.' All of that was ridiculous. The stupid guard at the front of our school every day, pissed me off."

"Where [people focusing on fear] were going over and above to try and undermine really the confidence of what we were trying to do."

"We're resilient and we keep going and we found our ways, but there's been damage along the way. And I think that there still is. But I think we're at the point of, with all the staff, like, we don't talk about it. Like, there's just a futility in knowing, 'What's the use of talking about it?' Because it's just kind of there but not there. If that makes sense?... Well, if I was honest, I would say definitely it's... in an ideal situation, it's definitely hindering. Yeah, big time. Interviewer: So there's this sort of underlying, like, people not even want to talk about it, but maybe there are things that need to be talked about but just don't want to bring up. Participant: Yeah"

"Community- … people will constantly say, 'So I heard that you were one of the first responders.' And I'll go, 'Yeah,' and they'll go, 'What happened? Tell me.'"

"Having to explain where you work is not helpful. That's all people want to know is what to do you do. It's 'Hey, what's your name? What do you do?' I hate that question… Because I know if I say___ school district, what's the first thing they're going to |

say. In my mind, sometimes they don't. But that's where my mind always goes. Please don't ask me that question. Please, please don't ask me that question. I do not want to talk about [it]. But people do, it's interesting. It's news, it's historical facts."

"People resting on their laurels that they did it the 30 days? Then, that kind of got to be, like, you know, I felt like they rested too much on the fact that they helped during that time. But afterwards it was just like there wasn't much that was offered."

| Media | Any media outlet (social media, news, reporters) | "To have [big news outlets] and all these people show up at a school and share a story that they know nothing about or very small snippets about, I think really hurt the community and really hurt each step that this school took. Because when you're under a microscope and you're scared to make a move because it could be worldwide, that should never be something you should be scared of, because we were learning and doing processes that we'd never done before" |

"I don't have social media right now because of these reasons."

"I think it's just the reliving and retelling of the story for people who don't need to see it… No matter, which way you turned, it was there for however long. I don't even remember how long. Then it was getting into battle with the media of, 'Let's take this off the media.' It's just constant, just constant."

"When you have misinformation or you have people that just want to talk about their latest Facebook rant.

Role as helper	The individual's role at the school or their role as a "teacher," "counselor," "helper."	"So to try to get it back on the rails, it was almost like you couldn't afford to fail... and what I mean by that, is like you say, taking the time, and feeling like you weren't letting everyone else down by just taking care of yourself."
		"That was that push-pull thing where I knew I needed to take care of myself, but I put the needs of others in front of myself, which is super unhelpful for my own mental health and well-being. There was a collateral pressure, probably self-imposed, to make sure that we were marching this thing forward... And you feel like you can keep the building running, okay, yeah, you can keep the building running, but there wasn't a convenient time to pull the pin, and there wasn't a space made available for you to kind of go, 'Well, I've got to deal with this stuff before I can help you guys.' Right?"
		"I think that when they tiered things like, 'This is who saw this. This is who saw this. This is who saw this.' I felt like I was on the periphery. I wasn't a part of any system to help anything. It was like, 'As a [helper], [they] can counsel people and help them get better.' I don't think any process was necessarily looked at like, 'Oh he's struggling. How do we help him?' ...I just felt like I was overlooked."
		"there was a collateral pressure, probably self-imposed, to make sure that we were marching this thing forward, and it just felt like I'm at the front of this line, I'm supposed to be leading this field, and then I'm not at the functional face. And you feel like you can keep the building running, okay, yeah, you can keep the building running, but there wasn't a convenient time to pull the pin, and there wasn't a space made available for you to kind of go, 'Well, I've got to deal with this stuff before I can help you guys.' Right?"

"You know? I was kind of like, "Okay, so really this up to you right now to make sure that staff is okay, kids are okay, and building's fallen forward, I guess. Then you kind of go, 'So do I stop all this to talk about what I'm having as an issue?'"

| Recurring/Intrusive Thoughts | Any aspect of thinking or remembering the event that was difficult to turn the mind away from. | "And that's probably why as we move on, we talk about it less and less. I mean, we're talking about it a lot, and in order to understand, and inform, and figure it out, and to control the narrative. That's huge, but I think, at some point, you long to forget, and we can't yet, because the case trial's still there, and that's a deliberate remembering."

"The looming court process was really difficult to think about."

"I couldn't sleep because I would just hear that stupid, fucking horn. Excuse my French."

"I think that the horn that kept playing every 30 seconds wasn't helpful. It just reminds me of everything. If I hear a horn like that, it just triggers me because it just kept going off for hours. Hours, they should have turned it off."

"The siren is going off. It went on for five hours."

"Hindered recovery was the recurring thoughts I think of how it could've been so much worse. I think those things played out in my mind a bit."

"And then could I have done something different? That sort of like rumination" |

Higher ups not being there	Feeling like the individuals outside of the immediate school environment who are in a political or "high up" district role that were not physically or verbally present enough	"Trustees, even school board trustees, I can't remember who came and who didn't, but having them, the people that you elect to look after schools, should be very, very, very visible."
		"It was having all of the people that were in charge, having them around more... Yeah, I mean [the people who are highest up in the district] was here once, the very first morning, but then no one saw [them] again. I think staff in general need to know that the very higher, the highest person in your totem pole, is here in the building all the time, checking on people, not sending someone to check on people, is important, very important."
		"the district layer that bothers me the most, because I feel like they had more realm of responsibility. But at the end of the day, I think it comes down to economics as well. I think that if they wanted to put into effect what would be helpful, it's going to cost them more money, and I don't think that they were willing to make that jump or that commitment."
		"It was having all of the people that were in charge, having them around more... Yeah, I mean [higher up] was here once, the very first morning, but then no one saw him again. I think staff in general need to know that the very higher, the highest person in your totem pole, is here in the building all the time, checking on people, not sending someone to check on people, is important, very important."
		"Political bullshit that I can't stand, yeah, and putting that wall up. That is freaking ridiculous to me. What a waste of money."

| No choice in services | Feeling like they had no choice in professional services or discretionary time that could help them recover. The type of service and service provider was chosen for them. | "They brought in this counselor from EAP. She was a weirdo… [that experience]…It just hardened me even further. It just set in stone my emotions where it was like, 'Well, no one can help me. I'm on my own.' If that makes sense. I could have gone and looked for a counselor, but it just put me in that mind state where I'm like, 'Clearly I'm on my own. If this is what EAP has to offer me, what's the point of even looking outside of this because this is what they're bringing us.' I didn't even look for anything after that."

"I went to massages, because I was so tense. So if they offered even, like, more massages for that year. I would have been going, like, once every two weeks or even once a week kind of thing because I was so tense."

"Well, yeah, I went to counseling. For me that was unhelpful, one session, 'Thanks for coming.' But then I think I'd processed everything with my friends beforehand. I didn't really need to sit there and feel again like I was being judged on how I was supposed to be processing the incident."

"Definitely choice in service, yeah. Because some people, like, I wouldn't have been ready for, like, people always go you have mental health counselling available for you. I wouldn't have known what to talk about. We were literally just in... it's the adrenaline. Because life keeps going on. You still have kids... we're managing all of that among everything else. So just that fact that, you know, just a little bit... We need a break. We do. Just like, have breaks."

"[I wanted to see a counsellor] who was capable of doing EMDR, just through recommendations of people I talked to and stuff, do this, and then for them [the insurance company] to say, 'We're not willing to support them as a care provider.' That doesn't matter to me. I have abilities outside of that |

that I'm going to... that kind of highlighted it, that they really had some blinders on, in terms of how they were doing this…"

| Not enough information about recovery and the necessity of taking time | Feeling like not enough information about the long-term effects, variety of experiences and length of recovery and not enough checking in after the immediate aftermath. | "And this time, it felt like we were pushing the car, and it was running on fumes, it had run out of gas, we were pushing the car for the last couple of miles, and there was still nothing in sight. At the end of last year, the student suspensions were up. I'm going to estimate a couple hundred percent from previous year… They doubled or tripled. Yeah, so I think it went more than a month with multiple suspensions for a day, for drugs, violence, etc. So the nature of your job changed from just putting out fires for people that had blown out, maybe as a consequence, maybe not, or maybe because the teachers had run out of steam a lot sooner. So it became exceedingly difficult to do that job. The job become more difficult. Interviewer: And if I was to make a connection, and you didn't say this, but I'm going to check in with you about it, it's almost as though because of that adrenaline, and the work safe people, and some of those services are like, 'Get them now.' But it seems to me that checking in six months later... it seems like things went sort of back to normal, and could they have just come back in six months, and been like, 'Are you sure you're okay?' I'm sure other people would feel the same. Yeah, that's huge. We, as an audience, as the small group of people that are going through... we were checking on each other's time, that wasn't... were going to do that anyways." |
| | | "The fact is, the teachers are physically and mentally overloaded. So based on this fact, what are we going to put in place for them to help them with this reality? There wasn't a time where anybody came in to go, 'You might not realize this, but this is what you're going through.' Like, if somebody came in to talk and just validated, because there was |

never any... It was always reacting, but there wasn't that proactive piece where, 'You guys are feeling this way.'"

"So I think that speaks to how exceedingly fragile the recovery can be, right? And so incremental. And I guess my expectations for what kind of things would be helpful, were... I don't know, unrealistic, I guess. I kind of hoped there was a magic bullet, you know…. That was looking for miracles, right? And I wasn't understanding how incremental it would be. You know?...Yeah, that was a shock. That was a shock. You feel like your trajectory... so [date of incident] was the worst day ever. And I remember the 2nd was just a little bit better. So at the time, when you're in December, you're kind of like, 'Well, everything's going to stay on this path,' and so to have that trajectory fail, that was really surprising. Surprising to end up in the Spring, talking to other people."

"I didn't take any time off… I feel like looking back, I should have. At the time, I felt like I needed to be here. This is where I felt like I needed to be… and, so, maybe even if I come back for a week or two and then had taken a month, or however long I needed, it would have been good. It would have been prudent, I think, looking back on it even though I didn't feel like I needed anything until the following May. I maintained until about April or May… and because I felt so good immediately after, I was like, "You know what? Maybe I'm different.' That's kind of what I felt.... Knowing what I know now, I would have felt relieved [if someone enforced me to take time off]."

| Life Circumstances | Other life circumstances that occurred in the recovery process. | "I was very close to the end of my mental rope to the point where had a conversation with my wife gone differently I would have, I was ready to drop my Master's program a semester and a half from completion. I was ready to drop it." |

"I was working 14, 15, 16 hour days. I just felt like there was so much pull in every direction. It's like when someone passes away, life just keeps going. That's what it felt like."

"For me it led to burnout. At that time I also got another job because finances were tough. Then I stretched myself even more thin."

"For me there was the car accident, that was two weeks after. I know it's not directly related. It took away all my self-care. I don't know."

"We've had bouts of illness."

Worker's Compensation	Feeling that worker's compensation/insurance lacked training and resources for this type of workplace injury (emotional).	"[Workers' Compensation] people coming in right away, but you have to do that. But there was the little room that everyone had to go in and talk to somebody about stuff, that would produce the information, and they would yay or nay whether you were impacted or whatever, right? That was, you knew and you'd walk in there and there was this lady sitting there asking you to kind of answer her questions. Then it was, 'yeah, based on the things you said.' It seemed very clinical being ushered through this process of having to decide how affected we were."
		"The response from [Workers' Compensation] and the timing of the support for staff was not great. Repeated attempts by our own district personnel to get some more help for staff was met with some resistance."
		"When you're talking about opening 50 cases, and then expecting them to all be closed before a four-, five-month window, I think you're really ignoring the fact that some of the stuff is going to come out later… So I think as much as they felt like they were doing the right thing, they bundled the roll out, in terms of early assessment it wasn't helpful."

"It was too quick, it was too prescriptive, and it was narrow in its scope. The people they have managing the claims, their people skills were—poor enough to damage people in contact [with them]."

"I mean, there was like five weeks between the time I said, 'I can't function at work. I can't function anywhere,' until the time I was even able to get the... there was months in there. So in that interim, I tried a bunch of things. I approached a person who privately did EMDR, and did a series of sessions there. And at some point, the work safe called me and said they weren't going to fund that, because that person wasn't on their list of approved service providers. I said, 'I don't care, I'm going to do it anyways.'"

Space	Aspects of physical space that were difficult in the recovery	"Yeah. So even now, in our building, we all have a really hard time practicing lockdown stuff."
		"Yeah, so we all went and sat down and we ate. But it was just like, there's no light. There's no nothing. And even, like, hindering is when anything is offered to us, but it was offered to us in the school environment, that hindered it."
		"And if you go in and look at that room, it's a room that, it has no windows, and it's very dark."
		"I remember walking by the actual place where the crime scene was, and I was so angry that they hadn't thrown out the chair that the guy was sitting on,… and eventually one day I said 'Chuck that fucking thing in the dumpster.' I don't know if they ever did. But it was one of those details where you go, 'Why is that still here?'"

Wish List Critical Incident Categories

Participants reported 15 Wish List (WL) critical incidents. These critical incidents were placed into four categories. The four Wish List categories that were developed from the data emerged are: (a) More choice in services; (b) Someone to enforce self-care; (c) Top level district staff being more present; and (d) More information about the extent and variety of recovery experiences, including longer term follow up. Using the 28% standard of participation rate for category formation, two WL items were omitted. A discussion of the omitted Wish List critical incidents will be discussed further in the following chapter. Table 5 summarizes the categories and the participation rates of each category.

Table 5

Wish List Categories

Category Name	# of Participant with an Incident in this Category	% of Participants	Number of Incidents	% of Incidents
More information about variety of experiences/long term follow up	4	57%	5	33.3%
Someone to enforce Self Care	4	57%	6	40%
More choice	2	28.5%	2	13.3%
Higher Ups	2	28.5%	2	13.3%

Table 6 provides an operational definition of each of the Wish List categories and a selection of examples of the incidents that were used to develop each category.

Table 6

Wish List Categories Defined

Category Name	Operational Definition	Examples
More information about a variety of experiences/long term follow up	Wishing that there was more information to frame an understanding of the variety of experiences that can occur after such a large scale traumatic incident, including the effects of burn out and the need for longer term follow up.	"Permission to be doing all right, yeah, and you almost… You do, you feel guilty. That's a big one. You feel guilty... but almost like permission to be okay." "When February comes, you're going to feel like it's June. So because you're feeling this way, and you might not even realize it, these are the things that we're going to put in place for you to help you guys get through this year, because this year is extraordinary. And because it's extraordinary, this is the stuff that we need to put into place for you." "That would have been helpful to hear. That would have helped me to have perspective for the people who were locked down. I was like, well, what, why were you so [inaudible 00:42:15] that you were locked down? You were very clearly safe." "wish list item would be for people to be a little but more real about where they're at."
Someone to Enforce Self Care	Wishing that someone kindly would have enforced taking time off or engaging in activities specifically related to caring for the individual.	"Sometimes you need to be forced into things" "In like a kindness way, putting in a boundary for me in kindness would've been helpful. I don't know what that would look like." "I mean protocol's not always the answer, but for me just being able to see like try two of these five things before you go back to work, or I don't know, whatever it is. I just felt like I had no guidance and no one to give me guidance and what I should I even be looking for or seeking."

"[Wish someone would have said:] You know, you should take some time off too."

"The other thing would have been, give us discretionary days. It should have been, 'These are discretionary days where you take that day and just have that sense of a break where you just know, looking forward to, oh, okay, next Wednesday I've got a day off where I can sleep in and I don't have to have my brain going.'"

"They would have said, 'Okay, like, there's different restaurants.' So if they would have gave us stuff. So if they would have said, 'Okay, we're going to extend lunch for an hour and a half, and staff, you guys drive over, have lunch there and then come back.'"

More choice	Wishing there were more therapeutic options and services available to choose from, including discretionary time to engage in these services.	"It would've been counseling, time off work" "So if we had been given a week or two to decompress and to really, like, however it works, take time for yourself, offer a few available voluntary sessions to come, like, whatever. I think my mind would have spent more time being able to come down from it"
Higher ups	Wishing that individuals at the top levels of the district were more present.	"Don't send people to do your work. Be there yourself, huge."

Discussion

This study was designed to uncover factors that have contributed to the recovery and coping process of the teachers and staff involved in a school violent event. The overarching goal of the study, empowerment of participant voices, was a guiding principle for the design, implementation, and data analysis, and will continue to be as the results are presented and discussed in this chapter. The study was intended to be exploratory in nature and to inform future

protocols for response and interventions used after a similar event. The present chapter will provide a discussion of the results and a comparison between the results and the current literature. Clinical and theoretical implications, limitations, and suggestions for future research will also be discussed.

Summary of the Results

Seven participants volunteered to share their story of coping and recovering after the violent school event that occurred. Semi structured interviews led to the extraction of 230 critical incidents and the formation of 14 helpful categories, 10 hindering categories, and 4 Wish List categories. The ECIT method was employed to ensure that there was a structure for data collection and analysis and provided a robust standard for the extraction of critical incidents and inclusion in category formation. The 28% participation rate for category formation ensured that the factors reported on were more representative of a shared experience, rather than an individual experience. Further, the nine credibility checks required by the ECIT methodology which included allowing participants to provide feedback and confirm their agreement about the critical incidents and the categories, adds to the rigor of the method.

Participants recalled helpful critical incidents at a much greater frequency than hindering critical incidents. The rate was 139 helpful CIs compared with 76 hindering CIs. Furthermore, both the helpful and hindering CIs reported were significantly greater than Wish List items. Only four Wish List categories were formed, compared to 14 helpful categories and 10 hindering categories.

Overarching Connections

Several relationships between many of the categories emerged, regardless of helpful, hindering, or Wish List specifications. It is worth noting that many of the helping and hindering

factors had an inverse relationship with one another. The lack of a particular category was seen as hindering while its presence was identified by participants as helpful in recovery. For example, several participants identified that having a clear role and purpose was helpful, while another participant described feeling lost and out of place as a hindering factor. Other examples of this relationship included: having no choice about services (hindering) versus being able to choose where they accessed services (helpful); taking time off or getting away (helpful) versus not taking time off/feeling overworked (hindering).

The Wish List saw a similar trend and was often an extension of one of the helpful or hindering categories that was missed from the individual's experience. For example, "senior district staff not being present enough after the event" was identified as a hindering category and also became a Wish List category ("Wishing senior district staff would have been more present," referring to the number of times they were visited by senior staff). Furthermore, "having no choice in services" was identified as a hindering category and "wishing that there was more choice in services" became a Wish List category. Another example of this is was "having someone kindly enforce self-care" emerged as a helpful category and "wishing that someone would have compassionately enforced self-care (i.e., time off)" was a Wish List category. These observations are an indication of greater support for the categories and robustness of the results.

Implications and Contributions of the Study

There are a limited number of studies available that look specifically at the perspective of the school stuff in the literature on school violent events. As such, the categories that have emerged that support and detract from successful coping provide a meaningful framework to other schools and communities who are supporting school staff after a tragic event. This study allows the voice of teachers to be heard in the available research, that until now has been far

more focused on understanding the perspective of the students and parents after a tragic event. These results provide implications for practical considerations in education, training, policy and planning. There are a number of fields that could benefit from the data that has emerged as a result of the school staff's willingness to contribute to this study. These fields include, but are not limited to clinical (i.e., counselling, psychology), school districts, community agencies, police departments, and insurance/workers' compensation. Many of these fields are narrowing on evidence based practice, outcome research, and the standardization of protocols, and these results provide some direction for this movement.

It is important to understand the current context of the issue of mass violence at the present point in time as a frame for recognizing the timeliness of this study. At the present moment (June, 2018), the United States has already had a reported 155 mass shootings, 24 of which were school shootings (Gun Violence Archive, 2018) and Canada had one instance of mass violence in 2018, as of June, 2018 (CBC News, 2018). These statistics provide support for the dire need for the results of the current study to be shared and for continued research in the area of mass violence response.

A number of meta themes were uncovered from the categories that go beyond the specification of helpful, hindering, or Wish List. These overarching themes will frame the discussion of the key findings and their implications to the field and include: resources, supportive relationships, perspective and focus, structure and direction, and the role of "helper."

Supportive relationships. In the literature, close relationships and a sense of belonging improved resilience after a traumatic incident (Nickerson et al., 2017). This is consistent with the findings of the current study which clearly indicated that relationships increased successful coping. Reliance on the larger community outside of the school has also been found to provide

positive influences on coping (Norris & Stevens, 2007; Vuori, 2016). In the current study, helpful relationships spanned from close, familiar relationships to the support of the greater community (i.e., local grocery stores sending meals).

Participants discussed the helpfulness of supportive and familiar community resources that worked together in a collaborative manner to provide a coordinated response. This speaks to prevention and the need to establish connections within a community well before events like this happen. Participants talked about having liaisons (i.e., mental health, police, community services, crisis) with community resources prior to the event and how they relied on these connections in the aftermath. They were familiar with these professionals and therefore felt safe to have them in the school in the aftermath of the event. The liaisons led to increased feelings of support and knowing that they were not alone. Familiarity also seemed to provide credibility for school staff and students to rely on the outside professionals (i.e., because they were known to someone they had an "in"). This provides support and encouragement for communities to work together and establish interdisciplinary working groups and alliances, and develop a shared purpose between agencies as a preventative measure.

A sense of being with others who shared in the traumatic experience was identified as a key helping factor across participants. It was noted that on the first day back at school after the violent event, the school recorded its highest attendance rating of students of the year. Participants referred to the fact that seeing others increased connection and reduced worry because they knew that they were okay. As such, it is important for schools to consider creative ways to encourage and promote physical connection points in the aftermath of a traumatic event. Suggestions from the data included: shared lunches, and having snacks readily available, as this allows for a non-forced or awkward point of connection.

While the families and close relationships of the school staff were not directly part of the study, their presence was indicated in the data. The majority of the participants discussed supportive relationships outside of their colleagues as a helpful factor. They spoke in particular about feeling as though they could express their emotions and have a place to vent, cry, or just be silent within familiar close relationships. For most of the participants this was a spouse or significant other. Given the significant role that these relationships play on recovery, response efforts may consider having support and education systems available for significant others to access in the response efforts to improve the quality of the support they provide to the staff member.

Having someone kindly and compassionately enforcing self-care, including time off work, emerged as a helpful factor. Similarly, wishing that someone would have stepped in and specifically encouraged the individual to take care of themselves was identified as a Wish List category. Participants stated that because they wanted to be available and to help, they reported feeling guilty about taking time for themselves, so they needed someone to mandate this time for them to help reduce the feelings of guilt. This speaks to the need for more information to be available about burn-out and to those supporting the school staff to find creative ways to kindly and compassionately enforce time off and self-care in the aftermath of violent school event.

In addition to human connection, dogs were identified as contributing to recovery and coping. Participants spoke about both their own animals, but also about the therapeutic dogs that were brought into the school after the event. The dogs seemed to provide unconditional connection and validation, but also were a supportive resource that had a calming effect on the entire school (i.e., teachers and staff). A growing body of research is suggesting that the animal-assisted therapy may have positive impact on coping after a traumatic event (Mueller &

McCullough, 2017). Using animals in therapy has been shown decrease symptoms of PTSD
(Mueller & McCullough, 2017; O'Haire, Guérin, & Kirkham, 2015) and reduce the physiological
distress and anxious arousal that accompanies PTSD (Jones, Rice, & Cotton, 2018).

One aspect of social relationships that was found to be hindering was the experience of
and comparison to other people's experiences (the trauma, emotions, and thoughts about their
recovery). Participants described feeling guilt, anger towards other individuals who they felt
didn't have the right to be in pain based on their role during the event, and shame about how they
felt they were coping in comparison to others. Greater amounts of shame has been linked to
increased psychological symptoms in the aftermath of a trauma (Aakvaag, Thoresen,
Wentzel-Larsen, Roysamb, & Dyb, 2014). Participants felt that they needed more professionals
who were experienced with intense emotions to be available to run meetings and be provided
with more information about the array of experiences and emotions that are normal after an event
like this. Anger towards others' experiences were considered to be a hindering factor and
professional supports symptoms should find a way to normalize and support processing through
the array of feelings.

Participants felt that senior district staff (i.e., trustee level) were not present enough and
they didn't feel physically and emotionally supported by them. A significant number identified
this as either a hindering or Wish List incident. Participants also wished that district staff would
be more engaged in long-term follow up, support, and engagement with them. This speaks to the
importance of top level staff having a more prominent presence within the school, rather than
just outside. Ultimately, the response was supported by top level staff; however, the perception
was that the top level staff were too far removed.

Structure and direction. The literature supports the need to act in a planned and organized fashion, and with a balance of adaptability and flexibility when responding to a mass school violent event (Crepeau-Hobson & Summers, 2011; Séguin et al., 2013). There was a consistent theme within and across categories for a need for flexibility within the structure. Participants wanted to know that there was a plan and feel confident in the plan, but needed to know how and where they fit into the plan.

The results clearly indicate that participants shared the notion that they wanted to feel purposeful, in charge, and that their opinion was heard and respected in a process that was also balanced with support from well-trained professionals. This suggests that training opportunities for clinical training for counsellors, psychologists, first responders, and even insurance or Workers' Compensation professionals, should be explored. Particular education and training to teach these professionals validation, empathy, and active listening skills rather than only focusing on their objective (i.e., information gathering for a claim) promotes recovery. From an insurance or health benefits perspective, this would indicate a financial benefit as it seems to improve coping and recovery and would therefore likely lead to fewer or less expensive claims down the road. Several participants felt that not being able to choose a counsellor, for example, was hindering (i.e., they were forced to see the appointed EAP counsellor). Interestingly, those participants who decided to seek out their own counsellor (rather than using the one appointed by an employee assistance plan) reported counselling to be a helpful factor. This provides evidence to increase choice in the available services, which may require slightly increased cost on the front end, but may to lead to a more successful return to work.

When planning after a violent school event or tragedy, schools and districts might consider adapting bell schedules, reduce the structure of academics where appropriate, and allow

staff flexibility with their time and demands. For example, participants mentioned having permission to attend appointments during school time as helpful. Providing extra resources and time to take care of one's self is something that should be considered by district and decision-making personnel.

There was a consensus in the findings that participants wanted the event acknowledged and to directly face its implications head on. The majority of participants described returning to the physical space of the school shortly after the event (i.e., within a few days) as a helpful factor and no one indicated that it was a hindering factor. Furthermore, all participants talked about the positive impact of holding an assembly a few days after the event at the school for parents, students, staff, and community members. Even though there were some difficult conversations that occurred, it increased communication, gave a sense of belonging, and also provided a framework for moving forward. All participants reported that the tributes and anniversary event were positively impactful. This finding presents the dichotomy that the tragedy needs to be acknowledged within a framework of togetherness, community, and looking forward to the future. Participants also stressed the need to reinforce that schools are safe despite these events. Post-intervention plans should consider how this framework might be used in planning after other school violent events, for example, careful consideration of how many days the school will closed after the event and finding ways to reduce messages of fear and danger as well as promoting the need to be together at the school.

This is also a consideration for schools when deciding to plan memorials, tributes, and acknowledging anniversaries. Currently, many other schools do not plan anniversary tributes; however, the findings from this study indicate that it may be beneficial in recovery. It lends to

the notion that acknowledgement of what happened is important when presented in a manner that provides hope and meaning for the future. As one of the participants stated,

> I think now it'll become part of our culture, but that day needs to be recognized, at least until this [group] is graduated. How we go about next year will be completely different than what we did this year.… Because you're being honest about what happened. You're not sweeping it under the rug.

Communication and controlling for misinformation is indicated as a necessary component in the post crisis intervention of a response. From a helping perspective, for the staff it was important to know key information and not be left to wonder (i.e., that they could not have done anything differently). Furthermore, they appreciated that a parent forum occurred within a few days after the incident as an open way to discuss what had occurred.

Misinformation and a sensationalized view, which in the data was attributed to media, social media, politics and false ideas that the school was not safe, was identified as hindering recovery. This supports the need for information to be addressed in the post-intervention planning, and might involve assigning an individual at a district (or higher) level to manage the media, and also seeking media and publication bans or guidelines. Additionally, public education about the impact of how and what types of media and social media can be negatively impactful to the victims may also be helpful. It may also mean providing education and direction to those involved to consider how they use media in their recovery.

The media emerged as a hindering factor in the recovery after the event for school staff. They reported that it led to misinformation and that they felt angry about the representations that had occurred. This is consistent with the literature which suggests that the media covers these events extensively, despite the negative impact they have on those involved (Cornell, 2006; Haravuori et al., 2011; Hawkins et al., 2004). Hawkins et al. (2004) also found that participants

felt angry towards the media, and Haravuori et al. (2011) found increased distress while identifying media coverage as a hindrance to recovery.

The results indicate that better education needs to be provided to the public about how to respond to those who are identified as being involved in a tragic event. The majority of participants identified that when others learn that they work for the particular school where the event occurred or may have been involved as a first responder, they are treated in a manner that felt like information gathering. For example, when they are in the grocery store, community members who know they worked at this school will ask for details about the event. Participants considered this to be a factor that detracted from coping. Participants readily recognized an awareness that others were not ill-intentioned; however, it led to increase stress and worry about telling people where they worked or being in public places in the aftermath. Providing the public with a guide on how to respond to those who have been involved in a tragic event would be beneficial to the staff, and would likely relieve the public anxiety, as well as provide providing guidance to those who may not know how respond. Public service announcements through social media that teach basic etiquette on what questions are appropriate and where it is appropriate to ask these questions may be a useful investment in post-intervention planning. It would likely be beneficial to provide information to those involved in the incident on how to respond to unwanted questions.

Resources. Several categories that emerged provide support for the need to ensure that schools who are recovering from a violent event receive a variety of additional resources in several different forms, including tangible, professional, intangible, and information. This is consistent with other studies that looked at support after mass violent events and found that

multi-disciplinary and multi-agency response is necessary (Crepeau-Hobson & Summers, 2011; Séguin et al., 2013).

Participants felt increased support and a reduction of stress when knowing that they didn't have financial, staff, or service burdens for the school or the students. This didn't necessarily translate to their own personal or individual services, but they felt the school as a whole was well supported, which led to improved coping. There was relief in knowing that they were not alone in planning and following through in the aftermath of the event.

Bringing in familiar professionals and extra staff that were already known to the school was a factor that emerged as being particularly important. This helped to build increased safety and connectedness and allowed the staff to feel supported knowing that they didn't have to build relationships with new people. The pre-established relationships allowed them to feel confident in the professionals' ability and trust in their abilities.

Furthermore, every participant acknowledged the helpfulness of the school district bringing in an expert on working with schools after a violent event. The expert that was hired has worked with schools across North America in some of the most publicized and biggest mass casualty events. Her expertise was helpful; however, it was the balance between her expertise and her willingness to work collaboratively with the school staff that seemed to be most impactful to the participants. They shared how she did not assume that she knew their school or community, but rather was there to facilitate and provide structure. She listened to the participants' ideas and supported them in making decisions. This is particularly important in informing training and clinical resources to professionals who are supporting schools, but also in school districts when choosing with whom to work. Participants also spoke about how this person had worked with their school and district previously (i.e., to provide trainings) which

again led to familiarity and reduced defensiveness by the staff. This again speaks to the need to establish relationships with professionals and resources outside the school before an event occurs.

Workers' Compensation and employee benefits emerged as a factor that hindered successful recovery. Participants felt that the case managers handling the insurance claims were not trained in understanding and responding to trauma. They also reported feeling like claims were being rushed to be assessed and closed without giving appropriate time. Furthermore, they felt that services were limited and took too much time to access. It is recommended that insurance companies consider having adjusters who are professionally trained to handle psychological trauma cases or consider using a professional liaison.

Similarly, participants felt that the lack of choice in services and discretionary time off hindered their recovery. For example, counselling was the only service that was offered and there was no choice in whom they saw, which was reported as a hindering factor. Additionally, the lack of choice in practitioner appeared confining and individuals' felt that a more holistic approach which included other services (i.e., massage, extra time off, exercise) should have been valued and supported. This finding is consistent with the literature which also found that counselling for students after a school violent event felt too restrictive and overly structured (Hawkins et al., 2004).

Participants also wished that more information about recovery would have been available to them. Many participants reported feeling surprised by how quickly burn-out set in during the school year and how fragile the trajectory of recovery was. Participants reported feeling that support dropped off quickly, even though recovery was still ongoing. The results indicate the

need for longer term check ins, support, available information, and discussion about the event with the school staff for several years after the incident occurred.

The need for information and additional support is also indicated in the finding that other life circumstances impeded recovery. Many participants discussed social, financial, medical, and other stressors that were uncontrollable and unrelated to the event itself, but made coping more difficult. It is inevitable that life circumstances will occur for people who have experienced trauma; however, flexible, adaptable, and holistic interventions may lead to better results. For example, insurance is likely to deny counselling for marital stress, stating it is not related to the trauma; however, improving the marital relationship could in fact improve coping with the trauma. These findings address the significant lack of a holistic perspective that occurs in service planning from an insurance, but also a medical and psychological, intervention perspective.

Perspective and focus. Evidence in the literature suggests that coping after trauma is impacted by the cognitive strategies of the individual (Meichenbaum, 2014). A mindset that promotes gratefulness, and distraction, and avoids self-blame and rumination, is associated with improved mental wellness (Bennett, Beck, & Clapp, 2009; Ehring, Fuchs, & Kläsener, 2009).

Across participants, there was a mindset that was identified as helpful in recovery. Each participant did have a slightly different perspective, however, the overarching theme evidenced with their individual perspectives was gratefulness, a desire to acknowledge or an understanding of a greater purpose, and looking for moments to experience peace and acceptance of the experience. For some individuals, this mindset was related to faith and spirituality, while for others it was more connected to the self. This included, for example, a sense of feeling like they were supposed to be there as a first responder because of their training experience or a sense of gratefulness for a particular moment that occurred after that helped them during the event.

Distraction, through engagement in self-care, enjoyable, or typical routine activities, was also indicated as helpful in recovery. These included engaging in enjoyable media, exercise, being with friends, and hobbies. One specific distraction activity that was notable from the research was how getting away, whether it was going on a trip or just being away from the building for a break, aided in recovery. Both teaching strategies to improve cognitive coping and mindset and supporting distraction activities, are clinically relevant for practitioners and psychologists. Again, however, it is also imperative for school districts, administrative staff, and insurance companies to be aware of this when considering which services to approve, even when they seem non-clinical or non-medical, as they may actually be critical in recovery.

Role as helper. Based on the literature, it was hypothesized that having to return to the scene quickly and repeatedly would have been considered a hindering factor in coping and recovery (Cole et al., 2013). On the contrary, the majority of participants reported being back at school with colleagues and students as a helpful factor. They reported that being together and connected with others who had shared in the traumatic experience improved coping and reduced anxiety and worry. It also seems that increased responsibility, roles, and jobs actually aided recovery rather than detracting from it. Participants unanimously stated that feeling useful and that they had a purpose, through their role with colleagues and students, was both a welcomed distraction and a helpful factor in recovery.

While it is true that teachers are expected to return to their work place and are faced with the increased responsibility of caring for vulnerable persons—children and youth. When a tragedy happens in most other workplaces, employees have some ability to grieve, mourn, and process the events without this additional responsibility (Cole et al., 2013). One of the curiosities

underlying this study is whether that responsibility helps, hinders, or has no impact on recovery and coping after an event. Based on the findings, the answer isn't definitive or simple.

It seems that having a role and a purpose, such as being responsible for the students and the school, helped recovery. Participants all identified some aspect of teaching, supporting, or being responsible for youth as a helpful factor, at least in the immediate and short-term aftermath. However, in the longer term it seems that the role of being a helper began to get in the way of taking care of themselves and led to the guilt that if they didn't cope then, it would be detrimental to the students. Given this complex relationship, the importance of a holistic, flexible, and long-term follow-up, this approach continues to be exemplified.

Limitations

With any human study, generalizability of the findings should be a consideration and a caution. Given the methodology in the current study, the intention was to uncover factors that could help to explain what may underlie successful coping and recovery after trauma. Keeping the intention in mind when interpreting the results is advisable to avoid overgeneralizations or overrepresentations.

Another limitation of the study was the inclusion/exclusion criteria. While pre-screen interviews did not lead to any excluded participants or data, it is possible that the way the recruitment materials presented inclusion criteria led individuals to self-select against participation. Coping and recovery was not explicitly defined and was simply left defined as having returned to work. Given the range of this definition, potential participants may have felt that they were not recovered enough to participate, which may have inadvertently led to a less representative voice of teachers and staff. Furthermore, the assumption of "recovered" or "coped well" was based on self-selection and self-report, and while it was purposively not rigidly

defined, it does in itself present a potential limitation and another opportunity to review the results with caution.

In this study, the participants self-selected based on their evaluation of "having recovered" and "successfully coped." In theory, being asked to identify hindering or Wish List factors contrasts that held belief and therefore may have been less readily identifiable. One potential explanation for these observations is the possible interplay of the principles of cognitive dissonance and confirmation bias at work. Confirmation bias is the tendency to recall and interpret information in a way that confirms the pre-existing beliefs and hypothesis that are held by the individual (Gilbert & Fiske, 2010). Cognitive dissonance refers to the discomfort that is experienced when a person is asked to hold contradictory beliefs or ideas (Gilbert & Fiske, 2010).

Furthermore, the results of this study rely on the self-report and memory recall of the participants in a limited amount of time (i.e., a one- to two-hour interview). While participants were encouraged to contact the principal investigator after the interview if they thought of anything after the interview was complete, only one participant did so. The timing of the study was nearly one and one-half years post-event which led to the advantage of a longer term look at recovery; however, it also points to potential problems in memory recall.

Directions for Future Research

Many of the themes that were uncovered superseded specific interventions or protocols and spoke to common factors and phenomenological constructs, such as a sense of belonging, having purpose, feeling acknowledged and listened to, and having a particular mindset (i.e., one

of recognizing gratefulness). Further research designed to uncover what underlies these constructs and how they are created would be beneficial in improving understanding and directing intervention. Learning about what constitutes the specific mechanisms of change, and if they can be taught, built, or facilitated in a school, would provide further direction for recovery efforts after a school violent event. Improving understanding of what underlies the key components of each category would be invaluable to moving the field of crisis response and intervention forward.

Future research should also focus on the replication of this study with teachers and school staff who were involved in other school violent events. Furthermore, the inclusion of events that have occurred in schools in other parts of North America and the world would be beneficial in furthering the understanding of school staffs' experience. It would be beneficial to determine if the categories that emerged from this study are consistent with other types of schools, events, and cultures. Furthermore, it would provide further comparative data to support answering questions such as whether the type of violence or number of the fatalities have an impact of recovery factors. This would also allow for greater generalizability of the findings and possibly lead to greater support for more national funding and prevention efforts. Furthermore, a greater diversity in perspectives would add to the educational resources available to provide school staff who find themselves involved in a traumatic experience.

Final Thoughts

The voice of the participants in this study has both added support for the current literature, but also informed the literature in new ways, in particular, adding to the limited body of research specific to the unique experience of teachers in the aftermath of school violence events. Particularly, at this time in history when school mass violence is at all time high, this is

vital. Through the voice of these participants, several direct and practical implications have been uncovered.

Specific interventions or professional services didn't necessarily emerge as helpful, so perhaps the field needs to be looking towards a community psychology model that encompasses and builds upon the unique resilience that humans innately have. An ecological view of intervention provides a framework for working with a unique community like a school that has an existing set of culture, relationships, and norms (Kelly, 2006). Attempts to intervene that do not take this into account are likely to be ineffective and potentially detrimental (e.g., the process in which insurance companies have intervened).

The response after a school violent event that takes into account the needs of school staff is rich with dichotomy. It needs to be immediate, but also long term. Dropping off support in the months after the event is missing a huge piece of the long-term effects that can occur. The response should provide a sense of belonging, purpose, and connection, but also needs to kindly enforce self-care and time away. There needs to be a clear plan and someone to direct the plan, but the director needs to take into account the perspectives of those who were there during the event, and that will continue to run the school after the supports subside. There needs to be adequate information available so that teachers aren't left to wonder to a point that leads to catastrophic thinking, but they need to not be inundated with information. Lastly, school staff need extra resources and support, and there needs to be choice and autonomy in accessing these supports.

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APPENDIX A

Recruitment Material

Appendix A: Recruitment Material

We are Seeking Participants Interested in Sharing their voice in Coping and Recovering after the [Blank] Senior Tragedy.

Who:
We are looking for teachers and school staff who were involved in the tragic events that occurred at [BLANK] Senior Secondary in [Date]

Aims of the Study:
We believe that teachers and school staff have an important and unique voice in responding to school tragedies. Often this voice is under heard voice. We are interested in learning what has helped and hindered your ability to cope and recover after the event.   We will also be interested in learning about what you wish would have been available.

Eligibility:
- Staff, teacher, or administrator at [Blank] Senior
- Involved in the recent aftermath of the Event
- Desire to share your voice and inform response interventions for other schools

Time Requirements of the Study:
- Participation in a 45-90 minute face to face interview
- 1-2 Brief (i.e., approximately 15 minutes or less) follows up via phone or email

If you are interested or have questions, please contact me (the principal researcher of the study) at andria.weiser@gmail.com.

THANK-YOU!

APPENDIX B

List of Resources for Participants Experiencing Emotional Distress

Appendix B: List of Resources for Participants Experiencing Emotional Distress

RESOURCES

*Note: Contact & geographical information was removed from this resource to protect the location of the event.

Services that may be Helpful

[Local] Hospice Society
https://www.[local]hospice.org
[***]-852-2456
*Providing free individual and group therapy

[Local] Counselling
http://www.[local]counselling.ca
[***]-513-2113
*Providing low cost and/or free therapy services

[Local] Counselling
http://www.[localcounselling].ca
*Providing low cost counselling options

[Local] Counselling
http://[local]counselling.com
*Provides low cost counselling options

Employee Assistance Plan
*Providing free short term therapy

Adult Mental Health
[***]-870-7800
*Provides free therapy and psychiatric services for people experiencing symptoms of a mental health condition

Tools to Search for Private Therapy:
Counselling [local]
Psychology Today
[Province] College of Psychologist
Registered Clinical Counsellors of [Province]
Canadian Counselling & Psychotherapy Association

Apps and Websites that may be Helpful:
https://www.anxiety.com/

www.heretohelp.ca
https://www.healthlink.ca/health
healthymindscanada.ca/resources
Mindshift App
iCBT App
Anxiety Coach by Mayo Clinic
Mood Tools
Moodkit
Worry Watch
Breath2Relax
Pacifica
Headspace
PTSD Coach
Panic Relief
Smiling Mind

Crisis Resources

https://suicidepreventionlifeline.org/
1-800-SUICIDE

[local] Regional Hospital

*In emergency, call 911.

APPENDIX C

Pre-Screen Interview Protocol

Appendix C: Pre Screen Interview Protocol

Pre Screen

Thank-you for your interest in this study. My hopes for our phone call today are as follows:
    a. For me to provide you some more information about the study
    b. For me to learn some information about you
    c. To provide you the opportunity to ask any questions or concerns that you may have about participation

About this Study:
In this study, I am interested in learning about the unique experience of teachers and school staff in recovering after the incident that occurred on November 9, 2016. I will be asking you specifically about what factors helped you to recover. You will not be asked to discuss the incident in any detail.

Even though I won't be asking you to directly talk about the incident, you should know that you could experience strong and distressing emotions. This is particularly true if you are currently experiencing mental health concerns, stressors, or have experienced any other traumas in your life. Please keep this in mind as we complete our phone call today because your safety is the most important thing and we want to ensure it in determining if participating will be beneficial to you or not.

Information:
I have a number of questions to ask to determine whether you are good fit for participation. Your participation in this interview and the study is completely voluntary and you have the right to not participate or withdraw at any time, without penalty.   This means you do not have to talk about anything you do not want to and you can choose not to answer any of these questions. Do know that we can only take a limited to number of participants so

    1. How old are you (in years)?

The method used in this study is interested in empowering people's voices. I would like to ask you a few questions about your interest in the study?

    1. What would it be like for you to share your story?

    2. What is appealing about participating in this study?

    3. Is there anything that worries you or makes you hesitate about participating in this study?

The following six questions are about your mental health. Involvement in this study involves discussing sensitive and potentially upsetting topics. To decide if participation is best for you at

this time, I would like to ask you some questions about mental health and wellbeing. Having past or current mental health concerns does not necessarily exclude you from participation but as I mentioned before, I would like us to consider how participation may impact you.

4. Do you have any current mental health concerns?

5. Do you have any past mental health concerns?

6. Have you ever been diagnosed with a mental health condition?
    a. Diagnosis – Date

7. Have you ever been hospitalized for a mental health problem?
    a. Yes/No - date

8. In the last three months, have you relied heavily on drugs and/or alcohol?

9. When you are having a difficult time, what do you do? (probe for self-care, coping strategies and social support)

Thank you for your willingness to share.

10. Do you have any questions, comments, or concerns?

I appreciate your time today! As we mentioned, we can only select a limited number of people to participate in the study.

11. What is the best way and times to contact you?

12. Would you like us to contact you either way (i.e., if you are selected or not for the study)

APPENDIX D

Table for Tracking

Appendix D: Table for Tracking

Table for Tacking the Emergence of New Categories

(Butterfield et al., 2009)

Date of CI/WL Extraction	Participant #	Date Categorized	New Categories Emerged?
April 25/18	1	April 25	yes
April 25/18	2	April 25	Yes
April 25.18	3	April 25	Yes
May 26/18	4	May 26	Yes
May 26/18	5	May 26	No
May 26/18	6	May 26	no
May 31/18	7	May 31	no

APPENDIX E

Consent Form

Appendix E: Consent Form

<u>Consent to Participation in this Research Study</u>

Thank-you for volunteering your time to take part in this study on your experience of the events that occurred at [the high school you work]. We are interested in learning more about your perspective, as a staff member of the school, and your experience in what has been helpful and what has been unhelpful in coping with and recovery from this event.

Please take all the time you need to review this consent form and ask questions or concerns you may have.

Should you decide to participate, your participation will involve:
1. A face to face interview that is anticipated to last 45-90 minutes. This interview will be audio recorded.
2. 1-2 Brief Follow Up Emails. In these emails you will be asked to review the information that was taken from your first interview for clarity and accuracy.
3. The possibility of a brief follow up phone call. This will only occur if further clarification is needed to ensure accuracy of your voice in the study.

POTENIAL RISKS AND DISCOMFORTS
Your rights, safety, and comfort are of utmost importance to us. Unfortunately, we can not predict how each individual may respond when discussing this difficult event.

As with any study, there are potential risks that come with participation. With this study, due to the sensitive nature of the topic, it is possible that personal and/or emotional information will be shared in the interview. Reflecting on these types of experiences can be distressing, before, during and after the actual interview. Some examples of the distress that may be experienced before, after, and during the interview may include:
- Intense emotions (i.e., sadness, anger, loneliness, anxiety)
- Increased emotional distress (i.e., feeling overwhelmed)
- Physical experiences of emotions (i.e., heart racing, nausea)
- Sleep difficulties
- Difficulty concentrating

You do not have to answer any question or talk about particular issues that you are not comfortable with. Our aim is to listen to you in a way that you feel heard, validated, and supported. At the interview, we will provide you with relevant resources, such as local options for low-cost counselling, to ensure that you have access to the help you need.

BENEFITS TO TAKING PART IN THE STUDY?
A possible benefit of participating in this research project is the opportunity to reflect on your own resiliency and experience. You may find that you learn through this process from your own experiences. Reflecting on your story may help you better understand how you healed from, or overcome certain challenges. It may also help you identify ways in which you would still like to heal, or directions you would like to go. There are a number of possible insights that could arise that you may find helpful.

Our hope is that this study allows your voice to be heard and inform an understanding of post crisis response after school tragedies. However, we can't guarantee that you will personally

experience benefits from participating in this study. Others may benefit in the future from the information we find in this study.

YOUR RIGHTS AS A RESEARCH PARTICIPANT?
Participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with any agency or person related to the study.

CONFIDENTIALITY
Any personal information that is collected will be kept strictly confidential and only accessible to immediate research team (The principal researcher and supervisors). Identifying information will not be connected to the data or kept on the audio recordings. The data will be anonymized so that identifying information cannot be extracted from the results.

INCENTIVES
As a token of our appreciation for you time in participating in this study, we will be providing you with a $20 Starbucks card. You will receive this benefit even if you choose to withdraw from the study.

OTHER INFORMATION YOU SHOULD KNOW:
This study is a partial requirement for a Doctorate of Psychology at Antioch University.

CONTACTS FOR QUESTIONS OR PROBLEMS?
If you have questions about the study, any problems, unexpected physical or psychological discomforts, any injuries, or think that something unusual or unexpected is happening, please don't hesitate to contact me.

We encourage you to reach out to us because this is a collaborative project.

Andria Weiser
Principal Researcher
Ph: xxx-xxx-xxxx
Email: aweiser@antioch.edu

CONSENT OF PARTICIPANT

_____
Signature of Subject or Representative   Date:

APPENDIX F

Confidentiality Agreement for Research Assistants

Appendix F: Confidentiality Agreement for Research Assistants

CONFIDENTIALITY AGREEMENT

As a member of the research team for *Helping & Hindering Factors: School Staff's Recovery After Violent School Events* study, I acknowledge that I will be assessing confidential research participant information and identities.

As such, I agree to:
- Maintain strict confidentiality protocols regarding any information I access or that is shared with me both during this project and afterwards
- Not share any portion of this information with anyone outside of the research team involved in this project
- Keep all copies of information stored securely in a locked location (paper format) and encrypted and password protected (electronic format)
- Return all research data in all formats to the principal researcher once my role in the study has been completed.
- Securely destroy (shred or delete) any additional research information in my possession if returning to the principal investigator is not a feasible option.

I have read and understood the above Confidentiality Agreement and agree to all the terms as described above both during my participation in this study and afterwards.

_____   _____   _____
Assistant Name   Signature   Date

_____   _____   _____
Witness   Signature   Date

APPENDIX G

Initial Interview Protocol

Appendix G: Initial Interview Protocol

Helping and Hindering Factors in Recovery after a School Crisis
ECIT Interview Guide

Participant #: _____   **Interviewer Name**_____

Date: _____   **Interview Start Time:** _____

Introductory Script: *Thank you for choosing to participate in this interview.   Before we proceed, I want to remind you that, at all times during the interview, you may choose to disclose or not to disclose any information, depending on how comfortable you feel.   You also may request to take a break or to discontinue the interview at any time.*

1. <u>Contextual Component</u>
   Preamble: As you know, we are interested in teacher and school staff's process of coping with and recovering after the incident at [blank] Senior. The purpose is to collect information about what you have experienced and how it has affected you.

   ❑   As a way of getting started, perhaps you could tell me a little bit about the work you do at the school.
   ❑   Can you tell me a little bit about your experience during the event?
   ❑   In what ways do you feel like this event has impacted your life and well being?

2. <u>Scaling Questions</u>
   On a scale of 0 – 10, where 0 is the most negative, 5 is neutral, and 10 is the most positive,

   i. How would you rate your emotional and physical well-being before the event?

   _____
   0   1   2   3   4   5   6   7   8   9   10
   Most Negative   Neutral

   ii. How would you rate your experience in the days after the event?

   _____
   0   1   2   3   4   5   6   7   8   9   10
   Most Negative   Neutral

iii. How would you rate your experience so far? How are you doing, emotionally and physically, these days?

```
_____
 0   1   2   3   4   5   6   7   8   9   10
Most Negative                                    Neutral
```

3. Critical Incident Component
   Transition to Critical Incident questions: Taking everything about your experience into account,

   ❑ I'm going to start by asking you to think about factors that helped you most in recovering from and coping after this experience. Let's start with the immediate aftermath.   What helped you most in the moments after the event? (Probes for each area: What was the incident/factor? How did it impact you? How did it help?" Can you give me a specific example where _____ helped? What are some other factors that were especially helpful?)

   What helped you most in the days after the event?

Helpful Factor & What it Means to the Participant ("What do you mean by?...)	Importance (How did it help? Tell me what is was about… that you find helpful?)	Example (What led to it? Incident or Outcome of Incident)

   What has helped you most in returning to the school?

Helpful Factor & What it Means to the Participant ("What do you mean by?...)	Importance (How did it help? Tell me what is was about… that you find helpful?)	Example (What led to it? Incident or Outcome of Incident)

   What has helped you most since then?

Helpful Factor & What it Means to the Participant ("What do you mean by?...)	Importance (How did it help? Tell me what is was about… that you find helpful?)	Example (What led to it? Incident or Outcome of Incident)

   ❑ Now I'm going to ask you about factors that made these experiences more difficult or hindered your wellbeing in some way. Starting with the immediate aftermath, are there things that made it more difficult? *OR* What kind of things happened that made it harder for you to do well during this phase? (Probes for each area: What was the

incident/factor? How did it impact you? How did it hinder?" Can you give me a specific example where _____ hindered? What are some other factors that were especially difficult?)

How about the days after? What kinds of things may have made your experience of recovering more difficult?

Hindering Factor & What it Means to the Participant ("What do you mean by?...)	Importance (How has been unhelpful? Tell me what is was about… that you find unhelpful?)	Example (What led to it? Incident or Outcome of Incident)

Now, how about in returning to the school?

Helpful Factor & What it Means to the Participant ("What do you mean by?...)	Importance (How did it help? Tell me what is was about… that you find helpful?)	Example (What led to it? Incident or Outcome of Incident)

And, anything that has detracted from your ability to cope and recover since the event happened?

Helpful Factor & What it Means to the Participant ("What do you mean by?...)	Importance (How did it help? Tell me what is was about… that you find helpful?)	Example (What led to it? Incident or Outcome of Incident)

❑ Summarize what has been discussed up to this point with the participant as a transition to the next question: We've talked about factors that have helped you recover, such as (name them), and some things that have made these experiences more difficult, such as (name them).   Are there other things that would have helped you to have a better experience in any of these areas? (Alternate question: I wonder what else might be or might have been helpful to you that you didn't/don't have access to?)

Wish List Item & What it Means to the Participant.	Importance (How would it help?)	Example (In what circumstances might it be helpful)

4. Second Set of Scaling Questions
    Now that you've had a chance to reflect back on what's helped and hindered, I wonder if you would change any of the ratings on the same scales we discussed earlier.   The

scale is from 0 – 10, where 0 is the most negative, 5 is neutral, and 10 is the most positive.

i. How would you rate your emotional and physical well-being before the event?

_____

0   1   2   3   4   5   6   7   8   9   10

Most Negative   Neutral

If different, query: what's made the difference?

ii. How would you rate your experience in the days after the event?

_____

0   1   2   3   4   5   6   7   8   9   10

Most Negative   Neutral

If different, query: what's made the difference?

iii. How would you rate your experience so far? How are you doing, emotionally and physically, these days?

_____

0   1   2   3   4   5   6   7   8   9   10

Most Negative   Neutral

If different, query: what's made the difference?

5. <u>Demographics Component</u>

i. Age

ii. Education

iii. Role at the School

iv. Number of years in this position

Interview End Time: _____   **Length of interview:** _____

APPENDIX H

Sample Grounding Exercise

Appendix H: Sample Grounding Exercise

Self-care is about taking steps to feel healthy and comfortable. Whether it happened recently or years ago, self-care can help you cope with the short- and long-term effects of a trauma like sexual assault.

Physical self-care

After a trauma, it's important to keep your body healthy and strong. You may be healing from injuries or feeling emotionally drained. Good physical health can support you through this time. Think about a time when you felt physically healthy, and consider asking yourself the following questions:

- How were you **sleeping**? Did you have a sleep ritual or nap pattern that made you feel more rested?
- What types of **food** were you eating? What meals made you feel healthy and strong?
- What types of **exercise** did you enjoy? Were there any particular activities that made you feel more energized?
- Did you perform certain **routines**? Were there activities you did to start the day off right or wind down at the end of the day?

Emotional self-care

Emotional self-care means different things to different people. The key to emotional self-care is being in tune with yourself. Think about a time when you felt balanced and grounded, and consider asking yourself the following questions:

- What **fun or leisure** activities did you enjoy? Were there events or outings that you looked forward to?
- Did you **write down your thoughts** in a journal or personal notebook?
- Were **meditation or relaxation** activities a part of your regular schedule?
- What **inspirational words** were you reading? Did you have a particular author or favorite website, to go to for inspiration?
- **Who did you spend time with?** Was there someone, or a group of people, that you felt safe and supported around?
- **Where did you spend your time?** Was there a special place, maybe outdoors or at a friend's house, where you felt comfortable and grounded?

Meditation or Relaxation Exercises
Relaxation techniques or meditation help many survivors with their emotional self-care.

For example: Sit or stand comfortably, with your feet flat on the floor and your back straight. Place one hand over your belly button. Breathe in slowly and deeply through your nose and let your stomach expand as you inhale. Hold your breath for a few seconds, then exhale slowly through your mouth, sighing as you breathe out. Concentrate on relaxing your stomach muscles as you breathe in. When you are doing this exercise correctly, you will feel your stomach rise and fall about an inch as you breathe in and out. Try to keep the rest of your body relaxed—your shoulders should not rise and fall as you breathe! Slowly count to 4 as you inhale and to 4 again as you exhale. At the end of the exhalation, take another deep breath. After 3-4 cycles of breathing you should begin to feel the calming effects.

APPENDIX I

Follow Up Interview Guide

Appendix I: Follow Up Interview Guide

Dear Participant,

As you may remember during our first interview I asked you about the factors that were helpful and unhelpful about your experience in coping after the event at [blank] Senior. We also talked about the factors that you wish you could have had.

This study is intended to be reflective of your voice and ensure that the information that was captured accurately reflects your experience. As such, I am following up to obtain your feedback about the information that has emerged from your interview.

Below, I have listed the factors that came out of your interview.
- Helpful…
- Hindering…
- Wishlist…

After reviewing the factors, I am hoping you would be willing to reflect on the following questions:

1. Are the factors correct?
2. Is there anything missing?
3. Is there anything that needs to be revised?
4. Do you have any other comments?

 I was also hoping you could clarify the following:
- ??

Again, your time and participation is greatly appreciated!

I look forward to your response. As always, please don't hesitate to contact me with any questions or concerns.