

Educational Psychologists Responding to Critical Incidents

Calderdale Educational Psychology Service

**Min O'Hara
Principal Educational Psychologist**

Contents

- **Introduction.**

- **Checklist for Educational Psychologist's Initial Consultation**

- **Supporting material attachments**
 1. Definition of a Critical Incident

 2. Telephone consultation or school visit?

 3. Conveying calm authority

 4. The process following a trauma

 5. Self-supporting group approach

 6. Managing the information by co-ordinating the stories

 7. Identification of a management team for any incident

 8. Safety considerations

 9. Developing Support Systems

 10. Support materials to be e-mailed

 11. Levels of support from the EPS

 12. Useful metaphors.
 - The Waterfall
 - The Train Crash
 - The Stages of Acceptance

 13. The overall message to staff about supporting children

 14. Contact numbers for individual support organisations

 15. Psychological debriefing – creating a Supportive Group.

Introduction

The Service may become involved immediately or at a very early stage following a Critical Incident in any of our schools, colleges, centres or services. We have agreed to make ourselves available to support the management of any of these incidents to provide practical guidance and reference.

The purpose of our involvement should be to:-

- a) Facilitate the staff's management of the process.
- b) Personally support the person/team managing the incident.
- c) If necessary provide more direct support to particular groups of staff or children (see Purpose of EP Involvement).

It follows the Solution Focussed Approach consistent with the general practice within the Service.

This booklet consists of a checklist, supported by additional papers.

Checklist for EP First Response

- Telephone consultation with a key contact person (i.e. someone actively involved in managing the incident).
- Negotiate whether or not this is a critical incident (definition see 1).
- Make initial decision to continue telephone consultation or centre visit based on your knowledge of the person, the setting and the circumstances (see 2).
- Maintain an air of Calm Authority (see 3).
- Emphasise the Group Support approach by staff who are known and trusted (rather than individual specialist counselling as the need for this will emerge over time (see 5).
- Establish the facts of the 3 stories (Facts, Family, Implied) and agree a Public Story (see 6).
- Identify the management team for the incident (see 7).

N.B. This may not be the formal management team and should specifically include receptionist/secretaries as first point of contact.

- Identify the actions taken in terms of:-
 - a) Safety (of other pupils and staff) (see 8).
 - b) Reasonable demands for information (pupils, staff, other parents, local authority, press/media) (see 6).
 - c) Support systems (see 9.)
- Check on emotional wellbeing and support available to the person you are taking to (see 9).
- Indicate you will send appropriate support materials (see 10).
- Negotiate type and level of support from EPS (see 11).
 - a) Available on request.
 - b) Follow-up visit (presence in the school).
 - c) Formal meeting with in-school group.
 - d) More specific group work (to be arranged later) (see 15).
- Arrange a supervision session with colleague and discussion as soon as possible with SEP/PEP.

Definition of a Critical Incident

Clearly this will be a unique and unusual event which is usually defined by the individual who contacts the Service.

Very exceptionally some contact may be exaggerated or inappropriate and related to particular circumstances (e.g. a major blocked drain or e.g. a non-injurious car accident involving the referrer).

The following are examples of cases where the EPS has given support e.g.

- Death or serious injury of child.
- Death or serious injury of staff member.
- Exceptional circumstances of the death of a parent.
- Serious attacks or threats on staff or pupils.
- Major social incidents such as riots, bombs, group fights or attacks.
- Serious self-harm of a pupil/adult including death.
- Major incidents involving exceptional levels of trauma, emotion or media activity, beyond the level where staff would be expected to cope.

Telephone Consultation or School Visit

Under normal circumstances a presented problem will be dealt with using a Solution Focussed approach and applying Light Touch principles.

As such we would:-

- Make judgements about the nature and urgency of the problem.
- Use our knowledge of the person and their circumstances.
- Only make a school/centre consultation under exceptional circumstances.

When faced with a critical incident, the referrer (even an experienced and capable individual) may be frightened and apparently out of his/her depth.

In these circumstances intuitively you may feel the need to be present in school.

N.B. There is some evidence to show that your presence (even when you are not actively participating) can be extremely reassuring and supportive to managers and still remains a Light Touch approach.

Conveying Calm Authority

Because of the nature of most critical events, the managers may be exceptionally anxious and demanding of intensive support for individuals (who might be reacting in an extreme but “normal” manner).

Other local authority officers may equally try to demand intensive support/therapy and tend to escalate rather than de-escalate the tension.

N.B. A small number of people actually seem to “get off” on the excitement.

It is therefore important to present a Calm Authoritative Presence (even if you are worrying like mad) and indulge in Purposeful Listening.

Why do responses need to be managed and why are some demands unreasonable?

- A first-response, intensive-direct-involvement leads to some naturally grieving individuals being pathologised.
- Group facilitation is more effective than individual direct case work.
- An open access system cannot respond equally to all requests.
- There is a need for a filter (triage) system to identify the “most needy”.
- There will always be a limit to capacity.
- The demands of the presenter are not always related to the significance of the problem.
- Presenters are often in a highly stressed (irrational) state.
- There are often inappropriate expectations of what any service is capable of.
- Many presenters want to pass the problem (rather than share the problem) to someone else.

Ways in which you might manage your other reactions and convey “Calm Authority”

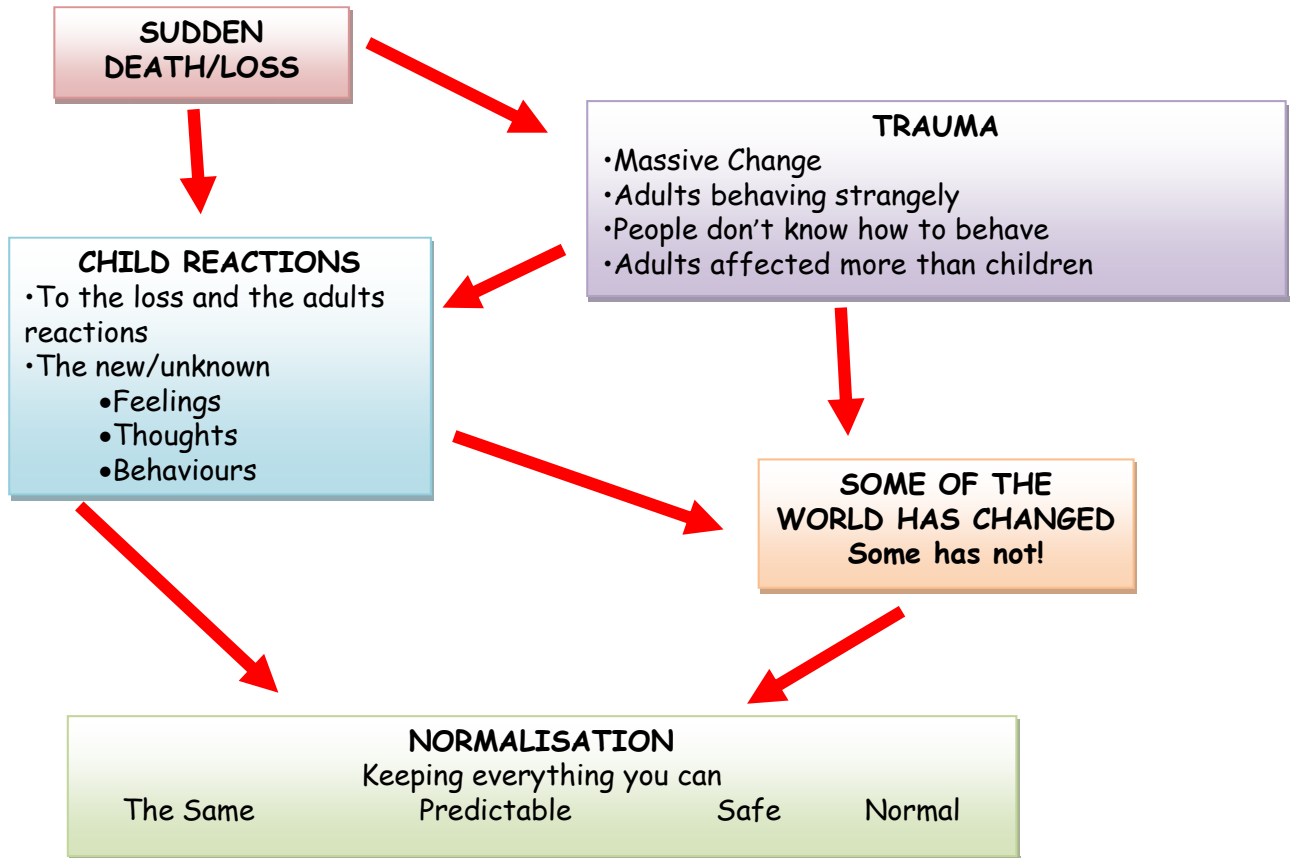
Authority – is conveyed by “calm stillness”

Enthusiasm – is conveyed by “dynamic physicality”

John Robertson “Effective Classroom Control”

- Separate yourself from the setting – being objective and de-personalised.
- Talk sense – be knowledgeable about our subject (agree service principles).
- Your voice is an instrument
 - Tone of voice.
 - Rate of voice.
 - Quality of language.
 - Timing and using silence actively.
- Purposeful listening (i.e. what is most effective in local consultations).
 - Listening interactively.
 - Listening before making judgement.
 - Clarifying.
 - Reframing.
- Not taking the problem away
 - Acknowledge the person has a problem.
 - Give achievable tasks/advice to produce minimal change.
- Always give An Objective Judgement - not a personal perspective.

THE PROCESS FOLLOWING A TRAUMA



Self-Supporting Group Approach

There is a deal of evidence to show that following nay tragedy or critical incident, the self-supporting group with a shared experience, is the most useful means of support e.g. Hillsborough, Dunblane etc. In contrast managers and the press often push the idea of individual support from specialist therapists such as counsellors.

The result of this is that individuals (who have a shared experience with others) are treated as though their feelings, thoughts and reactions are unique and different, and are being suffered in isolation.

Group Development

The approach therefore should always work with an identified group to enable them to talk and share experiences and coping strategies. Remember the Solution Focussed approach i.e.

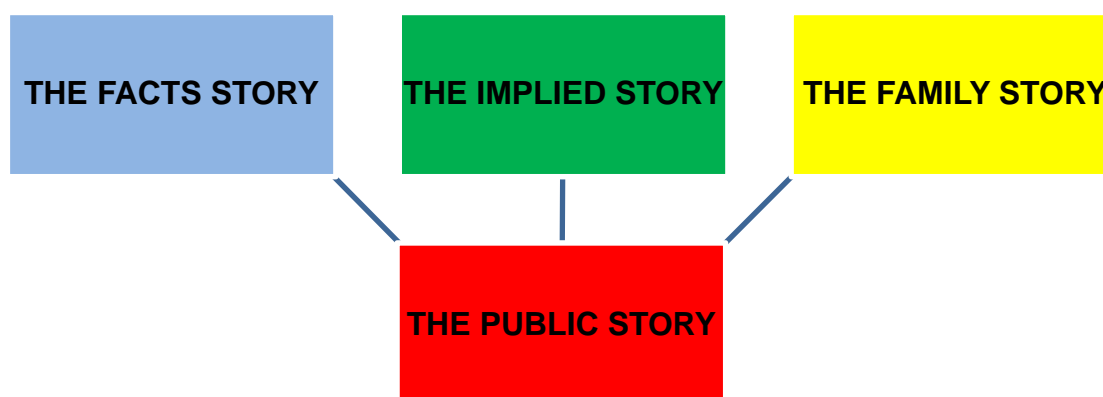
1. The problem is the problem – not the person.
2. People have unique ways of solving their problems.
3. The possibilities of change are infinite.
4. Small changes in any aspect of a problem 0 can initiate a solution.
5. A focus on future possibilities – enhances change.
6. Co-operation enhances change.
7. Keep one foot in pain – one foot in possibility.
8. If it works do more of it – if it does not – do something different.
9. If the person does not sign up to the agreement – there will be no change.
10. People have the necessary resources to make changes.

The aims therefore should be:-

- To support and enable the familiar leaders to manage the process.
- To help them identify and facilitate appropriate subgroups e.g. staff team (around the child), peer group etc.

Managing the Information by Co-ordinating The Stories

At first-contact for any Critical Incident, there will be 3 stories, which will naturally compete and conflict with each other. The closer these can be pulled together, the easier it will be to manage the incident i.e.



a) The Facts Story

These are the basic facts as you know them and usually come from the family directly or the police. The temptation is always to speculate and infer from this limited information. The facts are identified by the following questions.

- What has happened?
- Where and when?
- Extent of injuries, numbers and names?
- Names and numbers of individuals closely affected by the event?
- Key people involved in school and external agencies?

b) The Family Story

Where there is a bereaved family, they should own the information which is in the public domain. There have been cases where schools have shared information or photographs which the family did not want to be shared.

It is therefore really important to identify a key contact person (often an adult sibling or in-law) and information shared should always be run past them before being made public.

c) The Implied Story

Whenever there is a critical incident such as a child sudden death, the general public would like to know, and the media try to demand a complete answer to the why question, at a time when the facts have yet to emerge.

The following areas have an influence on the Implied Story which can grow and grow e.g. the most dramatic was the Hillsborough Disaster, the perception of which was cruelly distorted by the speculative reporting, particularly of the Sun newspaper.

- i. The Media. It has been suggested that the media are less interested in “the facts” and more on “an angle” (e.g. a child death is more unusual/interesting if someone is to blame or the child is bullied/victimised).

The general public often interpret these speculations or exaggerated accounts as “the truth”.

A child killed by a car crossing a busy road was described as “being tossed like a ping-pong ball between cars” and this had a scarring impact upon his peers.

- ii. The Neighbourhood. The local community will formulate its own impression and there have been extreme examples where search parties have been sent out, funds have been raised etc for a child who was held captive by a relative. Young people killed in car chases, have resulted in high tension and attacks on police stations.
- iii. The Peer Group. In a child death, the peer group will be both shocked and fearful for themselves. More recently the rumours will abound and this will be accelerated by electronic communication.

There is a particular issue in apparent self-induced death of a concept called “contagion” where others are encouraged to “copy-cat”.

- iv. The Impact of the Local Busy-Body. It is said that everyone will be famous for 15 minutes and there are always individuals who want to gain notoriety by being associated with spectacular news e.g. A 9 year old girl who was playing and hanged herself and had no history of emotional behavioural or relationship difficulties was suddenly branded by a distant relative as a bullying victim. The result was her parents and the school were bombarded by the media and it took a joint statement to TV by both to scotch the lie.
- v. Electronic Media. Social media, e-mailing and texting means that children and the wider community can spread information extremely quickly.

It also means that misinformation can be spread very fast and is extremely difficult to challenge.

d) The Public Story

It is imperative that the management team identify a Shared Public Story about the events in order to share with children and parents.

N.B. This should consist of the Facts as known tempered by the Parent’s Story. This story should be prepared in consultation with the Local Authority Press Officer i.e. Neil Beecham, Corporate Communication Officer, 07720 561622. (Neil is a trained and experienced journalist who will advise on the nature, content and presentation of a Press Statement).

Presenting well when facing the News Media

It is important to remember that any presentation is likely to be edited and that the media are interested in any “back-story” including the way in which key people are presented. The following do and don'ts may be useful but it is crucial that you have a prepared script/story which you've discussed with the Press Officer.

Do

- Do respond to what and when questions.
- Do tell your story quickly, accurately and get your key message(s) across.
- Do consider, when possible, the needs of your audience.
- Do choose your own time when to report to the media.
- Do prepare and rehearse so that everyone has the same story.

Don't

- Don't reply to why and how questions.
- Don't speculate, stick to the known fact.
- Don't bluff or lie.
- Don't make “off the record” comments.
- Don't make promises you cannot keep.
- Don't make excuses or blame others.
- Don't respond to “blind quotes” e.g. “one of your staff tells me that, do you agree?”
- Don't respond to the unplanned question e.g. you may be told a list of questions to prepare then at the live interview another emotive question is “thrown in”.
- Don't say “no comment” – explain why you can't comment.
- Don't allow words to be put in your mouth e.g. Would you agree that,”?

Identification of a Management Team for any Incident

The management of any critical incident can be particularly demanding on the managers concerned, particularly if this crisis occurs at a particularly demanding period e.g. near an OFSTED inspection, near SATS or National Examinations, during a transition period etc.

A number of factors need to be considered:-

1. Even with a charismatic Headteacher, encourage him/her to develop a team approach with shared responsibilities.
2. Delegate key responsibilities such as family link person, staff support person, children link person, contact person with public.
3. Think beyond the formal management team i.e.
 - Some academic managers may not be most suited to this exercise.
 - Some of the most emotionally mature, supportive personnel may be identified in the support staff rather than the teachers.
 - Remember to include the reception/clerical staff as they will have to “field” the first contacts from anxious parents and the media.
4. Be absolutely clear what the “Public Story” should be.
5. Ensure that the rest of the staff do not go “on a frolic of their own” and refer any issues to the management team.

Safety Considerations

Whenever there is a critical incident, particularly involving a potential risk, harm to staff or children, then there will be concerns about safety and the management team will need to ascertain:-

- The level of past or present risk for staff and children.
- The existence of any safety procedures (and if these had been complied with).
- The culpability of anyone for the critical incident (from current available information).

Demands for this information will come from a range of areas and appropriate responses should be prepared. These include:-

- Parents generally (who will have concerns about their own children's safety and emotional well-being).
- Parents of close group (either bereaved or parents of peers/friends).
- Children (particularly where a death could affect them personally, like a child dying of asthma).
- The Local Authority accountability for safeguarding.
- The police in terms of criminal responsibility.
- The Coroner in terms of a later inquest.

N.B. The response may need to change over time i.e.

- What are the safety concerns from the immediate available information?
- What are the longer-term implications which emerge as the story unfolds?

Developing Support Systems

Encourage the school/centre to look at the different levels of support that will be needed.

Emphasise that people's normal reactions may be very extreme and variable, but it does not mean that they necessarily require individual (as opposed to group) support.

The following factors might be considered:-

1. Do the key managers have their own support system?
 - By the other members of the team?
 - By their own families/partners?
 - By friends?
 - By support groups? (e.g. churches).

2. Identify key groups which would benefit from support e.g.
 - Peer group/class group?
 - Key teachers/group?
 - Wider non-teaching group?

3. Look at ways in which whole school could be supported e.g.
 - Relaxed time-table.
 - Using a dining hall as a forum where a particular year group might be allowed to gather and talk.
 - Encouragement for class/subject teachers to talk about the individual who died or the event.

4. Make arrangements for attendance at funeral (in consultation with bereaved family).
 - Key member of staff (personally connected or representative of the school).
 - Children (possibly attending with their parents).
 - School choir or band.
 - May be possible for the cortege to drive past the school (by arrangement with family and funeral director).

5. Plan ahead for a commemorative assembly (best done by pupils themselves).

6. Encourage pupils to plan for and decide upon the nature of any long-term memorial.

7. As appropriate EPS may be available for group de-briefing with adults or children (planned by arrangement).

8. Over time (4 weeks or more) some particularly affected individuals may emerge who require more intensive individual support.
 - In-school counsellor.
 - Bereavement counsellor.
 - More specialist counsellors/support groups (see 14).

Support Materials

These can be e-mailed and printed out by school/centre for distribution appropriately.

N.B. They are available on

T\Ed Psych\Critical Incident\Standard Handout

They are as follows:

- Dealing with bereavement – adult guidance.

- When someone dies – children’s booklet.
(Reading age – approximately 10 years – but can be talked through with younger children).

- Children’s understanding of death.

- Parents dealing with a child – short handout.

- Teachers dealing with a child – short handout.

N.B. The bereavement numbers should not be sent out at first level as it reinforces the individual counselling model.

Levels of Support from the Educational Psychology Service

Although supporting any critical incident is a priority and may necessitate cancelling appointments (my experience is that other schools/families are understanding of such a situation) we have limited time available to support intensively over a longer period of time.

Levels

1. Telephone consultation (in many cases this level supported by e-mailed booklets) is sufficient.
2. School visit (this need to be gauged at the telephone consultation and can take the forms of):-
 - Going immediately to school to help with the planning.
 - To attend a staff de-briefing.
 - To be present at assembly when the children are told.
 - To meet a group of parents.
 - Exceptionally to meet a group of children.
 - To be present as the children are allowed in the dining room or other non-teach forum.

N.B. Do not underestimate the significance of “a presence” in school even if you are not interacting with staff and/or children.

3. A planned de-brief of an emerging group (of teacher/parents or children).
4. A formal de-briefing, arranged with a colleague 4-6 weeks after the event (see 15).
5. A staff training exercise e.g. self-harm arranged at some later date.
6. Individual case work at some later date, where the child is presenting unusual, persistent and prolonged problems.
 - Consultation with key staff members.
 - Consultation with parents and staff.
 - Interview with child.
 - Possible referral to a more specialist service (bereavements related or CAMHS).

Useful Metaphors During Critical Incidents

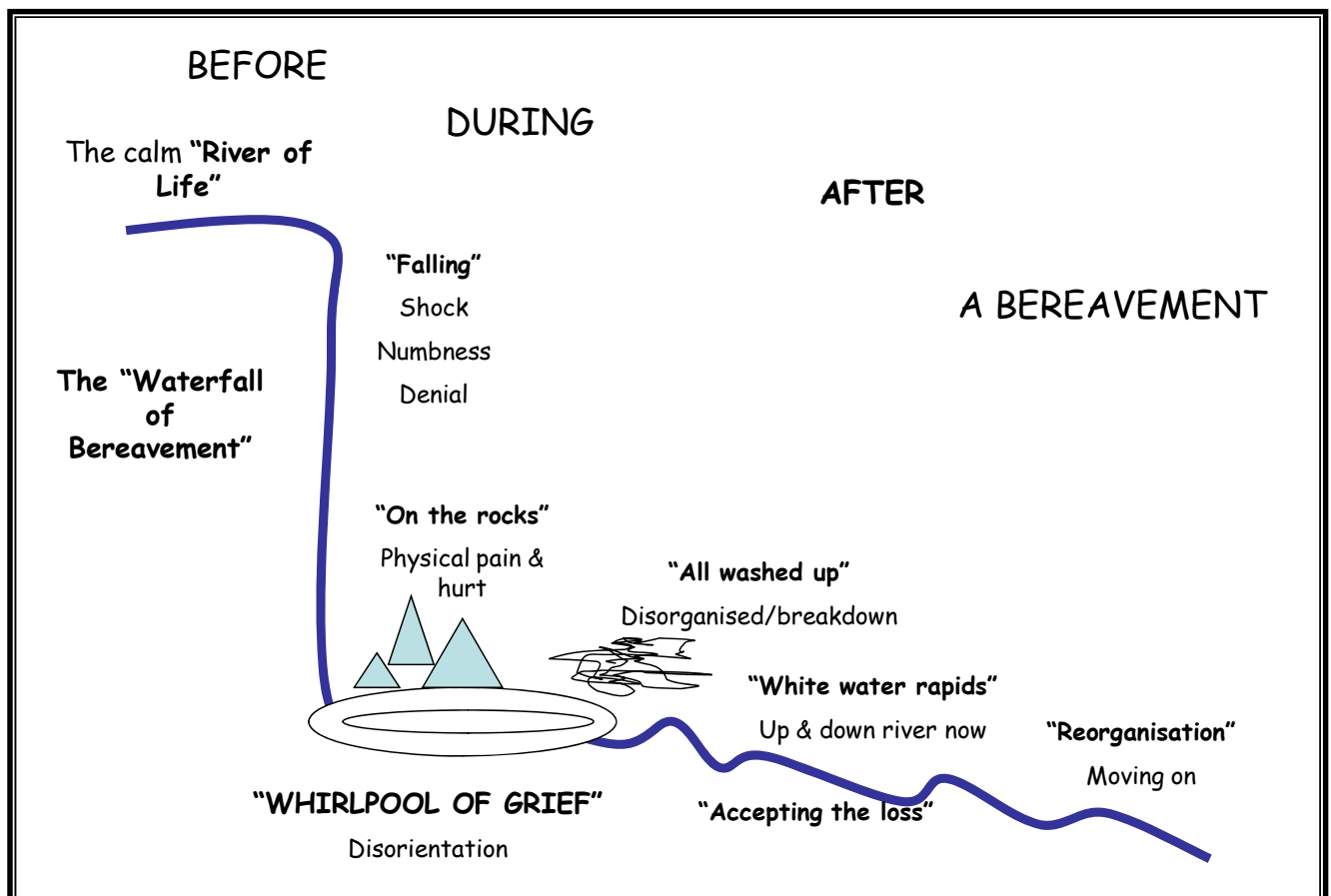
I have utilized a number of metaphors which parents, staff and children have found useful to contextualised their feelings and understanding of the complex process of trauma management and bereavement. The main ones are:-

- a) The Waterfall picture.
- b) The Train crash story.
- c) The Stages of Acceptance diagram.

These can be referred to at any or every stage of change associated with a trauma.

a) The Waterfall Picture

See the picture below:



Recipients can identify with the sudden change from the tranquillity of the river to the disorientation, fear falling of the waterfall, the pain and loss of direction from the whirlpool.

As they move on, into white-water, the river is no longer calm and easy, but remains unpredictable and sometimes painful.

b) The Train Crash Story

This is a particularly helpful way of explaining how a critical incident can be suddenly overwhelmed by long forgotten (or compartmentalised) life events such as previous personal losses and bereavements. E.g. a very mature and caring Deputy Head (who was the natural pastoral lead) confessed she could not cope with the sudden death of a Year 6 pupil, because she had become suddenly overwhelmed by the memory of her daughter's late miscarriage some 2 years previously.

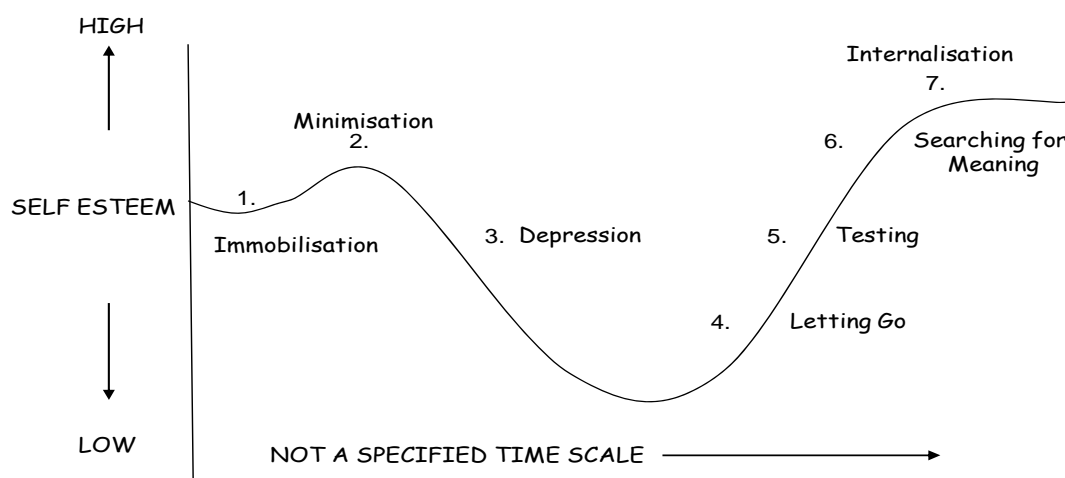
- The train journey.
- The uncoupled carriages (past forgotten/dealt with life events).
- The crash (death/traumatic event).
- Being hit from behind unexpectedly by the uncoupled carriages.

c) Stages of Acceptance of Bereavement

Most people can identify with these stages (see diagram and list of stages).

As well as explaining the personal process one needs to go through (particularly the painful depression phase), it is particularly useful in explaining the individual differences in behaviour presented in a group who have experienced the same trauma i.e. there will be some at the minimalisation phase (apparently unaffected), others will be at the severe depression (extremely traumatised) and finally some will have passed through these stages and planning positively for the future.

STAGES OF ACCEPTANCE OF BEREAVEMENT



STAGES OF ACCEPTANCE

1. Immobilisation

Immediate shocked reaction to finding out the person has died. Has been described as “robotic behaviour” (phrases like “I don’t believe you.... Well I’ve just spoken to her....I’ve got to make his tea!!”

2. Minimisation

Appearing not to understand or accept the significance of the person’s death (phrases like “It was expected.... Well it was bound to happen... I wasn’t surprised!”).

3. Depression

Intense feelings of pain, sadness and loss which equate with clinical depression (phrases like... “I don’t want to go on... Will this pain ever end?... I’ll never feel right again!!”)

4. Acceptance of reality – letting go

Beginning to accept that the person has gone and that it has affected you deeply. Talking realistically about them. the way they died, how you think and how you feel (phrases like.... “I’m sorry to keep talking about his death, but it’s helping me to sort it out in my head!”)

5. Testing

Challenging the reality of what happened, what people said, what might happen in the future. With children it is particularly related to the consistency of the adults around them (phrases like... "Tell me again why she died?.....Could it happen to you?)

6. Searching for meaning

Looking towards the future in realistic ways. Questioning possible new ways of thinking and behaving. Putting the loss into context and moving on.

7. Internalisation

Finally accepting the loss and being able to go forward with your life. The pain and sense of loss will still be there, but is usually only aware of it when something reminds you or precipitates it.

N.B. *The divisions between the stages are not clear-cut Individuals may stay at one stage for months or years, and may even "be locked" at a particular stage Most people gradually move forwards, with a few "slips backward".*

Attachment 13

The Overall Message To Staff About Supporting Bereaved Children **(See Booklets for more details)**

- Try to maintain the child's feelings of **security**, of being cared for, of being loved.
- Try to maintain all the necessary **practical care** for the child. (e.g. ensuring that they are eating, caring for themselves, sleeping etc).
- Keep up the **routines** (of home/and school) so that "life goes on", but be prepared to accommodate some outbursts or extreme reactions by providing "time-out".
- Be **honest** with yourself and the child (at the child's own level of understanding.)
- Continue to **listen** (even if the same questions reappear), to talk and communicate.
- Do **not pretend to believe** what you don't believe, about what has happened.

- Try to **understand the child's feelings** (as a child of their particular age) and reassure where possible that their reactions are perfectly normal.
- Don't be afraid to say '**I don't know!**' You can't be expected to have all the answers.
- Don't be afraid to **share your own feelings**, even if you get a bit upset. It will help to explain that adults also have these deep and confusing feelings (which we normally keep private).
- Remember there are **others who can help**. Find another adult to offload to on regular basis (i.e. a person who can listen, understand and comment) Supporting a child can be upsetting and emotionally very demanding, and it is very important to get this personal support.
- Don't be afraid to admit to colleagues, family and managers that **you can't cope** at any particular time.
- **Support** for you or the child can come from inside & outside agencies.

Attachment 14

ORGANISATIONS OFFERING SUPPORT FOR PARENTS AND CHILDREN

Many parents will be able to access support through the support services associated with the children's hospital which had managed their child's terminal illness (even some time after their child's death)

Many families have obtained most support from organisations which are run by parents who have gone through loss of a child themselves (e.g. Compassionate Friends)

Although many of these have national numbers, they may be able to suggest local groups which parents can access.

I would suggest trying a number and seeing which you feel most comfortable with

There may be local counselling support available and your local Educational Psychology Service or CAMHS may be able to advise you.

ACT – (Association for children with Terminal and life-threatening conditions and their families) – umbrella organisation providing information about available services.

ACT, Brunswick Court, Brunswick Square, Bristol, BS2 8PE

Tel: 0117 916 6422

Helpline: 0845 108 2201

Email: info@act.org.uk

ALDER HEY CHILDREN'S HOSPITAL Alder Centre – for all those affected by the death of a child, providing support, information and training.
Alder Centre, Royal Liverpool Children's NHS Trust, Alder Hey, Eaton Road,
Liverpool, L12 2AP
Tel: 0151 252 5391

CHILD BEREAVEMENT PROJECT
National information and support agency.
Tel: 028 9055 3978
Email: SCampbell@ehssb.n.i.nhs.uk

CHILD BEREAVEMENT SERVICE
Offering support for children and their families facing or experiencing bereavement through terminal illness.
Marie Curie Centre, Speke Road, Woolton, Liverpool, L25 8QA
Tel: 0151 801 1400/1458

CHILD DEATH HELPLINE
Freephone helpline for anyone affected by the death of a child, evening 7-10pm and Wednesday 10am – 1pm.
Tel: 0800 282986

CHILDLINE Childline is the free 24-hour helpline for children and young people in the UK. Children and young people can call the helpline on **0800 11 11** about any problem, at any time – day or night.

COMPASSIONATE FRIENDS (TCF) – Nationwide self-help organisation for bereaved parents; resource library and advice leaflets.
10am-4pm & 7pm-10pm (always answered by a bereaved parent)
53 North Street, Bristol, BS3 1EB
Tel: 08451 232304

CRUSE

National organisation for the widowed and their children.
Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR
Helpline Tel: 0844 477 9400

ROYAL MANCHESTER CHILDREN'S HOSPITAL Family Support Centre

Provides support for whole family both during and after bereavement.
Tel 0161 701 8700

SAMARITANS

Tel 08457 90 90 90

www.samaritans.org.uk

ST JAMES' CHILDREN'S HOSPITAL LEEDS Bereavement Support Service

Providing family support and guidance for parents.
Tel 0113 206 4162/4302

TEACHERNET

www.teachernet.gov.uk/wholeschool/healthandsafety/

A DCSF website giving information and guidelines on aspects of H&S which affect schools, including the medical needs of children, emergencies and school security.

THE CHILDHOOD BEREAVEMENT NETWORK

A national, multi-professional federation of organisations and individuals working with bereaved children and young people.

Childhood Bereavement Network, 8 Wakley Street, London EC1V 7QE

Tel: 020 7843 6309

Email: cbn@ncb.org.uk

THE CHILD BEREAVEMENT TRUST

www.childbereavement.org.uk/

Support & Information Service

Tel: 01494 44 66 48

Email: support@childbereavement.org.uk

VISYON – Support Services for Young People

First Floor, Market Square, Congleton CW12 1EX

Tel: 01260 290000

Email: enquiries@visyon.org.uk

CHILDREN OF JANNAH

An extensive and free internet support group for Moslem parents who have lost a child.

Email: info@childrenofjannah.com

Psychological De-briefing – Creating a Supportive Group

There is a culture which expects that bereaved individuals will automatically need counselling as a result of such as trauma. This is increased by an attitude in the press and by the feelings of helplessness outlined above. Managers often feel that they have “done something” by bringing in counsellors.

The natural support groups which grew up out of major traumas e.g. Lockerbie, Aberfan, Hillsborough & Dunblane illustrate how effective these groups can be.

There is a need to emphasise that the sometimes extreme responses are a normal reaction to trauma and that counselling individuals at this stage may in fact pathologise their problems.

The need for and effectiveness of natural support groups, family, school, friends during this time cannot be overemphasised.

A more effective approach is to facilitate a group support system

PSYCHOLOGICAL DE-BRIEFING THERAPY PROCESS

This can be made available 3-6 weeks after the event.

The AIM is to help the individuals within a group to cognitively restructure their

- Thoughts, feelings and memories into a more manageable order.
- So that they can deal more effectively with them.
- Can continue to support each other through mutual understanding and empathy.

In order to achieve this, the therapist/facilitator imposes a structure of;

- The order of events in sequence.
- A separation of facts, thoughts and feelings.
- Separating the trauma/loss from what has happened afterwards.

The aim is to establish a “shared story” of facts and reactions which will be mutually supportive.

The most useful outcome is for each of the individuals to stop being overwhelmed by an historic event and to move on with their life.

It is unlikely that all of the reactions to the event will cease but things may get “less bad”.

Sometimes this can be achieved in a one-off exercise, but may need at least one follow-up to help the person move on.

As with all forms of group work, the process can address some of the needs of all of the group, but not all the needs of any one individual.

Therefore some individuals may be identified as requiring more intensive individual support.

N.B. Any harm to the individual has already been done

YOU CAN ONLY MAKE THINGS BETTER

