

Coping Strategies Used by School Staff After a Crisis: A Research Note

RACHEL COLE, BEN HAYES, DAN JONES,
and SONIA SHAH

Kent Educational Psychology Service, Kent, United Kingdom

There is much literature on crisis support in schools but little on how school staff are affected. This research had two aims: to begin to explore the coping strategies used by school staff after a crisis event, and to investigate measures that might prove valuable for future research. Seven cases are presented using three measures: the WHO (Five) Wellbeing Index, the Impact of Event Scale–Revised, and the Ways of Coping–Revised. Results from this initial study show great variation in the range of responses reported by teachers.

KEYWORDS *coping strategies, crisis, crisis support, critical incident, PTSD, schools, teacher coping, teaching well being*

A crisis or critical incident can be defined as an event outside the range of normal human experience that would be markedly distressing to anyone: the death of colleagues or children or a near-fatal traumatic event, often witnessed by those involved. Despite the apparent abnormality of such events, they are not uncommon for schools, ranging from large-scale national disasters such as acts of terrorism to traumatic events on a local scale: the death of children on a school trip, for example, or a deliberate act of violence such as a stabbing (Cameron, Gersch, M'Gadzah, & Moyce, 1995).

Much of the literature on crisis support in schools focuses on the stress experienced by pupils and the kind of support provided. Despite the suggestion that stress levels among many teachers are unusually high

Received 28 April 2012; accepted 16 July 2012.

All four researchers will be extending this research and are interested in collaborating with other teams offering a similar service to schools.

Address correspondence to Ben Hayes, Kent Educational Psychology Service, Thistley Hill, Dover, Kent CT16 2JH, United Kingdom. E-mail: ben.hayes@kent.gov.uk

(Austin, Shah, & Muncer, 2005), there is very little research about how school staff are affected (Blackwelder, 1995). Two studies are of note. Greenway (2005) looks at the impact of trauma on school staff from a psychoanalytic perspective, suggesting that traumatic events hit schools doubly hard as they “contradict the efforts by schools to establish a predictable routine and consistent discipline to ensure pupil learning, safety and security” (p. 236). Blackwelder (1995) draws similar conclusions, suggesting that teacher stress is exacerbated by the need to return to the scene of the event every day—something that many emergency workers would not be faced with—and by “the tendency to deny or to steel themselves against the natural human responses to stress in an effort to care for the children” (p. 13). This expectation to model an image of calm in the face of adversity has been referred to by occupational psychologists as “emotional labor” (Ostell, Baverstock, & Wright, 1999). Other perspectives on teacher well-being in the context of workplace violence highlight the relationship between an individual’s well-being and the organization’s well-being when responding to critical events (Scherz, 2006).

RESPONSES TO STRESS AND COPING PROCESSES

Normal reactions that individuals may experience include intense emotions (particularly in response to a “trigger” that reminds them of the event), thought and behavior pattern changes (such as flashbacks or nightmares), strained interpersonal relationships (either through increased conflict or because of emotional withdrawal), and physical symptoms (such as insomnia and appetite loss) in the immediate aftermath of the event (American Psychiatric Association [APA], 2000). Though for most individuals these effects lessen with time, some may go on to develop reactions that could be described as posttraumatic stress disorder (PTSD). These include persistent reexperiencing of the traumatic event (through intrusive thoughts, flashback, nightmares, and reactivity to situations reminiscent of the event), avoidance (such as emotional numbing and feeling detached from the event), and hyperarousal (for example, showing an exaggerated startle response, difficulty concentrating; APA 2000; World Health Organization [WHO], 1992). Up to 25% to 30% of people experiencing a traumatic event may go on to develop PTSD (National Institute for Clinical Excellence, 2005).

Factors that may influence the impact of a crisis or critical incidents on different individuals include proximity to the event, personal history, education levels, age and gender, optimism, a history of psychiatric difficulties, and available support networks (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey & Weiss, 2003, Prati & Pietrantoni, 2009).

Particularly important are the coping skills that each person draws upon during and after the event. The term “coping” refers to changing one’s cognitive and behavioral efforts to manage psychological stress (De Longis & Holtzman, 2005). Coping strategies can be divided into adaptive strategies (that reduce stress and promote long-term well-being, including exercise, relaxation, good nutrition) versus maladaptive strategies (that reduce stress in the short term but erode longer-term well-being, including drug and alcohol abuse and interpersonal withdrawal; Everly & Lating, 2002). Maladaptive coping strategies in response to traumatic events can play a crucial role not only in the development of PTSD, but potentially also in the development of other forms of mental disorders (Perkonigg, Kessler, Storz, & Wittchen, 2000).

THE CURRENT STUDY

This article presents an exploratory investigation of the experiences of teachers working in schools that received support from the Kent Educational Psychology Service (KEPS) following a critical incident or crisis in a school. This support included contact with senior managers to discuss the initial needs of the school, deployment of an operational team, advice and support for staff on meeting pupils’ needs, and initial “auditing” of the staff’s own reactions to the event. Further support offered aimed to mobilize the community’s own coping resources and provide advice on accessing medium- and longer-term support if necessary. Seven cases are presented. Data comprise the impact of the event, the participant’s current level of well-being, and details of the coping strategies employed by that person to cope with the event.

The aims of the study are twofold: (a) to explore the coping strategies used by school staff after a crisis so as to begin to describe how a greater understanding of this might inform effective support for schools and (b) to investigate the utility of a number of measures that might prove valuable for future research in this area.

METHOD

Participants

Participants were all staff in schools that had received support for a crisis or critical incident from KEPS within the last 2 years. Staff from schools with more recent experiences of traumatic events (i.e., within the preceding few months) were excluded as it was felt that participation might be distressing.

Schools expressing an interest were sent a package with a basic information sheet and the questionnaires.

Measures

The WHO (Five) Wellbeing Index (WHO, 1998, 2011) provides a general measure of well-being and can be used both as a screening tool and as an outcome measure. It consists of five items each rated on a 6-point Likert scale (0 = present at no time, 5 = present all of the time). The raw score (ranging from 0 to 25) is transformed into a percentage score from 0 (worst possible well-being) to 100 (best possible quality of life). The instrument shows good reliability and good internal and external validity (Bonsignore, Barkow, Jessen, & Heun, 2001; Lowe et al., 2004).

The Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1997) is a 22-item self-report measure that assesses subjective distress caused by stressful life events. Respondents identify a specific traumatic event and then indicate how much they were distressed during the past 7 days by each "difficulty" listed using a 5-point Likert scale (0 = not at all, 4 = extremely). Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. The IES-R yields a total score (ranging from 0 to 88) and subscale scores for avoidance, intrusion, and hyperarousal (as defined by the DSM-IV). It is now one of the most widely used self-report measures within the trauma literature (e.g., Joseph, 2000; Weiss & Marmar, 1997). Its psychometric properties show adequate internal consistency and good concurrent and discriminative validity (Beck et al., 2008; Creamer, Bell, & Failla, 2003).

The Ways of Coping-Revised (Folkman & Lazarus, 1985) is a 66-item questionnaire designed to measure coping processes in response to a specific stressful event. Respondents identify a traumatic event and then indicate how much they used particular strategies to "cope" with that event on a 4-point Likert scale (0 = not used, 3 = used a great deal). It yields ways of coping scores for eight scales (confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal) and has been referred to as the "standard in the field" of coping assessment (Schwarzer & Schwarzer, 1996). Some validity and reliability data are available (Scherer & Brodzinski, 1990), though, as with most coping measures, the number of extracted factors changes from sample to sample or from stressor to stressor (Parker & Endler, 1992). The Ways of Coping questionnaire is designed to assess a respondent's reaction to a particular event and not general reactions to stress; this emphasis on process means that it is necessarily less psychometrically rigorous than dispositional measures of coping styles or traits (Folkman, 1992).

RESULTS

TABLE 1 Participant Details: Types of Incidents and Involvement

Participant	Gender	Age	Role/years in role	Incident type ^a	Length of time prior to research (years)	Involvement type ^b
1	Female	56	Deputy head/9	1	<1	2, 3, 4
2	Female	43	Teaching assistant/7	1	<1	1
3	Male	68	Student support officer/5	2	2+	4
4	Female	53	Student support officer/6	2	2+	1, 3, 4
5	Male	48	Deputy head/20	1	<1	2, 3, 4
6	Male	38	Head teacher/16	1	<1	2, 3, 4
7	Female	46	Teacher/5	1	2+	2, 3, 4

^a1 = death of a staff member; 2 = death of a pupil.

^b1 = present when colleague/pupil died; 2 = involved directly at the place where colleague died; 3 = in the immediate aftermath of the event; 4 = involved in support for others in the school immediately after colleague's/pupil's death.

TABLE 2 WHO Index and Impact of Event Scale (IES) Results

Participant	WHO percentage score/ well-being interpretation	IES avoidance	IES intrusion	IES hyperarousal
1	60/positive	0.3	0.4	0
2	100/very positive	0.4	1	0.1
3	68/positive	0.1	0.1	0
4	60/positive	0.5	4	2.3
5	68/positive	0	0	0
6	40/negative	1.8	0.9	0.4
7	8/very negative	0.9	2	0.9

DISCUSSION

From the cases presented, it is not possible to generalize about how staff in schools respond to critical events; rather, this study has aimed to explore a small number of cases to identify features of staff responses that might be valuable for crisis support teams to consider in their work.

Points of Divergence and Convergence

There was great variation in the reactions described but also some points of convergence. Reactions to events ranged from strong to negligible. Where reactions were strong (Participants 4, 6, and 7), intrusion was reported by all

TABLE 3 Ways of Coping Results

Participant	Confrontive coping	Distancing	Self-controlling	Social support	Accepting responsibility	Escape-avoidance	Planful problem solving	Positive reappraisal
1	0.33	0.17	1.86	2.33	0.25	0.13	2.00	0.71
2	1.00	0.67	0.57	1.83	0.25	0.00	0.50	0.43
3	0.50	0.33	1.29	1.00	0.00	0.00	1.67	0.43
4	0.83	0.00	0.29	1.33	0.75	0.00	1.00	0.43
5	0.17	1.00	0.43	0.50	0.00	0.38	0.83	1.71
6	0.00	0.33	1.43	0.67	0.00	0.13	1.33	0.57
7	0.50	0.00	0.57	1.00	0.00	0.25	1.00	0.29

participants, while one participant (Participant 7) reported strong reactions in terms of intrusion, arousal, and avoidance relating to an event that took place nearly 3 years ago.

Very different levels of well-being were reported. Clearly, these cannot be attributed to experiencing critical events necessarily, but in both cases where a low level of well-being was reported, there was also a relatively high level of reported reactions to the critical event. In the case of Participant 4, however, a high level of event impact was associated with a more positive level of well-being.

Participant 5 presented an atypical picture in the context of these seven examples, as the level of seeking social support was low (0.5). Participant 6 represented the only other case where seeking social support was not the most widely implemented coping strategy. In this case, self-controlling was higher than all of the other coping strategies. Anecdotally, it is interesting to note that both cases involved male senior staff members (a deputy head and a head teacher, respectively).

Range of Coping Strategies Used

Planful problem solving and seeking social support were the two most common coping strategies reported. Distancing, escape or avoidance, and taking responsibility were the three least commonly cited coping strategies. All participants reported using more than one kind of coping strategy, even if at quite low levels.

Participant 1 showed the highest reported use of coping strategies, and despite being involved directly at the scene of a colleague's death, reported relatively little impact of the event and a moderately good level of well-being. Participant 6 showed the highest levels of avoidance as a reaction to the event (IES score). However, in terms of coping strategies measured with the Ways of Coping questionnaire, escape-avoidance was utilized very little.

Blackwelder's study (1995) shows significant differences in the number of reported symptoms according to respondents' proximity to the event and the nature of the event itself. This study showed mixed findings. For example, Participant 6—who was involved directly at the place where his colleague died—reported high levels of avoidance and intrusion, whereas Participant 5, under similar conditions, reported no avoidance, intrusion, or hyperarousal. Contrastingly, Participant 7 reported high levels of avoidance and hyperarousal and even higher levels of intrusion, despite not witnessing the crisis event.

Utility of the Measures Used, Limitations of the Study, and Recommendations for Future Research

The measures used here have provided a quick and effective way of auditing the reactions of staff to an event, and thus offer a means of reviewing critical

events following psychological intervention that can be easily implemented and repeated. It has been argued that retrospective questionnaires are less reliable, particularly in very stressful situations (De Longis & Holtzman, 2005). However, clearly undertaking research in this area precludes the use of prospective questionnaires, because it is not possible to predict where the events will occur. Additionally, it might be argued that the ease of data gathering provided by questionnaires sacrifices the potentially richer picture that might be provided by more qualitative methods.

Despite these difficulties, the study highlights a number of interesting areas that we would like to further develop as our body of data increases. First, we would like to examine further the suggestion that seeking social support seems to be a common feature of school staff coping, considering particularly the access to such support participants might have had. Second, we would like to explore the relationship between the level of well-being reported and reactions to events, as this study shows mixed results. Finally, with a larger number of participants, we would like to look for relationships between the characteristics of critical events and those who experience them. For example, do staff who are directly involved in events utilize different coping strategies from those only indirectly involved? Does being a male senior staff member affect the coping strategies adopted? A larger sample size would enable more robust data analysis and a better understanding of how different variables contribute to resilient outcomes for school staff facing traumatic events.

Implications for Crisis Support Teams

There are a number of implications for teams working with school staff. First, it is clear that the reactions of staff to critical events in school can last for years. The work of a crisis support team is unlikely to extend beyond the first few weeks and months after a critical event. Nevertheless, all of the teachers in this study were working at schools that were supported by the same crisis support team. The advice that such teams give to schools should therefore take this possible long-term impact into account and, furthermore, perhaps long-term follow-up would be appropriate in some cases.

Second, on the basis of this small number of cases, social support and planful problem solving appear to be the most commonly used coping strategies following a crisis event. This is consistent with other work such as that of Prati and Pietrantonio (2009). The role these coping strategies have in fostering resilience to a crisis event may well be something that crisis support teams could give particular attention to. Mobilizing the coping resources of the community to promote resilience and posttraumatic growth will often be at the center of the work of most crisis support teams. Making sure that there are mechanisms for social support in place and that all staff have opportunities to take part in future planning activities might well be particular aspects for crisis support teams to prioritize.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Austin, V., Shah, S., & Muncer, S. (2005). Teacher stress and coping strategies to reduce stress. *Occupational Therapy International, 12*(2), 63–80.
- Beck, J. G., Grant, D. G., Read, J. P., Clapp, J. D., Coffey, S. F., Miller, L. M., & Palyo, S. A. (2008). The Impact of Event Scale-Revised: Psychometric properties in a sample of motor vehicle accident survivors. *Journal of Anxiety Disorders, 22*, 187–198.
- Blackwelder, N. L. (1995). *Critical incident stress debriefing for school employees*. Ann Arbor, MI: UMI Dissertation Services.
- Bonsignore, M., Barkow, K., Jessen, F., & Heun, R. (2001). Validity of the five-item WHO Well-Being Index (WHO-5) in an elderly population. *European Archives of Psychiatry and Clinical Neuroscience, 251*(Suppl. 2), II27–II31.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68*, 748–766.
- Cameron, R. J., Gersch, I., M'Gadzah, H., & Moyse, S. (1995). Educational psychologists and post-trauma stress management. *Educational and Child Psychology, 12*, 5–12.
- Creamer, M., Bell, R., & Failla, S. (2003). Psychometric properties of the Impact of Event Scale-Revised. *Behavior Research & Therapy, 41*, 1489–1496.
- DeLongis, A., & Hotzman, S. (2005). Coping in context: The role of stress, social support and personality in coping. *Journal of Personality, 73*(6), 124.
- Everly, G. G., & Lating, J. M. (2002). *A clinical guide to the treatment of human stress response: Second edition*. New York, NY: Kluwer/Plenum.
- Folkman, S. (1992). Improving coping assessment: Reply to Stone and Kennedy-Moore. In H. S. Friedman (Ed.), *Hostility, coping, and health* (pp. 215–223). Washington, DC: American Psychological Association.
- Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48*, 150–170.
- Greenway, C. (2005). Trauma in schools—Understanding staff reactions through the application of psychodynamic concepts and systemic metaphors. *Educational Psychology in Practice, 21*, 235–243.
- Joseph S. (2000). Psychometric evaluation of Horowitz's Impact of Event Scale: A review. *Journal of Traumatic Stress, 13*, 101–113.
- Lowe, B., Spitzer, R. L., Grafe, K., Kroenke, K., Quenter, A., Zipfel, S., ... Herzog, W. (2004). Comparative validity of three screening questionnaires for DSM-IV depressive disorders and physicians' diagnoses. *Journal of Affective Disorders, 78*, 131–140.
- National Institute for Clinical Excellence. (2005). *Post-traumatic stress disorder (PTSD): The management of PTSD in adults and children in primary and secondary care*. London, England: Author.
- Ostell, A. E., Baverstock, S. M. A., & Wright, P. L. (1999). Interpersonal skills of managing emotion at work. *The Psychologist, 12*, 30–34.

- Ozer, E. J., Best, S. R., Lipsey, T. L., et al. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin*, *129*, 52–73.
- Parker, J. D. A., & Endler, N. S. (1992). Coping with coping assessment: A critical review. *European Journal of Personality*, *6*(5), 321–344.
- Perkonig, A., Kessler, R. C., Storz, S., & Wittchen, H.-U. (2000). Traumatic events and post-traumatic stress disorder in the community: Prevalence, risk factors and comorbidity. *Acta Psychiatrica*, *101*, 46–59.
- Prati, G., & Pietrantonio, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss & Trauma*, *14*, 364–388.
- Scherer, R. F., & Brodzinski, J. D. (1990). An analysis of the Ways of Coping Questionnaire. *Management Communication Quarterly*, *3*(3), 401–418.
- Scherz, J. (2006). *The truth about school violence*. Lanham, MD: Rowman & Littlefield.
- Schwarzer, R., & Schwarzer, C. (1996). A critical survey of coping instruments. In M. Zeidner & N. S. Endler (Eds.), *Handbook of coping*. New York: Wiley.
- Weiss, D. S., & Marmar, C. R. (1997). The Impact of Event Scale-Revised. In J. P. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 399–411). New York, NY: Guilford Press.
- World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders*. Geneva, Switzerland: Author.
- World Health Organization. (1998). *Wellbeing measures in primary health care: The Depcare Project*. Copenhagen, Denmark: Author.
- World Health Organization. (2011). WHO-Five Well-being Index (WHO-5). Retrieved from <http://www.who-5.org/>

Rachel Cole is an educational psychologist with Kent Educational Psychology Service, Kent, United Kingdom. She has published research and has research interests in the areas of cognitive-behavioral interventions for anger, crisis support and working memory.

Ben Hayes is a senior educational psychologist with Kent Educational Psychology Service and is also a tutor in the doctoral program for educational and child psychology at University College London. He has published papers in the field of crisis support for schools, bereavement and loss, staff pupil relationships and Video Interaction Guidance. He has research interests in a range of areas related to the application of psychology in education.

Dan Jones is an educational psychologist with Kent Educational Psychology Service. He works on the crisis support team in Kent and has an interest in applied psychology in schools.

Sonia Shah is an educational psychologist with Kent Educational Psychology Service. She has research interests in Social Stories with pupils with Autistic Spectrum Disorder and other areas of special needs.