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The value of using a School-Based Family Counseling approach following an incident of school violence: A case study

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This article describes the nature of a series of therapeutic interventions applied by a University of Pretoria clinical team to treat local primary school children who had been exposed to an attempted armed robbery at their school. The team comprised of two trainers and nine postgraduate students all of whom spent two weeks in the school system following the traumatic events created by the shooting incident. During this period of time, the team worked to address the support needs of the different members of the school community, inter alia, the pupils, teachers and parents, via a range of specially designed therapeutic interventions. The author will explore how the approach used by the team fits in with the principles of School-Based Family Counseling (SBFC) which integrates school and family counseling using a systemic approach. A number of interesting observations were made regarding the interventions cum outcomes of the trauma work, and these will be highlighted for detailed discussion in the article. The intention is to extract some important therapeutic guidelines for School-Based Family Counselors or other mental health professionals who in the sphere of their work may be called upon to provide trauma counseling in an inherently complex environment, such as a school, in the aftermath of violence.

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The apparent rise of violent crime in South Africa is a cause of grave concern and this is also reflected in the many incidents of violence that have recently taken place in South African schools. There has been much speculation in the popular media regarding the kind of interventions that are required in order to address this problem. Violence in any form has an impact on the whole school community and has to be taken into consideration by the therapist or counselor working in this context. Jimerson, Brock and Pletcher (2005) point out that preparing school counsellors and other mental health professionals to work in the areas of crisis

preparedness and intervention have become important training areas. However if the therapist is not a full time member of staff and has to enter a school community in the aftermath of a traumatic event this can be even more of a challenging task. Any type of therapeutic intervention aimed at a complex context such as school must be aimed at different levels and must be mindful of the specific needs of the client(s). This fits in with a School-Based Family Counseling (SBFC) approach which proposes that it is important to work with children in the context of family, school, peer and community systems using a family systems theoretical orientation (Gerrard, 1996). It is also essential to remember that therapists and counselors often tend to enter a system in a manner that is colored by *their own* perceptions of what the client system may need rather than be guided by the clients. Furthermore, therapists' views regarding people's reactions to trauma are largely informed by their training and existing theories on trauma and how to work with people exposed to it. Examples of theories regarding appropriate therapeutic interventions in the aftermath of school violence can be found for example in the work of Brock, Jimerson and Lieberman (2002a), Brock, Lazarus and Jimerson (2002b), Schonfeld (2002), Sandoval (2002), Young (2002), Jordan (2003), Brock and Jimerson, (2004a; 2004b), and Knox and Roberts(2005).

In order to examine what role a therapist or counselor may play in a school system that has been affected by violence the author will use a specific case study. This looks at a school that did not have a full-time counselor on staff and this had very particular implications when confronted with a violent incident. The author will also argue that when intervening in a complex community such as a school, it is important for therapists to enter from a position of not-knowing as advocated by post-modern writers such as Anderson and Goolishian (1992). It will be argued that the therapist(s) and the client system are collaborators in the process of therapy thus equally contributing to it (White & Epston, 1990). A failure to take this stance, especially in the case of trauma work, may lead to a situation where instead of facilitating a process of healing in the system more trauma is in fact created by the therapist.

Furthermore the author will discuss the resultant impact on students-in-training participating in a community crisis intervention, as well as the implications of this case study for therapists and counselors working with a large system such as a school.

The Context of the Primary School under Discussion

The case study that will be discussed for the purposes of illustration took place just outside the city of Tshwane (Pretoria) in South Africa. At that time the author was the program director of the Masters Clinical course at the University of Pretoria, and was specifically responsible for the family therapy and psychopathology modules. In South Africa a Masters degree consisting of a two-year program leads to registration as either clinical/counseling/ educational/ industrial psychologist.

The Masters students who took part in the intervention also underwent a year long module of Community Psychology training, which included both theoretical and practical components. As part of this module students worked in underprivileged areas such as townships, disadvantaged schools, old age homes and so forth. The relevance of Community Psychology, in its present form, is being debated in many academic departments. Across South Africa students often complain that many of the projects in which they are involved are artificially created and do not address the real needs of the community. The events which will be discussed next did

however give a specific group of students in training a real “hands on” opportunity to contribute to a needy community.

In the course of discussing the therapeutic process that took place during this project with the primary school, the author will also offer some personal reflections on the meaning of the interventions deployed at the time.

Background Information

On a Monday morning, a primary school in the countryside outside Tshwane was the target of an attempted robbery when a number of armed men tried to rob a cash-in-transit van that was being used to courier money from the school premises. In South Africa money is often transported in such security vehicles. More than ten armed men appeared at the school entrance in five cars and threatened the security guards who had come to collect monies from the school financial department. A small war, as described by onlookers, ensued and more than 60 shots were fired between the security guards and the robbers who were carrying AK 47 and R5 rifles as well as pistols. The robbers managed to take 30 money trunks from the van, which were fortunately later recovered by the police. One of the robbers was shot in the foot at the scene of the crime whilst his accomplices, although managing to flee at the time, were later apprehended by the police. In the meantime the school principal, learning of the commotion, grabbed a pistol from his office and also came running to the scene. The school secretary immediately phoned the police who reacted promptly, resulting in the subsequent swift apprehension of the robbers. This was not the first example of attempted robbery at the school but other incidents had taken place without violence. A large number of the children directly witnessed the shooting as the grade one and two classes (6-7 year olds) faced the grounds where the shooting took place. Initially many of the youngsters said that they thought the noise came from fireworks, but they later realised it was a serious shooting.

Fortunately the teachers reacted quickly and got the children to lie down on the floor thus preventing injury. The shooting was also heard by the children in the other classes but they did not register what was happening and were merely overwhelmed by the noise. Parents were immediately informed of the incident and many of them rushed to the school to take stock of what had happened and to take their children home. The incident made headline news in most local newspapers.

In the aftermath of the shooting the school became the focus of a lot of media attention as well as falling under the eye of community leaders and politicians. This event seemed to highlight the vulnerability of rural schools, many of which are fairly isolated and lack proper security. The principal of the school commented that schools had become soft targets for incidents of violence.

Furthermore, this event took place in the South African social context which is already characterised by high levels of violence (Pelser & de Kock, 2000). This was also following a number of school shooting incidents in the United States in the nineties and there was therefore heightened public awareness around school violence.

The general public was consequently very shocked by this event and many role players wanted to become involved. A representative from the Department of Education, the Minister of

Safety and Security and the commissioner of Police, all visited the school two days after the shooting and promised support in terms of added security as well as psychological services.

As members of the Psychology department, two of the trainers became aware of this incident and decided that this would be an ideal opportunity to provide much needed community assistance as well as a chance for our postgraduate students to become exposed to a large scale therapeutic intervention. The author contacted the principal of the school and offered him our services. He seemed keen to have the University involved as opposed to the police service, as he felt that the latter was offering assistance due to political pressure rather than because of genuine interest in the welfare of the children.

Together with the support of a colleague, the author set up the logistics for the project. In the meantime the police service contacted the author as they initially wanted a joint co-operation on the effort. However it was later decided to leave the matter entirely to the Psychology department.

The Therapeutic Intervention

At this time it was envisaged to carry out a crisis intervention as usually indicated following exposure to a stressful event. An example of this is short-term crisis therapy, where the therapist is very active, helping to clarify the problem for the client, giving suggestions for plans of actions, giving reassurance and also giving information and emotional support (Carson, Butcher & Mineka, 1996). By definition this is an intensive and short-term intervention. The two trainers held an in-depth discussion with the Masters Clinical students explaining the nature of this type of intervention. It was emphasized that we would be working together on this project as a team and that the trainers had full confidence in their therapeutic abilities. It was also explained to them that two weeks would be the time limit on our team's presence at the school. Later this decision became critical as there was a lot of pressure from the students to remain involved with the school on a long-term basis.

Phase1 of Intervention: Initial Contact with the School

The day after contacting the school the clinical team (two clinical psychology trainers and nine Masters Clinical students) from the University visited the school. An individual meeting with the school principal was arranged and the author planned to assess his needs, as well as explaining what kind of psychological assistance the team could offer. At this stage it was envisaged only working with the children who had directly witnessed the shooting.

As the team arrived at the school it was ushered into the staff room where all the staff members were present (approximately 30 people) and the author was asked by the principal to address them. Addressing a large group of people was not quite what had been expected, but the author presented the staff with her assessment of the situation. It was emphasised that the team had come in order to address their needs and it was therefore very important that they make those clear to us. Some ideas were shared of what we thought would be important, but we also listened carefully to their suggestions. They had many concerns regarding how to deal with their pupils following the shooting. It became clear that even the children who had not directly witnessed the shooting had also been deeply affected.

After the presentation the principal, who seemed very open to the ideas presented, held an in-depth discussion with the author. Although on the surface the discussion seemed to focus on

the events surrounding the shooting, it soon became apparent that he was very frustrated with the authorities that had provided very little help before the incident and were eager to jump in now that the media was involved. It was also clear that the principal had been greatly shaken by the event but had to keep up a brave front for the sake of those around him. He asserted quite emphatically that he was fine and did not need any psychological assistance. In fact this meeting turned out to be quite a long and intense debriefing session where he shared many of his feelings around the event.

Personal reflections. It became evident after the first contact with the school that the therapeutic intervention would have to address the school system on different levels and not only the children who had directly witnessed the shooting. The needs of children, teachers, as well as the parents would have to be addressed. This project was also aimed to give our psychology students a real “hands on” opportunity to develop their skills as systemically orientated psychotherapists and this also had to be taken into consideration when planning the intervention. It was therefore decided that it would be necessary to hold discussions with the team members at the end of each day wherein we could discuss the events of the day. Students were also encouraged to seek supervision at any time during the course of the intervention.

After this initial introduction to the school I was made very much aware of the fact that there is a real danger that when “experts” move in after people have suffered a traumatic experience they may risk creating more trauma by emphasizing the helplessness and the neediness of the clients. By simply entering the system as the “expert” on trauma, the therapist can inadvertently communicate the message that there is something wrong with the client and that the therapist is the only one who can fix it. One must always be sensitive to the fact that people’s experience of stress and trauma may be highly individual and that people also have access to a resilience (Walsh, 2003) of which a therapist may not be aware.

This first contact with the school therefore highlighted the fact that when entering a system such as a school, one must let oneself be guided by the needs of the clients as they emerge and be flexible enough to respond to them as they arise. One can almost speak of an element of “therapeutic flexibility” which is necessary when working with a large system. If one’s initial plans are too rigid and too prescriptive they may not be adequate to address the wide range of needs of the clients and may eventually be rejected. Knox and Roberts (2005) also argue for the fact that each school incident is unique and one cannot possibly anticipate all the effects that the traumatic event is going to have on the school.

Phase 2 of Intervention: Group Debriefing with Children

The day after the meeting with the school teachers the team went to the school in groups of three and addressed the classes of the children who had actually witnessed the shooting incident. As group debriefing is an accepted manner of trauma work (Udwin, 1993) it was felt that this would be the most effective manner to reach all the children who had directly witnessed the event.

The intervention was aimed at the following:

- a) Allowing the children to express their feelings regarding the shooting incident in a non-threatening context,
- b) Allowing them to regain some sense of control over their environment and,

- c) Normalising the experience as a group by allowing them to see that their classmates had experienced similar feelings of fear and anxiety.

Pynoos and Eth (1986) argue that allowing the child to develop an increased sense of security, competence and mastery following a traumatic event is regarded as desirable goal of trauma work with children.

In keeping with the literature (for example Lipovsky, 1992; Pynoos & Eth, 1986; Terr, 1989) it was decided to use a developmentally appropriate technique such as drawings which would allow the children to express their feelings around the shooting in a non-threatening manner also given that young children may have difficulty verbalizing feelings (March, 1999).

Each child was given the opportunity to draw a picture of what had happened and given a chance to talk about his/her picture to the rest of the class. Team members provided each child with a lot of positive reinforcement throughout the process. After this each child was asked to draw a picture describing what he or she would do if he/she were the chief of the police to make the school safer for the children. It was felt that this exercise would provide the children with a sense of empowerment, as they would feel involved in the decision-making about safety in schools. These second set of pictures revealed similar recurring trends such as big policemen with large guns, fierce police dogs, high fences around the school building and so forth

The teachers also assisted during this process and the team gave them a lot of positive reinforcement for the very quick way in which they had reacted in order to protect the children. They were in fact very shaken after the incident, as they had feared for their own as well as the children's safety. In fact they had responded quite effectively to the situation by having the children lie down on the floor immediately and managed to keep a reasonably calm atmosphere.

Personal Reflections. As a group we felt fairly satisfied with this phase of the intervention. The students had felt quite intimidated about working with children in a group context prior to the session, but were reinforced by the seemingly positive impact of the intervention. We did however pick up that the teachers had been deeply affected by the incident as it had impinged on their sense of safety at their place of work. They seemed to be experiencing a wide range of feelings such as fear/anxiety as well as anger at having been a target of violence. Consequently the clinical team realized that the teachers would have to receive very specific therapeutic attention from the team.

Phase 3 of Intervention: Individual Assessment of Children

The next step was to ask teachers to identify children in the other classes whom they felt were experiencing particularly negative feelings around the shooting incident. This offer was also made to the children who had been the target of the group intervention as certain children might need further therapeutic inputs. It was decided that the students would evaluate these children through diagnostic interviews and projective techniques such as the Draw-a-Person test or the Kinetic Family Test and then make recommendations for further psychotherapy if deemed necessary. This process took place throughout the day for an entire week.

Following the incident a number of children also refused to come to school and parents had contacted us for advice as to how address the problem.

Personal reflections. As the students began assessing the children an interesting trend seemed to emerge, namely that the list of children needing assessment became longer and longer each day! It grew clear that the school system had decided to make use of the psychological services now available to them. Therefore both parents and teachers alike had decided to refer children with problems unrelated to the shooting incident. We became aware of this process fairly quickly but decided that given the limited resources available to this community it would be wise to provide our services even to those that were not closely related to the shooting. Because the team felt that some of the children no longer needed therapy the offer was made to the school that we would provide services free of charge to any child wishing to come to the University Counseling Unit. (Interestingly nobody took up this offer in the long term).

This trend once again highlighted the fact that the needs of a community may be different than what envisaged by the therapist and that during the therapeutic process the therapist must be able to respond to the demands made by the clients.

Phase 4 of Intervention: Group Intervention with Teachers

The next part of the intervention was to address the needs of the teachers at the school. As mentioned earlier the teachers seemed to have experienced a serious crisis surrounding their roles as caregivers. Moreover they seemed to experience their place of work as no longer safe. It was therefore decided to hold group sessions with the different teachers led by two co-therapists. The value of group therapy is widely recorded in the literature, for example Yalom (1995) and it was considered important for teachers to share their own feelings with one another and ultimately to normalise their own experiences of the event.

The groups were open and discussions around their feelings regarding the shooting took place. The level of emotional intensity seemed to differ from group to group but it was interesting to note that the male teachers tried very hard to mask their feelings of powerlessness by indulging in the language of bravado. An example of this was that the theme commonly expressed by a majority of male teachers, who saw their military experience as having exposed them to far more dangerous situations. However it became clear to the therapists that they had in fact been deeply affected by the incident.

A group was also run with the African workers at the school (for example janitors and cleaning staff) whom we feared might have easily been ignored in the aftermath of the event. This group was led by a therapist fluent in African languages thus allowing people the comfort to speak in their mother tongue.

Personal Reflections. In general the feed-back from the groups was positive and the teachers felt that they had also had the chance to express their feelings surrounding the incident. This was an important focus of the intervention as it might have been otherwise all too easy to focus only on the children while ignoring the adults. The South African context is also of such a nature that it is not really socially acceptable for men to express feelings of anxiety or fear.

Phase 5 of Intervention: Parents' Evening

It has been widely argued in the literature that involving the parents in the process following trauma experienced by their children is of paramount importance to the therapeutic process (Leibowitz, Mendelsohn & Michelson, 1999; Udwin, 1993). This also fits in with a SBFC model

which aims to engage parents and families as partners with the counselor in working to promote the success of the child at school (Gerrard, 1996). A parents' evening was therefore organised in order for parents to come up with their concerns and pose questions to the team. Individual time was allocated also to parents who wanted to speak privately to members of the team.

It was felt that it would be important to make the parents aware of the possible symptoms of Post Traumatic Stress Disorder that the children might experience later on and also to give them some tips on how to deal in a psychologically supportive manner with children exposed to such trauma.

An information sheet listing typical symptoms which parents should watch out for in the following weeks was also drawn up by the team. This included the typical DSM-IV-TR diagnostic criteria (American Psychiatric Association, 2000) as well as some guidelines on how deal with anxiety in their children.

Disappointingly the turnout proved to be rather poor. This can be attributed to a number of factors. Firstly, the security situation in the area may have discouraged people from coming out in the evening. Secondly, parents with pressing concerns had already had the opportunity to discuss their concerns with the team members earlier on. The handout drawn up was however sent to all the school's parents and included important information, such as the telephone numbers where team members could be contacted should there be a need for further inquiries.

Personal reflections. The team had worked hard to prepare for the parents evening and had also made personal sacrifices in making themselves available in the evening. Many of the students were disappointed that the turn out had not been better. Again the team was faced with a situation in which they had very specific expectations and where the needs of the clients had been quite different. We held an in-depth discussion with the students following the evening.

Interestingly we were once again approached by parents who had concerns, not directly connected to the shooting incident, but who had an obvious need to talk to a therapist. Once again it became very obvious that this community had a serious need for psychological services independent of any needs that may have arisen in the light of the shooting incident.

Phase 6 of Intervention: Exiting the School System

The next step was the exit from the system. This process was quite difficult for many of the students. A number of them felt that they could not leave the children without further therapeutic interventions. Some suggested starting a clinic at the school where they could work as part of their practicum (It must be noted that the school is more than an hour's drive from the University of Pretoria and would therefore have been very difficult to reach on a regular basis). This led to quite a heated group discussion regarding our responsibilities as therapists and what our future definition of the relationship with the school was going to be.

Personal reflections. It became apparent to us as trainers that given the intensity of this type of intervention we should have predicted that the students might become very emotionally involved with the school. This was their first opportunity to work fairly independently as therapists and, as trainers, we should have spent more time discussing their roles and the boundaries and time limits of this type of intervention. As the team leaders we felt that allowing students to continue

to work at the school at this time would merely have reinforced a sense of powerlessness in the system rather than enhancing resilience.

The trainers' assessment at the time was that the school was in fact quite a strong supportive community and that it possessed enough resilience to work through any further problems precipitated by the crisis. There was also a strong message communicated by the school's principal that then was the time to terminate therapy.

Phase 7 of Intervention: Students' Feed-back

At the end of the two weeks the students were asked to give the team leaders feed-back on their experiences at the school. It was deemed essential to hear the stories of the students who, as therapists in training, had been faced with quite a complex therapeutic process, involving different client populations and different types of interventions. This feed-back gave us some significant insights into the importance of this type of work as part of the training process. Two main themes seemed to be recurrent in all the students' feed-back, namely:

a) Anxiety at unfamiliar situations. The students' comments show that they had in fact experienced a lot of stress with regard to the introduction into a community where so much was expected of them.

"The thought of working with young children was quite daunting."

"I was quite enthusiastic about going to the school...but the flipside of this coin was the fear that I did not possess the skills to be effective, and indeed that I might only worsen the situation."

(With regard to this last comment it must be remembered that at the time of the incident students had already completed half of their 1st year training and were therefore equipped in basic psychotherapy skills).

b) The importance of the learning experience. The strongest theme identified in the students' feed-back was the value of this community intervention with relation to the their feelings of self-confidence and indeed confidence as budding therapists. It is important to note that throughout the process the team leaders treated them as fully competent professional people and regarded them as equal members of the team.

"Facilitating the groups was a new experience...it was amazing to see the group experience in action. I really benefited from it."

"I believe that through this process I did learn to trust my abilities, but most importantly I realised that I have the skills."

"Having gone through this experience my confidence has been boosted and I am now of the opinion that I did possess adequate therapeutic skills and have gained a lot because of this process."

"I was glad to get involved in the community not only for the theoretical and practical experience but also because it was very satisfying to provide help during a time of crisis."

"The fact that the lecturers put trust in our abilities as therapists created a sense of self-worth in the group as well as positive feelings of self."

“ Although I dislike community psychology as a subject, I think that some of the dislike is fostered by the feeling that the projects are often superficial and merely a way of appeasing the government. This kind of project felt more real and useful and is a better indication of what community psychology can be about.”

‘It seems in some way that the experience bonded us together as a group and also gave us a boost of confidence, because we were treated at all times by both our lecturers and the staff at the school as professionals who had something to offer. I think this is an important aspect of the training process as in some ways it dispels the myth that you will one day “magically” become a therapist as if this were something bestowed upon one pursuant to attaining some higher truth.’

Personal reflections. The students’ comments highlighted the importance of the practical application of the theoretical concepts in the process of training. It became evident that the students were simultaneously aware not only of their position and potential as therapists but also of the complexity of the community intervention. By allowing them to function independently as professionals, the trainers provided a context for growth and self-development, while at the same time providing an indispensable service to a community in need.

These are two aspects which I feel form an essential part of any type of training program. In a way, both trainers and trainees went into the project to learn from this community. Postmodern thinking postulates that therapists are no longer to be regarded as the experts who impart privileged knowledge to clients but rather as equal collaborators in the therapeutic process (Anderson & Goolishian, 1992). We believe that in the course of this intervention we co-created something new in collaboration with our students and with the school.

Implications of the Case Study for Therapists Working with School Violence

This case study described a school where a full-time counsellor was not employed by the school. The events described point to two important aspects,

a) There is a very strong needs in schools to have adequate therapeutic support preferably with a therapist who is well versed in the principles of SBFC as illustrated by the many issues that arose during the team’s intervention and

b) Should a therapist(s) have to enter a school system only in the aftermath of violence there are a number of factors to which they need to be sensitive. These are the following:

i) How does a therapist enter a school system after a traumatic event in a manner that is respectful and does not create further trauma?

ii) What is the role of the therapist in a school context following a traumatic event?

iii) How does a therapist include the families in this therapeutic process?

iv) What are the implications of a traumatic event for the relationship between school and parents?

a) The Importance of Adequate Therapeutic Support in a School System

Gerrard (1996) argues that when a child is referred for counselling the child’s problem(s) may in fact involve one or all of the following interpersonal networks namely, the family, the peer

group, the classroom, the school (including teachers, the principal and other learners), and the larger community. Consequently the author of this article is also of the belief that when a child is exposed to a traumatic event this will also impact negatively on these interpersonal networks especially the family and other members of the school system. This was illustrated in the case study by the different levels of interventions that were required once the therapeutic team entered the school. Not only the children who had witnessed the incident seemed to have been affected by it, but also other learners, staff and parents.

The interesting phenomenon of the large number of children presenting with a need for assessment seemingly unrelated to the episode of violence also illustrates the urgent need for psychological support by the school community. Because of this full-time counsellors who are familiar with the principles of SBFC can only be an added asset in the context of a school. Gerrard (1996) argues that one of the values of the SBF counsellor is that she/he is viewed as an advocate for the school as well as the child. The focus of this approach is on working with parents and families to help their children succeed in school. Most parents will agree to go to the school to consult with the school counsellor on how to help their child succeed at school especially if it is made clear by the counsellor that she/he needs the parents' help. This consequently can normalize the process of counselling, which can often have a stigma attached to it if it takes place outside the context of the school. As the SBF counsellor works with the parents and family to help the child, a relationship of trust can be built which may eventually allow the counsellor to focus on other family issues affecting the child (Gerrard, 1996).

b) Important Factors when Entering a School in the Aftermath of Violence

However in a school context where there is no full-time counsellor and a therapist has to enter as a "stranger" to the school the following points may be of relevance.

i) Guidelines for entering the school system. There are a number of theories on trauma work especially with regard to children (for example Pynoos & Eth, 1986; Terr, 1989; Lipovsky, 1992; Mc Farlane, 1994, and March, 1999) as well as the very specific diagnostic criteria set out in the DSM- IV-TR defining Post-Traumatic Stress Disorder (American Psychiatric Association, 2000). The latter focuses on the following: a) persistent re-experiencing of the event through flashbacks, invasive and repetitive thoughts and nightmares, b) avoidance of specific factors or reminders associated with the event or the development of related fears and phobias, c) a general numbing of overall responsiveness is often experienced, with children appearing lethargic and uninterested in previously enjoyable activities, d) social withdrawal may also be observed and e) symptoms of increased arousal, with children experiencing difficulties sleeping, becoming irritable and touchy, finding it difficult to concentrate and generally appearing over alert to any forms of danger are also often observed.

These are the theories that inform therapists when working with people who have been exposed to traumatic events. However useful or even necessary these theories may be as part of therapeutic training and work they only represent some of the "voices" with which to speak about trauma. As a therapist one must always be sensitive to the fact that the client may bring a very different story after being exposed to trauma. Not all individuals will react similarly after being exposed to a violent event.

A number of factors may influence individuals' reactions such as previous exposure to trauma, personality factors, support systems and other mediating factors. Individual experiences must therefore be addressed specifically: when entering a large system such as a school it is also important to remember that different subsystems, such as teachers, children and parents, may also have specific needs which may have to be addressed accordingly.

As discussed earlier it was hypothesized that by the mere entrance of the therapeutic team into the school as "experts" the message might have communicated to the members of the school that they were helpless and unable to deal with the aftermath of the experience. Immediately after the exposure to trauma the client may be disorientated and may feel powerless (DSM- IV-TR, American Psychiatric Association, 2000). Theories of trauma debriefing are prescriptive and encourage therapists to follow specific guidelines when dealing with clients. However, when using such interventions the therapist must be careful not to exacerbate feelings of powerlessness. By rather emphasising a process of co-operation and co-creation between therapists and the school system, a process of healing might be more effectively be put into place.

ii) The role of the therapist in a school exposed to violence. In the past years there have been a number of violent incidents in schools all over the world. These have ranged from students going on killing sprees of fellow students and teachers, to outsiders entering the school and injuring students and staff. (See for example the work of Jordan, 2003; Crepeau, Filaccio & Gottfried, 2005; Knox & Roberts, 2005; and Eisenbraun, 2007 for overviews of recent such incidents of school violence). These events cause great shock to communities, as children or young people are the victims. Furthermore, schools are traditionally perceived by parents and society as secure nurturing environments. When these safe havens are violated this impacts not only the school system but also the larger communities within which schools operate. Researchers, such as Ochberg (1991), have written about the impact that trauma may have on the survivor's social network.

The therapeutic plan should therefore be guided by the school community which consists of staff and children as well as parents. A high priority should be the involvement of the families as this is the context into which children have to return, and this can certainly aid the therapeutic process. Mc Farlane (1994) emphasises the fact that family members of children exposed to trauma may also be either simultaneously or secondarily traumatised. This is also emphasised by the work of Jordan (2003). It is therefore essential to be aware of the effects of secondary trauma and the fact that even those not directly exposed to the traumatic event may be just as traumatised, especially the parents.

The therapist working in this complex system should therefore take on the role of facilitator rather than the expert. It is important to emphasise from the beginning one's confidence in the system's ability to heal itself. Figley (1988) also argues that the treatment objectives of the therapist in this situation should be, amongst others, to *facilitate* a process of recovery as well as self-reliance. It is also important to emphasise that the presence of the therapist in the system will be brief.

One must also be able to assess when the system has reached a therapeutic saturation point and therefore needs no further inputs from the therapist.

A therapist may also have to deal with one's own feelings during the therapy (which must be addressed by continuous debriefing amongst team members as pointed out by Knox & Roberts, 2005); as well as feelings of sadness around having to terminate the therapy. The intensity of such an intervention may cause certain bonds to become forged between the therapist and members of the school community. It was obviously very difficult for the students to leave feeling that so much more was still needed by individual children.

In this process the therapist must therefore find a balance between certain guidelines which are informed by theoretical training and the need to be adaptable in one's therapy given the requirements of the specific context with which he/she is working.

iii) The role of families when working with a school system exposed to violence.

When working with a school exposed to trauma it is therefore equally important to work with children in the context of their family. This again fits in with a SBFC perspective, which emphasises the importance of a contextual perspective. It has been argued in relevant literature that an important mediating factor in children's responses to trauma is the family context of the child and especially the parent's reaction to the traumatic event (Stallard & Law, 1994). Figley (1988) argues that the family can play an important therapeutic role in detecting the symptoms of trauma and helping the child through a process of resolution. Leibowitz et al. (1999) point out that a) The parents might also manifest a response to the trauma experienced by the child and b) that this response impacts upon the child's reaction to the event. Terr (1989) argues that families have their own grief responses after trauma and own process of adjustment which may make the child's response to trauma more complicated. Furthermore as Udwin (1993) points out the level of adjustment of parents is to be considered a significant determinant of the child's adjustment, while of course the opposite may also be true as the child's emotional state can also impact upon the parents. Other researchers have also shown that the nature of the mothers' coping responses has a particularly significant impact on the way in which children cope with a stressful environment (Punamaki & Suleiman, 1990). In the case where parents are themselves experiencing personal problems and may thus be emotionally distant from the child, this may help exacerbate the negative consequences of the trauma (Van der Kolk, Penny & Herman, 1991).

The family remains the primary context within which the child functions: traditional views of family therapy have always emphasized that any therapy aimed at a child must always take place in the context of the family or at least be mindful of the family system (for example Minuchin, 1974). This does not mean that one always has the luxury to work with the entire family system. It does however imply that any therapeutic intervention with a child must consider the specific family dynamics of which he/she is part.

iv) Implications for the relationship between school and family. Exposure of a school system to a traumatic event may deeply influence the relationship between the school and the families of the children. In the case under discussion many parents directly or indirectly blamed the school for poor security measures which may have placed their children at risk. Although these accusations proved to be unfounded, they may rather have been a reflection of the deep emotional distress experienced by parents following their children's traumatic event. Newberger, Jeremy, Waterman and Newberger (1993) strongly emphasise the fact that is of primary

importance to address the psychological distress of the primary care givers as a core component of the treatment of the child.

These feelings may however hinder the healing process as children may find themselves in the middle of conflict given they are dual members of both the school and family systems. Feeling torn between these two may place additional emotional demands upon the children. Leibowitz et al. (1999) also emphasise the significance of the response of the parents upon the child's response to trauma.

In the aftermath of school violence the strongest emphasis may be on the children while the feelings and experiences of the teachers may take second place. This may lead to teachers resenting the families' aggressive feelings even more. Teachers' perceptions and role definitions as caregivers are also deeply affected by the trauma. They may question themselves as to whether or not they had acted responsibly or if they could have done more to protect the children from possible harm. In a situation where children have been hurt, or died, teachers may even experience a strong sense of survivors' guilt in addition to feeling that they had not done enough to protect the children. Feelings of guilt following a traumatic event particularly where a perceived failure to protect others is involved, may prove extremely intense (Carson et al., 1996).

It is important that teachers and families be allowed to communicate their respective feelings with one other so that a resolution may be reached that will allow the school to continue functioning effectively in future and give the children a feeling of safety. This process should be facilitated by the therapist or counselor.

Final Reflections

In this article the author has tried to illustrate certain guidelines that may assist other therapists who have to work within a school system in the aftermath of a traumatic event. The arguments have been based upon personal experiences gained via the case study as well as other systemic perspectives, especially the SBFC approach. This case study hopefully also clearly illustrates the urgent need of South African schools for general psychological support as they face an incredible number of challenges that reflect the larger social reality of the country.

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