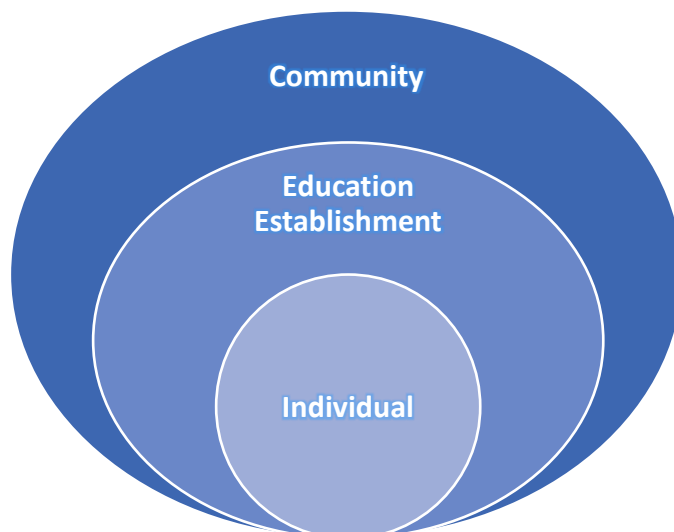


Glasgow Psychological Services

Service Delivery Update in Response to COVID19

Executive Summary

Like many other services across the city, Glasgow Psychological Service (GPS) has gone through a process of redesigning service delivery in response to the current COVID-19 pandemic. Government guidance has led to a significant reduction in the numbers of children who are attending educational establishments, and at the present time, the date of the return to establishments is unknown. Outlined below is a flexible and responsive revision to service delivery provided by GPS. This revision was informed by a needs analysis with stakeholders which has been cross referenced with colleagues nationally and the standard GPS service delivery. The ongoing use of a reference group of stakeholders will ensure that what is being delivered is useful and relevant. In line with GPS practice this has been outlined within an ecological context.



Individual Level

- GPS has traditionally offered a service which has included observing children, meeting with the children and their families, and in limited numbers, therapeutic input with the child and/or family. Given the Government guidance on this, we will have to ensure that we can continue provide this input safely and in line with any changing guidance. At present this has continued for particular cases (such as Child Protection) over the phone / via video conferencing.

- As GPS may be limited in our ability to be physically present in education establishments initially, we seek to support these systems by working with the key and consistent people in establishments. In turn they will support children, young people and colleagues. GPS continue to be available for consultation and advice.

Education Establishment Level

- **Nurture** – this is our core offer and covers a whole establishment approach; implementing individual Nurture Principles as well as how to conduct an analysis of nurture needs in an establishment.
- **Transitions** – this is a key offer also. Focusing on returning all children and staff to education establishments as well as more detailed work on those young people who have additional support needs such as autism, anxiety or emotional needs.
- **Nurturing Staff Wellbeing** – this input has been developed in conjunction with our Nurture Development Officer and has been evaluated by previous recipients. It seeks to support the wellbeing of staff to ensure that they, in turn, are equipped to work in complex and challenging situations.
- **Compassionate and Connected Classroom Curricular Materials** – support in the implementation of these national materials. The materials help to reinforce a classroom/playroom that will enable reconnection after a period of disconnection.
- **Loss & Bereavement Toolkit** – a city toolkit that discusses how an establishment supports loss in many forms.
- **Therapeutic Conversations** – supporting staff to hold difficult, but important, conversations with children who have experienced adversity.
- **Mental Health training and support** – in particular for those at risk of self-harm and suicide.
- **Identification of need** – supporting establishments to identify children and families who may need additional support and advice on appropriate strategies. This may include assessment in relation to Child Protection procedures.

Community Level

In line with an ecological model (Bronfenbrenner, 1979), and as outlined in the Children and Young People (Scotland) Act (2014), GPS work closely with partner agencies to ensure a joined up and multi-agency approach. Multi-agency working is even more pertinent at this time to support families during a period of stress, anxiety and loss of education links. This delivery of our service aims to be flexible and responsive to the changing situation as advised by Scottish Government.

Introduction

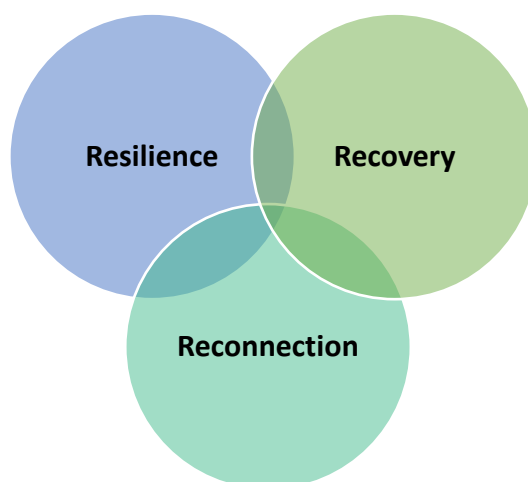
Due to the outbreak of COVID 19 in December 2019, education establishments and the daily lives of children within Glasgow, and across the globe have been affected. The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020 by the World Health Organization and educational establishments around Glasgow were closed, with access only for limited children of key workers and exceptional circumstances in March 2020. As a Psychological Service we need to look at how we support educational establishments at present, and in the future on the return of children and young people to establishments. Many of the interventions, training and supports we provide will already be sufficient, but it can be helpful to theme these to think about the focus that is taken and review the issues that establishments may face.

In writing this document, information has been gathered from EPs through LIG discussions, discussion with Senior Management of Glasgow Psychological Services (GPS), needs analysis with a sample of education partners and brief review of research. Themes have also been collated from teacher requests to our service, and discussions with link education staff.

Three broad themes emerged to support our development of work in this area:

- 1. Resilience**
- 2. Recovery**
- 3. Reconnection**

These 3 themes will overlap and much of the work we already do fits under these headings.



Resilience

The term resilience is widely used as a key factor or development area for children, but the definitions of it can be very varied. Most definitions see resilience as reduced vulnerability to environmental risk, the overcoming of stress or adversity, or a relatively good outcome despite risk experiences (British Psychological Society, 2019).

It is important to note that resilience is not a personality attribute but a combination of many factors which can act as support. In terms of supporting children and young people it can be helpful to frame resilience in terms of ecological theory (Bronfenbrenner, 1979) rather than focus on resilience as an internal concept that can be “grown”.

There are different aspects in terms of resilience promotion. Research conducted by the International Resiliency Project (Grotberg, 1995) highlights sources of resilience can include external supports ('I have'), personal strengths ('I am') and social and interpersonal skills ('I can'). Different models of resilience promote different domains and staff may also be familiar with aspects of the risk / resilience matrix training (Daniel & Wassel, 2002) which later was further developed and formed into the Resilience Practice Framework (Daniel, Burgess, Antcliff, 2012).

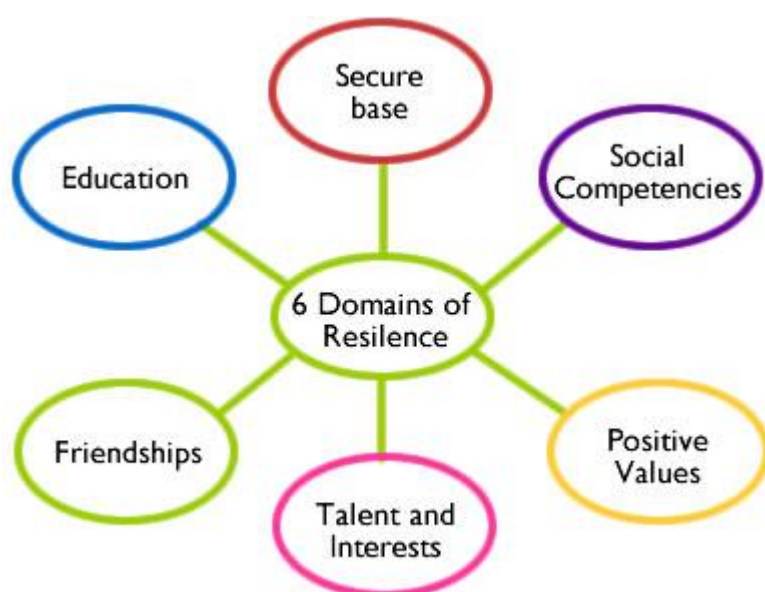


Figure 1: Six domains of resilience (Daniel & Wassel, 2002)

Resilience is not static and is impacted by different factors depending on age and developmental stage of the child (Masten & Obradovic, 2016). Identifying developmentally appropriate, adaptive functioning is critical.

Recovery

Children may react and respond in different ways to the context and environment created by COVID19. Although how children and young people will respond to this event is unclear, we know from research into other large scale traumatic events that most children and young people respond surprisingly well (McFarlane, 2005). We also know that the vast majority of responses will be normal in response to a very unusual and abnormal set of events.

Some common reactions to traumatic events can include a change in emotional, physical, cognitive, behavioural, social, and developmental domains. Any responses may depend on the individual's experience of the event. Two people may be exposed to the same event or series of events but experience and interpret these events in vastly different ways (SAMHSA, 2014). Previous research in relation to large scale incidents highlight those that may be at greater risk of needing further support include those that have lost relatives (Liu, Wang, Shi et al, 2011), those whose parents exhibited high levels of stress (Norris et al, 2004) and those who already have been exposed to difficult environmental factors which are often exacerbated during high times of family stress (Dass-Brailsford, Hage, Thomley, Talisman & Unverferth, 2014). The relationship between COVID-19 and increase in other pressures on family life is well documented in the press. Previous research has shown a complex relationship between traumatic events (such as COVID-19) and victimisation and adversity (Becker-Blease, Turner and Finklehor, 2010), resulting in the tension and stress of previous difficulties being exacerbated. As a result it is known that substance dependence, psychiatric disorders, domestic violence, and other relational difficulties have, in previous incidents, increased under the intense and stressful conditions (Dass-Brailsford, 2008) and some studies have also shown an increase in the rate of child abuse (Curtis, Miller & Berry, 2000). The theoretical background supporting this focuses on the frustration-aggression hypothesis, which suggests frustration is always expressed as some form of aggression, and that aggression always derives from frustration (Baron & Richardson, 1994). Often this happens as a result of perceived helplessness or loss of power, and it has been suggested "parents who find themselves not only confronted with real-world economic and social adversities but who also believe themselves to be helpless to control life events [are] likely to be at exceptionally high risk for physical abuse" Bugental, Mantyla, and Lewis (1989, p293). Research around an increase in abuse due to natural disasters is not universal, and it could be argued that COVID-19 is slightly different in

that there is still access to a number of resources. However, the potential here for an increase in abuse, combined with a known increase in domestic violence suggests that establishments should be prepared for supporting these pupils in returning, and supporting them in recovery from this trauma. This may result in establishments requiring support and advice with identifying children who continue to be at risk on return, and guidance in implementing Child Protection procedures as a result.

Research has also identified protective factors. Younger children have been found to adapt and show improvements to trauma quicker (Iwadare et al, 2014), as well as those who have all their basic needs met and have a safe stable environment, with access to resources and parents who are able to focus on meeting the child's needs (Becker-Blease, Turner & Finklehor, 2010).

The links between recovery and resilience overlap, and recent research has highlighted that “resilient” functioning may be a more normative response to adversity than once considered (Masten, 2001). Some children or adults may cope well and not have any further needs when they return (SAMSA, 2014). Therefore it will be important not to assume that every child will require further support just based on their exposure and project this onto children and young people. This can undermine children and young people's abilities and opportunity to view themselves as a stronger person with resources to support themselves (Watson, 2011).

As a city we promote Seasons for Growth (Graham, 1996), which is underpinned by the work completed by Worden (1996). This will remain a targeted intervention, but the messages from the 4 key areas of Worden's work, along with an awareness of change management and the grief cycle may be useful to have an awareness of and be applied more generally at a universal level. The change cycle, as proposed by Kübler-Ross (1969) is below. The key message from both may be that recovery and returning to normality may take time.

The Kübler-Ross change curve

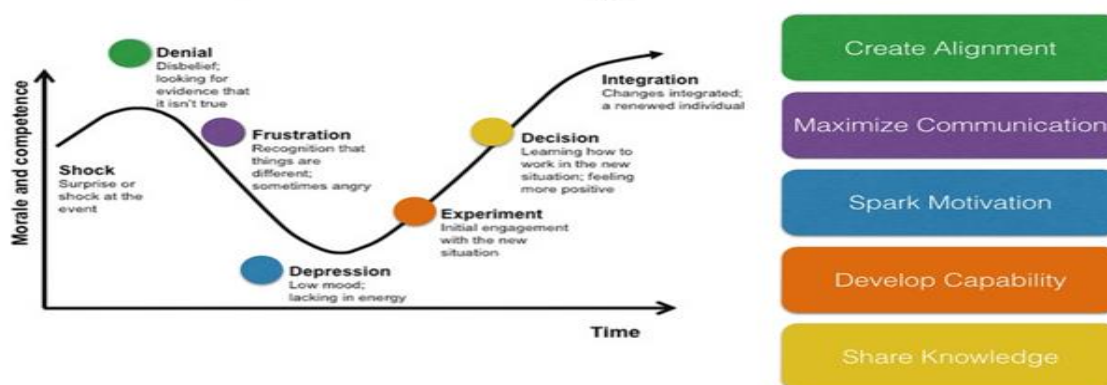


Figure 2: Kübler-Ross Change Curve (1969)

The city wide message and joint loss and bereavement guidance will be important for the future. As a service it may be important to continue to deliver the message to establishments that they will likely be the best people to support children and young people, with the systems and relationships already present being the most effective way of successfully supporting the vast majority. There are existing systems in place to support wellbeing, and many establishments already utilise tools and resources as required. For many staff this will not be about doing something new, but continuing the good practice that already exists.

There may be different layers of recovery within our support, and this should exist on a continuum at a universal level; in supporting staff to support young people; supporting staff with their own mental wellbeing and supporting staff with CLPL knowledge around change management and loss. As well as linking with resilience, a critical part of the recovery journey will be implementing the reconnection within the school environment. Returning to education in itself may play an important role in recovery.

Reconnection

One role of GPS will be in supporting establishments to re-establish relationships with children and young people. Returning to education will largely be a positive experience in terms of protective factors, returning to a routine etc.

However, some children and young people may struggle with this return to education. Vulnerable groups may include those who have Additional Support Needs (ASN) including Additional Learning Needs, Speech, Language and Communication Needs, Care Experienced, those on the Child Protection Register and Social, Emotional and Behavioural Needs. Children with ASN, those who have particular difficulties with anxiety which perhaps impacted their attendance previously, and some children who have been particularly affected by COVID19 may find the return to education and change of routine difficult. This may include individuals grieving and some who may have had negative and traumatic experiences within the home (e.g. domestic violence and abuse) (Addressing Barriers to Learning, 2020). These groups of pupils may require some additional differentiation and support to return, and supporting these needs at a GPS service level may allow good practice within establishments to be shared.

One role that GPS will play will be to support establishments in reconnecting children back into the school routine. One request from Education Services has been to link with schools to look at with a curriculum programme for establishments, to acknowledge and support young people back. This will involve themes and require support with an evidence informed programme.

It will potentially be important to support establishments through the initial return, thinking about the different level of supports required. Some pupils may have been supported by partner agencies e.g. social work, CAMHS, third sector, counsellors and it would be important for them to be part of this transition where appropriate. Some helpful questions have been identified by the most recent Addressing Barriers to Learning (2020) and may form a starting point in supporting establishments with next steps. These questions are helpful at addressing potential barriers at both universal and specific levels.

- *How will everyone, staff, students, and families, be welcomed, oriented, and positively connected to the school?*
- *What outreach will be made to those students and families who were expected but did not return?*
- *How will staff minimize problems during daily transition times (e.g., before school, during breaks, lunch, after school)?*
- *How will the school provide supports for those not adjusting well?*

The uptake of hub-based supports offered by Education for vulnerable families has been limited however the need for support has increased greatly during the time schools and nurseries have been off (Children's Neighbourhood Scotland, 2020). Community supports have largely supported a number of families who have moved from the "just coping" category to "chaotic". For the return to education, it may be helpful to address what supports can be put in place at a systemic level and continue to support staff with statutory roles such as Child Protection. We need to consider how intelligence can be shared and partnerships set-up or further developed to ensure that children and young people's needs are met (Children's Neighbourhood Scotland, 2020). It may also be important to consider the role of third sector organisations if establishments end up returning on a phased or

Integrating education with other public, third and private sector organisations is not a new concept (Christie Commission, 2011) but what we perhaps need to refocus on at this point is identifying which services could be shared, how these are integrated to support needs and how they are designed to empower individuals, establishments and communities (Christie Commission, 2011).

part time basis. The return to education is unclear for all, and this will be led by the Scottish Government. However if part time measures are put in place, it may be essential to look to outside agencies to support with vulnerable and working families.

At a universal level this may include changes of design to include: a consideration as to how counselling services could be adapted to support more children and young people rather than individual cases; how local third sector organisations, who may or may not already be involved in supporting education initiatives, could be included to support the community; and whether education staff should link in with charities/third sector around specific topics relevant to their population e.g. supporting EAL populations. At a more individual level this may be about linking with social work and CAMHS colleagues to identify those children and young people who may require additional support in returning to school and making a plan for this. For some children and young people (e.g. those with significant health / anxiety issues) this may be about continuing the current delivery of education online until such a time that the pupils are able to return.

GPS Service Delivery Response

A needs analysis was carried out with GPS colleagues (Appendix 1), a sample of education partners (Appendix 2) and a literature review was completed. The themes that emerged from this needs analysis informed how GPS service delivery could be adapted to support children, their families and educational establishments both during this challenging time and reintegration back to education (Appendices 3&4). It is recognised this need to be flexible and responsive to changing situations both locally and nationally. It will be important to consider supports at all ecological levels (Bronfenbrenner, 1979), to be best placed to meet needs on our return. The diagram below (figure 3) illustrates the community based supports a family may be receiving and it is important to be mindful of how to engage and link with all of these as appropriate.

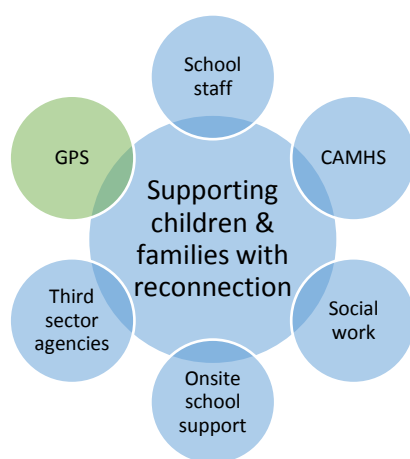
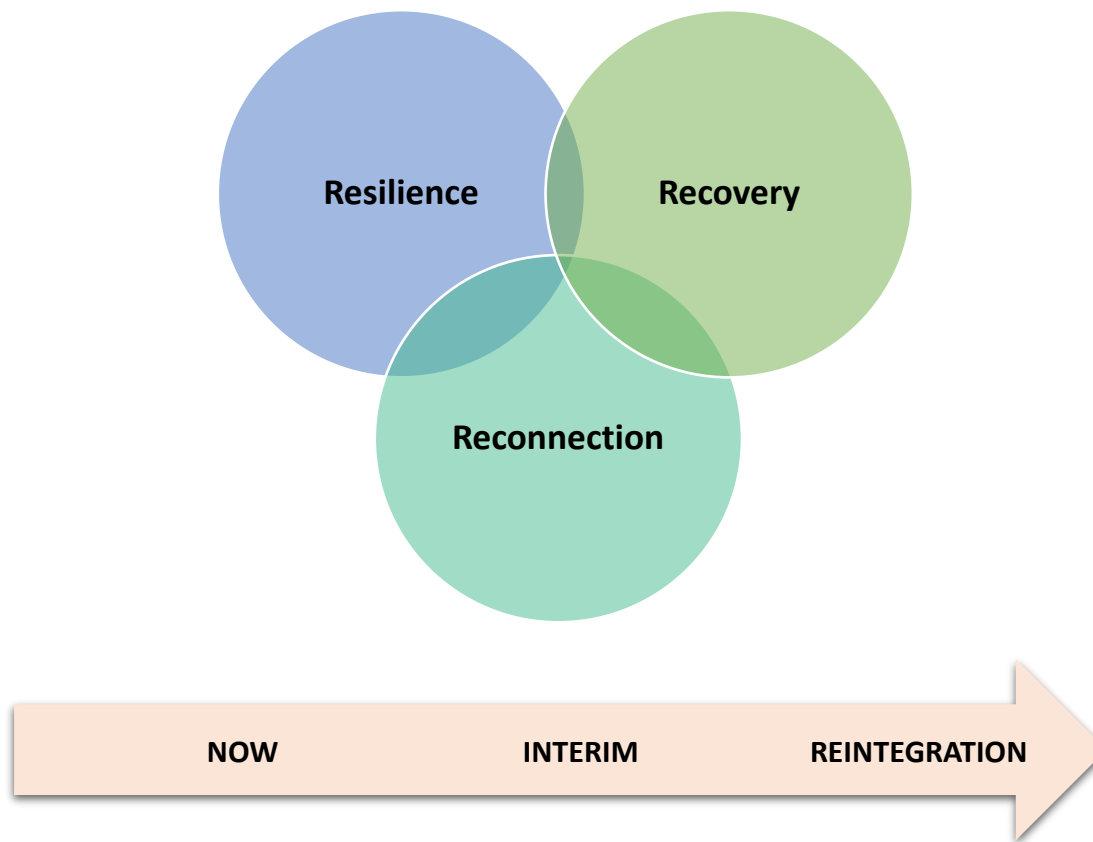


Figure 3: Supports families in connecting with establishments.

Appendix 1: Consultation & Needs Analysis with GPS

As part of the planning to identify areas of work which fit into these themes, discussions took place across LIGs. This information is gathered below. It is planned that in the future, the views of schools and children and young people will be sought, and will be an essential part of this future development.





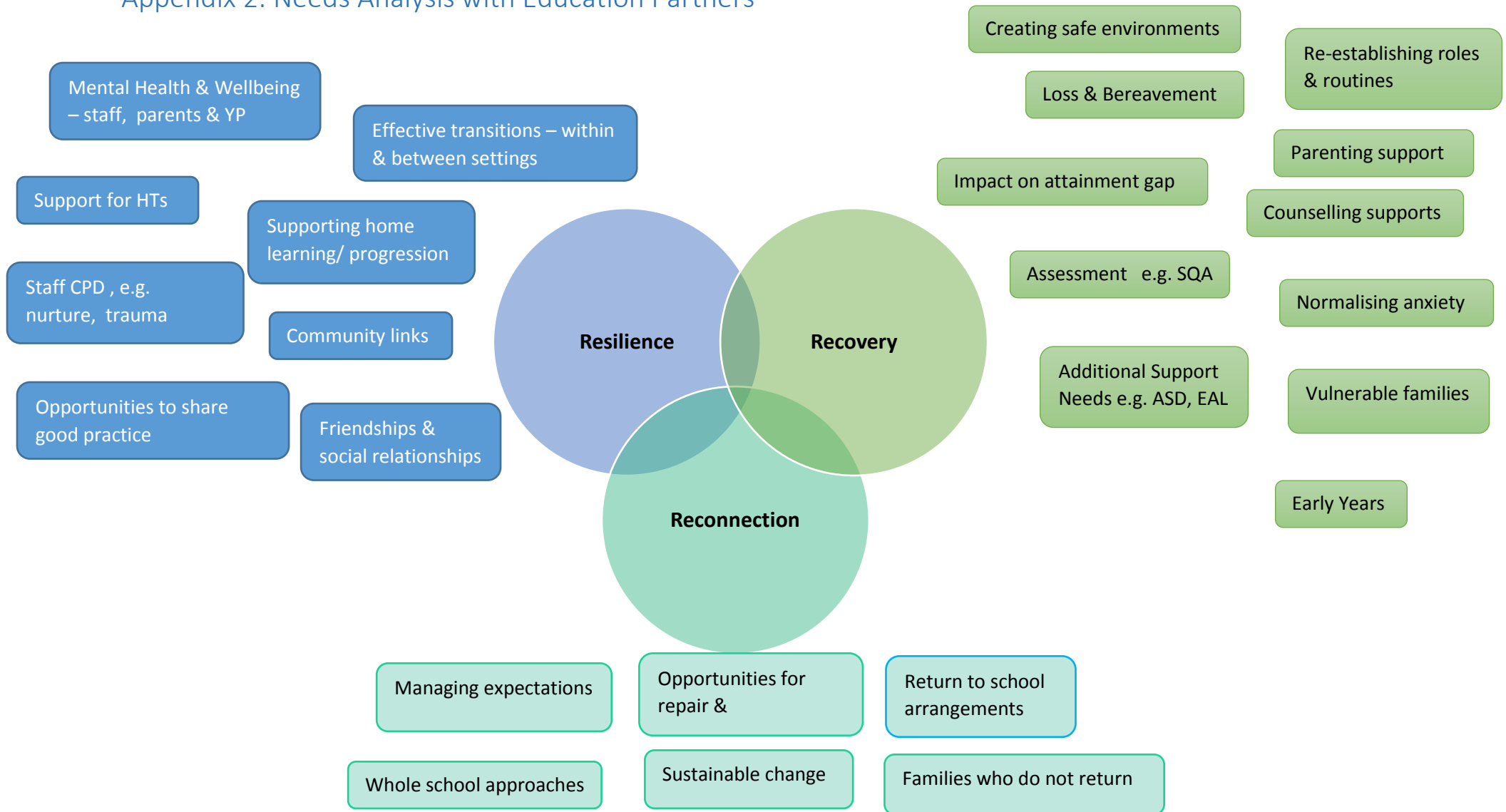
What is covers	Useful theories/concepts	Possible resources/ideas	Possible EP role	CLG(S) linked
RESILIENCE				
<ul style="list-style-type: none"> • Individuals coping with the ongoing challenges of a changing environment. • Supporting own and others wellbeing and mental health. • Managing anxiety. 	<ul style="list-style-type: none"> ○ Positive psychology ○ Nurturing approaches – safe base ○ Natural body and mind responses ○ Connectivity ○ Change theory ○ Grief/change Cycle ○ Maslow's hierarchy ○ Ecological model ○ ZOPD ○ Wellbeing indicators ○ Attachment theory 	<ul style="list-style-type: none"> ○ Cognitive Behaviour Approaches ○ Mindfulness & relaxation ○ Scaling & checking in ○ Whole school nurturing approaches ○ SOA conversation for change – scripts for online case meetings ○ PATHS ○ Whole school activities linked to wellbeing ○ Reviewing existing community support ○ Resilience Toolkit, Glasgow HSCP 	<ul style="list-style-type: none"> ○ Class based CBA approaches ○ Therapeutic conversations ○ Staff wellbeing ○ Supporting staff to support young people and parents ○ Guiding and facilitating the ideas that schools have. ○ Providing reassurance. ○ Whole school activities linked to wellbeing. ○ MH supports ie Big White Wall ○ BPS paper - Teacher Resilience During Coronavirus School Closures 	<ul style="list-style-type: none"> ○ ASL/Inclusion ○ Nurture ○ MH/Wellbeing ○ SOA ○ Research
RECOVERY				
<ul style="list-style-type: none"> • Individuals adapting to another change and 'new normal'. • Whole nation in recovery. • Recovery at all levels within a school community – pupils, staff and families. 	<ul style="list-style-type: none"> ○ Positive psychology ○ Change theory ○ Grief cycle ○ Trauma responses ○ Nurturing approaches ○ Consistency and routine ○ Maslow's hierarchy ○ Ecological model ○ ZOPD ○ Wellbeing indicators ○ Mediation 	<ul style="list-style-type: none"> ○ Cognitive Behaviour Approaches ○ Mindfulness ○ Whole school nurturing approaches ○ Formal and informal support/supervision ○ Coping with anxiety parental workshops could be adapted ○ Visual showing journey or map like PCP showing emotional/psychological responses and providing a narrative for this experience of pandemic and recovery ○ CCC resources ○ Living Life To The Full (LLTHF) resource 	<ul style="list-style-type: none"> ○ Therapeutic conversations ○ Staff wellbeing ○ CBA approaches ○ Class/school based approaches ○ Discussion about change/grief - including specific resources developed for the current situation ○ Resources for parents and children around preparing for going back to school ○ Needs analysis of what schools require once they are back, involvement of HTs in working groups. ○ Gathering of young people's views on their needs; school community needs. ○ Alteration to critical incident guidelines whilst away from school, suicide support. 	<ul style="list-style-type: none"> ○ ASL/Inclusion ○ Nurture ○ MH/Wellbeing ○ SOA ○ RA ○ Child Welfare & Equality ○ Research ○ L&T



			<ul style="list-style-type: none"> ○ Providing schools with opportunities to take back control / ownership - not "doing" things to schools - encourage options. ○ Impact of adult responses and modelling. ○ Awareness of any change in patterns of domestic violence, child protection concerns – supporting schools with this. 	
RECONNECTION				
<ul style="list-style-type: none"> • Individuals reconnecting at all levels within their ecosystem. • Transitions at varying levels. 	<ul style="list-style-type: none"> ○ Positive psychology ○ Attunement ○ Relationships ○ Nurturing approaches ○ Maslow's hierarchy ○ Consistency and routine ○ Ecological model ○ ZOPD ○ Wellbeing indicators ○ Mediation ○ Grief cycle ○ Change theory 	<ul style="list-style-type: none"> ○ Attunement principles ○ Whole school nurturing approaches ○ One good adult ○ Community resources which have been built ○ Circle of Friends ○ Cool Connections ○ Seasons for Growth ○ Transition resource – Glasgow online; <i>Effective Transition Procedures for Children and Young People with SLCNs</i> 	<ul style="list-style-type: none"> ○ VERP ○ Staff wellbeing ○ Class/school based approaches ○ More direct support for schools re transitions including those in specialist placements. ○ Development of curricular resources (similar to those in Elephant's Tea Party) for whole school discussion about the changes everyone has experienced. ○ 'Normality' of EP role e.g. continuing with assessments. ○ Need to pace ourselves and review ○ Visits to school in person – EP presence ○ Consider impact of social distancing in reconnecting. ○ Supports for staff - staff wellbeing supports. ○ Transitions. ○ Filtering and collation of resources. 	<ul style="list-style-type: none"> ○ ASL/Inclusion ○ Nurture ○ MH/Wellbeing ○ SOA ○ RA ○ L&T ○ VIG/VERP



Appendix 2: Needs Analysis with Education Partners



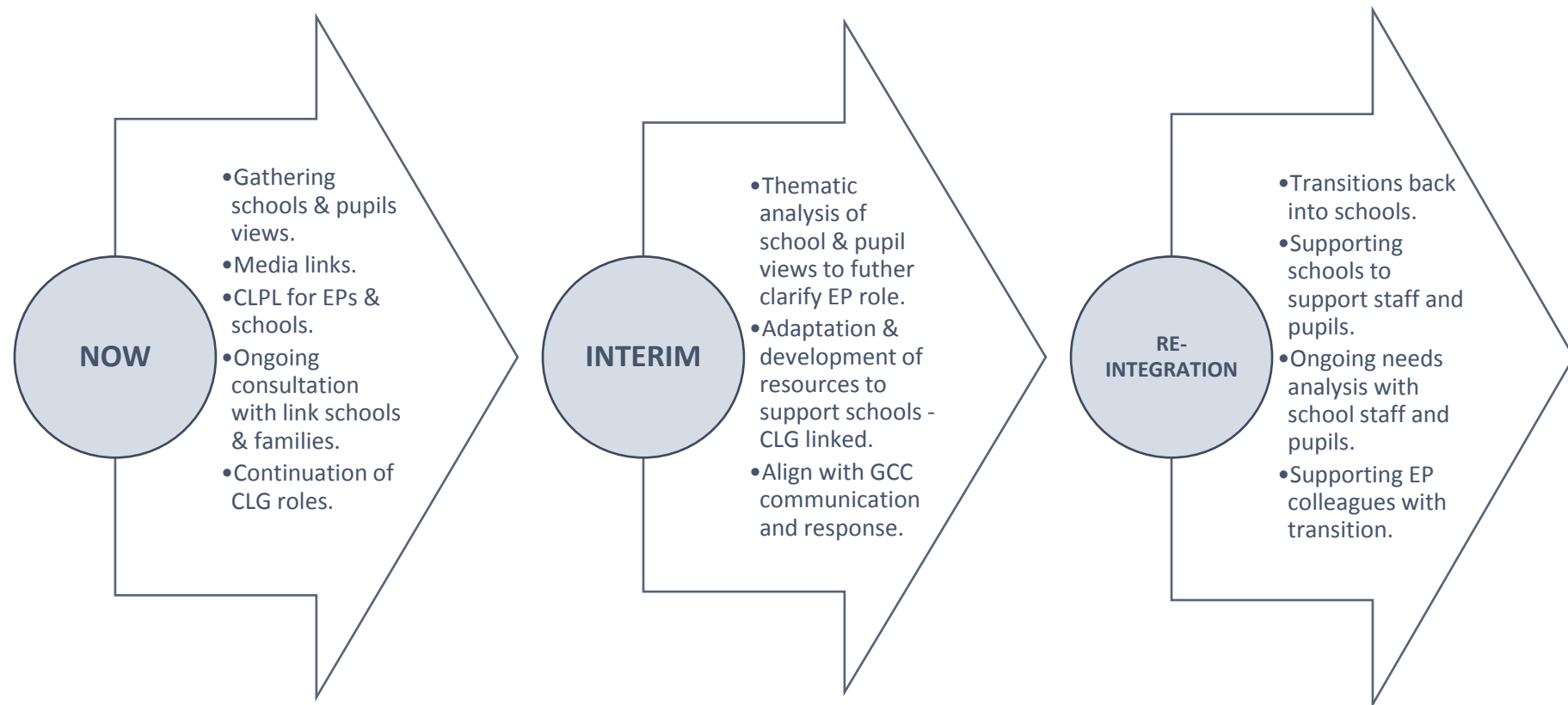


Appendix 3: Key areas for tasks – Resulting from Needs Analysis

Key area	Possible Action(s)	CLG Aligned
➤ Needs analysis with staff and pupils	<ul style="list-style-type: none"> • Create questionnaire/format for EPs to gather information from schools – staff needs and pupils. Including partner agency and third sector support. • Collate themes that come in from school requests city wide. • Further needs analysis and consultation with children and young people once the schools are back in. 	<ul style="list-style-type: none"> • Research
➤ Collation and categorisation of most useful resources online	<ul style="list-style-type: none"> • Read through resources that have been saved on EDRMS and highlight most relevant/accessible. • Save these categorised on EDRMS. 	<ul style="list-style-type: none"> • MH/Wellbeing • Key EPs who have gathered this info
➤ Therapeutic conversations – supporting staff to support one another and pupils	<ul style="list-style-type: none"> • Collation/adaptation of resources to support staff having conversations with children and young people. • Links with nurture, attunement principles, CCC, RA. 	<ul style="list-style-type: none"> • MH/Wellbeing • Nurture • VIG/VERP • RA • SOA
➤ Grief cycle and change theory information	<ul style="list-style-type: none"> • Collation/adaptation or resources to support staff's awareness and understanding of the grief cycle and change theory. • The aim of this would be to support staff themselves, each other and pupils around 'normal' emotional and physical responses to loss and change. 	<ul style="list-style-type: none"> • MH/Wellbeing • Nurture
➤ Creation of staged intervention/continuum of support/input – link with grief & change cycle	<ul style="list-style-type: none"> • Resource/visual to support school staff with possible resources that could be helpful in line with timescales and responses. 	<ul style="list-style-type: none"> •
➤ Connectivity and relationships – attunement, nurturing approaches	<ul style="list-style-type: none"> • Collation of resources to remind staff of key factors in connectivity and relationship building e.g. one good adult, safe base, attunement principles. 	<ul style="list-style-type: none"> • MH/Wellbeing • Nurture • VIG/VERP • RA
➤ Adaptation of guidance already produced – critical incident, bereavement etc	<ul style="list-style-type: none"> • Reinforcement and appropriate adaptation of current guidance to take into account COVID, as appropriate. 	<ul style="list-style-type: none"> • MH/Wellbeing • Child Welfare & Equalities
➤ Support with transitions	<ul style="list-style-type: none"> • Collation of resources to support schools with transition – for all young people, and those with ASN e.g. Effective Transition Procedures SLCN. • Nurture principle 6 	<ul style="list-style-type: none"> • ASL/Inclusion • Nurture

Appendix 4: Timeframe Planning

In terms of thinking about future supports, it may be helpful to think about supports that will be put in place in the short term, and supports in place for the future return of pupils to schools. Interim supports could be reviewed when guidance is available from the Government about a return to school to allow this to be planned.





References

Addressing Barriers to Learning (2020). *Plan Ahead to Support the Transition-back of Students, Families, and Staff*, 25(2), 1-10 Retrieved from: <http://smhp.psych.ucla.edu/pdfdocs/newsletter/spring20.pdf>

Baron, R. A., & Richardson, D. R. (1994). *Human aggression (2nd ed.)*. New York: Plenum.

Becker-Blease, K. A., Turner, H. A., & Finkelhor, D. (2010). Disasters, victimization, and children's mental health. *Child Development*, 81, 1040–1052. <http://dx.doi.org/10.1111/j.1467-8624.2010.01453.x>

British Psychological Society (2019) Resilience and Character Briefing Paper, Leicester Retrieved from: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Briefing%20Paper%20-%20Resilience%20and%20Character%20%282019%29.pdf>

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, Massachusetts: Harvard University Press

Bugental, D. B., Mantyla, S. M., & Lewis, J. (1989). Parental attributions as moderators of affective communication to children at risk for physical abuse. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 254–279). New York: Cambridge University Press.

Christie, C. (2011) Commission on the Future Delivery of Public Services, Edinburgh: Scottish Government.

Children and Young People (Scotland) Act 2014.

Children's Neighbourhood Scotland (2020) *Early insights into the COVID-19 response 24 April 2020*, University of Glasgow Newsletter.

Curtis, T., Miller, B. C., & Berry, E. H. (2000). Changes in reports and incidence of child abuse following natural disasters. *Child Abuse & Neglect*, 24, 1151–1162.

Daniel, B., & Wassel, S. (2002). *The early years: Assessing and promoting resilience in vulnerable children 1*. London: Jessica Kingsley Publishers.

Daniel, B, Burgess, C, Antcliff, G, (2012). *Resilience Practice Framework*. Australia: The Benevolent Society. Retrieved from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=2ahUKEwicuYXG--noAhUlWuYKHfELDYkQFjABegQIAxAB&url=https%3A%2F%2Fwww.benevolent.org.au%2FArticleDocuments%2F404%2FResiliencepracticeframework_overview.pdf.aspx&usg=AOvVaw1oarIMDMsRb1b1mk6KhHAc



Dass-Brailsford, P. (2008). After the Storm: Recognition, Recovery, and Reconstruction, *Professional Psychology: Research and Practice*, 39(1), 24-30

Dass-Brailsford, P., Thomley Hage, R. S., Talisman, N. W. Unverferth, K. (2014). *Psychological Effects of the 2010 Haitian Earthquake on Children: An Exploratory Study*. *Journal of Traumatology*, 21(1), 14-21.

Graham, A. (1996) *Seasons for Growth: Primary School Series*, The Mary MacKillop Foundation, North Sydney.

Grotberg, E. (1995) A guide to promoting resilience in children: strengthening the human spirit – International Resiliency Project. *Early Childhood Development: Practice and Reflections Number 8*
Retrieved from:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjune2v5ujoAhUHilwKHV7WDtQQFjAAegQIAhAB&url=https%3A%2F%2Fbibalex.org%2Fbaifa%2FAttachment%2FDocuments%2F115519.pdf&usg=AOvVaw1O1X_BsSWevGXBzW4u20w

Iwadare, Y., Usami, M., Suzuki, Y., Ushijima, H., Tanaka, T., Watanabe, K., Saito, K. (2014). Posttraumatic symptoms in elementary and junior high school children after the 2011 Japan earthquake and tsunami: Symptom severity and recovery vary by age and sex. *The Journal of Paediatrics*, 164, 917–921. <http://dx.doi.org/10.1016/j.jpeds.2013.11.061>

Kübler-Ross, E. (1969). *On death and dying*. New York, NY: Macmillan.

Liu, M., Wang, L., Shi, Z., Zhang, Z., Zhang, K., & Shen, J. (2011). Mental health problems among children one-year after Sichuan earthquake in China: A follow-up study. *PLoS ONE*, 6, e14706. <http://dx.doi.org/10.1371/journal.pone.0014706>

McFarlane, A.C. (2005). Psychiatric morbidity following disasters: Epidemiology, risk and protective factors. In J. J. Lopez-Ibor, G. Christodolou, M. Maj, N Satorius & A. Okasha (eds) *Disasters and mental health*. West Sussex: Wiley.

Masten, A. S. (2011). Ordinary magic: Resiliency processes in development, *American Psychologist*, 56(3), 227-238

Masten, A.S. & Obradovic, J. (2006). Competence and resilience in development. *Annals New York Academy of Sciences*, 1094, 13-27

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). Sixty thousand disaster victims speak: Part I. An empirical review of the empirical literature, 1981–2001.

Psychiatry: Interpersonal and Biological Processes, 65, 207-239.
<http://dx.doi.org/10.1521/psyc.65.3.207.20173>



Substance Abuse and Mental Health Services Administration (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Watson, P. (2011) as cited in Harmon, K. (2011). The Changing Mental Health Aftermath of 9/11-- Psychological "First Aid" Gains Favor over Debriefings, *Scientific American*. Retrieved from: <https://www.scientificamerican.com/article/the-changing-mental-health/>

Worden, W. (1996) *Children and Grief: When a Parent Dies*, Guildford Press, New York.