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Psychological support for schools following a crisis or disaster: The journey of recovery

Long and short term perspectives and responses to support children, young people and schools

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AUTHORS

This publication was produced by the Crisis, Disaster and Trauma Section of the British Psychological Society in collaboration with the Educational Psychology Group at UCL.

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DR DEBORAH MORRIS

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INTRODUCTION

Introduction – Journeys to recovery

Dr Ben Hayes

This publication presents contributions to the 2020 'Leading Edge' day event at University College London. The event, and this document, are aimed at educational psychologists and other applied psychologists and mental health practitioners who work with educational settings. The contributors are academic psychologists, practitioner psychologists who work with schools and communities and those involved in managing teams, developing policy and guidance. These different voices all have one underpinning aim, to support those affected by trauma as they move along the path to recovery.

The impact trauma has on individuals can sometimes be overwhelming and debilitating. In the days and weeks after a traumatic event people can experience reactions that are unlike the kinds of things they may have experienced before. Intrusive memories and sensory reactions, sleeplessness, hyper-arousal, numbing and dissociation. The disorientation and fear that people can feel when experiencing these reactions can compound the shock, grief and distress that are likely to have been already experienced as a result of the event itself. Nevertheless, with the usual community support that is normally available, 80–90% of children and young people who experience these reactions will go on to recover, though 20% might experience reactions that persist and need some kind of support, with this number dropping to around 10% after a year as recovery continues. Understanding what might help or hinder the recovery journey for those 20% is still important to learn about (Hiller et al., 2016).

The support from teams who responded to two shocking events that took place in 2017 are amongst the contributors: The Grenfell fire and the Manchester Arena bombing. Such mass casualty events bring particular challenges in the immediate aftermath (Craigie, 2020) and the psychological fallout is long and complex. These events occurred about four years ago and the stories from the teams who supported those communities highlight how long the process of recovery can take and the many hurdles and setbacks to navigate on the way.

Some of the traumas experienced by children and young people affect them for many years. Recovery does not mean the impact has been erased, but that the ongoing effects are tolerable, and that perhaps there is growth too.

Knowing and understanding this journey of recovery is important. Firstly, knowing how to promote coping within and across communities can make a huge impact on community cohesion and collective agency so that there is the maximum chance of ensuring that the 80% recover with normal community support. Experiences may even lead to growth and learning in time. Secondly, knowing how to encourage and support coping in those who experience persistent reactions is vital, and whether there is in terms of coming to feel that traumatic memories are no longer overwhelming, or sharing experiences and ways of coping with other similarly affected people, or accessing individual therapy.

Individuals do not respond to trauma in the same way, and our own personal experiences, beliefs and cultural context play a part in resilience and recovery. Resilience is best defined as a result of interplaying factors in the psychological and social context an individual has experienced and is currently part of, rather than a personality trait. This makes the community and the cultural aspects of the support around an individual vital to consider (Tummala-Narra, 2007). Indeed, Western conceptualisations and models of recovery from trauma are arguably too narrow and could benefit from recognising a more diverse range of processes that can support recovery (Marsella, 2010). Effective schools are communities with a distinct inclusive culture. The way that culture manifests itself and how it is communicated to the children and young people within it can have

the function of promoting recovery. The language used, the rites, celebrations and memorials, the expectations adults set through their own modelling and behaviours for resilience, coping and caring all shape the landscape that the journey takes place in. Much of what the contributors to this publication say illustrates how people working with schools, children and young can achieve this.

In the 20 years that I have been supporting schools following critical incidents there are some strong common themes that are invariably present. Communicating effectively and openly, dealing with misinformation and misunderstanding, promoting the capacity and wellbeing of the leadership team and the importance of supportive screening and watchful waiting. The lessons highlighted by contributors highlight how important clear communication is, about what has happened and what support is being offered. Often, repeated messages are needed over time. The timing of support is often challenging to get right for everyone, and particularly when operating on a large scale. People need to ask questions and think about how they might respond to other people's questions. Contact with other people who have had a similar experience is invaluable, and needs to be arranged carefully and in a timely way. Lessons for the supporters are also included, with points that relate to self-care, from the need for additional support and supervision, to the importance of using 'out of office' notifications and other ways of putting some boundaries in place.

Covid-19 has of course brought to the whole world a challenge in terms of how to cope with adversity and build resilience (Brooks et al., 2020; Lee, 2020). There will be a huge amount of learning to come from these experiences. Helping schools manage the ongoing implications for children, families and communities is something we have been able to touch on in this publication and will undoubtedly be a focus for ongoing and future work.

INTRODUCING THE CONTRIBUTORS

CHAPTER 1. HELPING SCHOOLS FOLLOWING DISASTROUS EVENTS

Professor Atle Dyregrov's work has helped show how important understanding children's grief is and his book, *Grief in Children* (which was published in at least eight languages) was part of a paradigm shift. As co-founder of the Children and War foundation, he has designed support and care programmes that thousands of children around the world have received, pioneering the use of group based intervention for children. The Teaching Recovery Techniques group approach has been used across the world to reduce trauma reactions in children and has been used in a vast array of different situations across the globe. Iran, Africa, Sri Lanka, Palestine, Iraq and Syria. The tools and strategies the foundation have developed for evaluating change have been adopted by researchers around the world. Here Atle writes about the importance that schools have as communities who can help optimise coping after a disaster. The need for pro-active support is highlighted as well as the fact that having good plans in place demands clarity and transorganisational understanding.

CHAPTER 2. SUPPORTING SCHOOL COMMUNITIES FOLLOWING THE GRENFELL FIRE – STORIES OF COURAGE, KINDNESS AND HOPE

On the 14 June 2017 in the middle of the night a fire started at Grenfell Tower in the Royal Borough of Kensington and Chelsea, which led to many deaths. The inquiry is still ongoing at the time this publication is being written. Jane Roller (Senior Educational Psychologist) and Helen Kerslake (Assistant Principal Educational Psychologist) were part of the educational psychology service support for schools who were affected. One headteacher who was interviewed by Dunsmuir, Hayes and Lang (2018) said that 80% of the children in the school saw the fire burning. The impact on the community was unimaginable. One of the EPs we interviewed for the research said that it

wasn't possible to grasp the scale of what had happened when they first heard about it.

The headteachers and school staff interviewed for the 2018 study highlighted the value of the EP response, saying how quickly the team responded, and that in the words of one person 'were able to keep their cool and ask the important questions at the time and get people to what they needed to be doing'. The information the team provided in the first days was also highly valued.

But the impact of events such as that fire last a great deal longer than a few days and weeks, and the support from the EP team has been going on for a long time, supporting schools through anniversaries of the fire and other challenges. Helen and Jane write about some of the processes that supported recovery and built resilience in the community through their work with schools, noting how important teachers can be as models for resilience and growth. They describe some of the psychosocial interventions they utilised.

CHAPTER 3. CRISIS AND RECOVERY – COLLECTIVE LEARNING FROM THE GREATER MANCHESTER RESILIENCE HUB

The Greater Manchester Resilience Hub have worked to support people affected by the Manchester Arena attack of 2017. Their invaluable learning is described by Dr Kate Friedmann, Consultant Clinical Psychologist. The number of people affected who have sought support from the Hub has been enormous, with more than 3700 individuals accessing specialist support, including 1000 under 18. Communication through schools and other community groups was important in the early stages of the support and the work of the team has involved support for schools who faced challenges not just when their students were affected but on subsequent anniversaries after the event. The workshops the team ran across the region are described. Their work in developing the *Journey of Recovery* film and the accompanying materials is extremely powerful and was incredibly well received by those attending the conference event itself.

CHAPTER 4. AN INITIAL IMPLEMENTATION OF THE SUPPORTING STUDENTS EXPOSED TO TRAUMA (SSET) PROGRAMME IN EP PRACTICE

Psychological support is known to be effective for children and young people after trauma (Morina et al., 2016) and we also know that school-based delivery can be important (Rolfsnes & Idsoe, 2011). However, running a group brings challenges and learning that are not often captured in large scale studies. Dr Carol Toogood and Dr Deanne Bell are educational psychologists with Kent Educational Psychology Service. They have used the Supporting Students Exposed to Trauma materials in a school as part of the traded work they undertake with schools. Their experiences highlight how even without the context of a major disaster or incident in any school there can be significant numbers of children and young people who have experienced traumatic events in their lives. In their case the wider context for the school's concerns related to the impact of gangs in the community and the simple act of undertaking the screening process with some students when planning the group work helped staff understand the needs of their students. The value of bringing young people together to share their experiences and discuss their journey together is known to be of great value and Carol and Deanne found that the process supported the young people, as well as noting the challenges there are when organising such an intervention.

CHAPTER 5. IS PSYCHOLOGICAL FIRST AID RELEVANT ANDUSEFUL TO SCHOOLS IN A CRISIS AND DOES THE SCHOOL CLIMATE MAKE A DIFFERENCE TO THE RESPONSE?

Dr Siobhan Currie is a Senior Educational Psychologist in Northamptonshire. She has worked at all levels in psychology services to schools and families and has led a critical incident response team for over 10 years. Her doctoral research at UCL focused

on schools' responses to critical incidents and the confidence of teachers to implement a Psychological First Aid approach. She is Honorary Secretary of the British Psychological Society's Crisis, Disaster and Trauma Section. Her chapter describes Psychological First Aid and her research exploring the contribution it, and the climate in school, might make to positive outcomes after a critical incident. She calls for a national programme to raise awareness and skills.

CHAPTER 6. MAKING MEANING OUT OF SUFFERING: THE PSYCHOLOGY OF POSTTRAUMATIC GROWTH IN CHILDREN AND YOUNG PEOPLE

Dr Matt Brooks is a Lecturer in Forensic Psychology at Manchester Metropolitan University. Matt has a range of research interests both within and outside of forensic psychology. His PhD focused on positive changes reported following adverse events, known as posttraumatic growth. Matt's main research interest concerns psychological changes after exposure to adverse events and how this may differ according to the characteristic of the event(s).

Matt's chapter focuses on the key area of post traumatic growth. Processing traumatic memories requires psychological work, and this work that recovery demands can often lead to growth. This field is now well understood in terms of adult research and although a clear picture is still emerging there are some findings being replicated with children and young people. The importance of being able to make sense of your experiences and the vital role that social support has for example. There is more research to do, but this chapter summarises the current knowledge we have.

CHAPTER 7. PSYCHOLOGICAL SUPPORT FOR SCHOOLS FOLLOWING A CRITICAL INCIDENT: SCHOOL STAFF PERSPECTIVES

Dr Amanda Gaugroker is an educational psychologist working in Richmond and Kingston. Her doctoral research explored the relationship between the support provided by EPs after a critical incident and the subsequent wellbeing of staff. Her findings come from the views of 47 teachers in schools who had received support from an EP after a traumatic event. The research highlights both the perceived value of the support and also the need to articulate clearly what is provided and what the role of the supporting team will be. Not understanding what is being offered or what is available can be a significant barrier to the update of support.

CHAPTER 8. PSYCHOLOGICAL SUPPORT DURING A DISASTER: WORKING TOWARDS RECOVERY: SHORT AND MEDIUM TERM RESPONSES – THE WELLBEING FOR EDUCATION RETURN RESOURCES

The global pandemic that has left it's indelible mark on 2020 has posed huge challenges for schools (Kim & Asbury 2020) many of which we may only discover in years to come. The impact of the events on children and young people's lives has been immense and the response to the challenges schools have faced has included the development of materials and guidance. John Ivens is an educational psychologist and also headteacher at the Bethlem and Maudsley Hospital School. He has been involved in the development of some resources that were cascaded to schools in the autumn of 2020. The Return to Education Wellbeing programme is a set of webinars and resources for schools focussing on the psychological needs of individual and the school community as a result of Covid-19. In a year of such extraordinary pressures on children and young people the development of this guidance gives a valuable insight into best practice thinking.

Huge thanks go to all the contributors who have given their time to putting their presentations into words so that they might be shared more widely with people who could not attend the University College London 'Leading Edge' event itself.

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CHAPTER 1

1. Helping schools following disastrous events

Professor Atle Dyregrov, Center for Crisis Psychology, Faculty of Psychology, University of Bergen.

INTRODUCTION

Disastrous events have grave consequences for children's future. Some lose their lives, others lose close loved ones and run the risk of increased mortality and morbidity. They face behavioral and social changes and various school problems, including drop-out, and loss of educational attainment. As an example, following the Utøya terror attack 61% of the survivors reported impaired academic performance and 29% impaired school wellbeing (Stene et al., 2018). In a Danish register study males bereaved in childhood had a 26% lower rate of attending higher education compared to non-bereaved males (Høeg et al., 2018). Usually the higher the trauma scores, the more reported school difficulties (Broberg et al., 2005).

INTERVENTIONS FOLLOWING DISASTROUS EVENTS

When schools face such situations, the task is to optimise children's possibilities for good coping and make sure that one does not add extra stress to the situation. Designated crisis response personnel or teams that can follow a plan that outlines what to do when, where and for whom is the backbone of any good response. Roles must be clear and resources available. As part of planning, it is wise to develop a similar understanding of reactions and needed intervention among collaborating agencies. Having similar mental models creates a consistent response. Transorganisational understanding is facilitated by joint exercise meetings. Good structures in place with written routines, clear roles and leadership, a designated coordinator and lead agency for the response, as well as knowledge of usual crisis reactions and responses among collaborating personnel, increase the chance of a successful response.

Plans must be:

Simple – not too detailed, with clear roles and leadership.

Flexible – easy to adapt to a developing situation.

Coordinated – similar mental models in cooperating groups and organisations, good knowledge of one's own resources and that of collaborating organisations.

The key to good crisis management is flexibility. Crisis situations never follow plans and what has never been thought of before is harder to handle during an emergency. A good plan provides the context for adequate decisions and improvisation. By tabletop exercises, task training and full-scale exercises personnel broaden the repertoire they access in a disaster situation.

THE RESPONSE MUST BE PROACTIVE

A proactive response means being able to respond quickly through outreach. Students are actively sought out by schools and invited to groups or gatherings to reduce barriers for help seeking. One does not wait for problems to appear. Different student exposure to an event may demand thoughtful divisions into groups. Early on it is wise to do a little too much, rather than too little. Reach out with offers of help and repeat offers over time. Be flexible in helping strategies and carefully listen to and meet the needs of children. Provide early psychoeducational guidance on good coping strategies and self-help methods that may normalise their situation sooner than just allowing time.

The early response that follows disastrous events will include a public health approach where all students are receivers of adequate information and caring leadership. Then more specific measures must be tailored to help classes and students that are most affected.

A proactive and valued response from educational psychologists (EPs) is to assist school leaders in how to structure the help provided. It does not need to be an event where several students die or are injured. If one student dies by suicide or is murdered many questions regarding information and handling will need psychological input on how to reduce rumours, advice on content and structure for parent and student meetings, suggestions on rituals, and information on how individual students are to be followed up. Recently we have outlined how schools can meet students that have experienced a death in the family and many of the points mentioned there can easily be adapted to the care for students that experience a disastrous event (Dyregrov et al., 2020).

If students lose their lives, schools should express personal condolences to families, inform the families about how the school plans to support students, and learn what plans bereaved families have for the funeral and memorials. The school can also provide information to parents about what mental health resources, including EPs, that are available.

EARLY INTERVENTION

On the day of an event the main goal is to restore students' sense of security. Memories are more strongly formed if the body is very activated. Good, truthful information from helpers that are caring can bring down activation and reduce the risk of unnecessary after-effects. Deep emotional conversations can delay the lowering of bodily activation and should be avoided at this time. Keep students together, let leaders calm them with facts, let them know what will happen, what will be done, that parents are being contacted etc. Information with little content value can have a calming effect. With calm leaders that create structure in a chaotic situation, students will usually cope well. Early structure, and adults that proactively engage the students will counteract emotional contagion and the spread of rumours. In mass disasters such as terror someone needs to track what is being spread through the news and social media to address this in meetings with the students. Early parent meetings informing them about what will be done are important to sustain a good collaboration. EPs can provide them with useful information about how they can support their children.

LET STUDENTS BE SUPPORTIVE OF EACH OTHER

Based on an assessment of the situation, and how it affects the students, plans for the following days are formulated. It may include class conversations or meetings for those who were particularly affected by what happened (witnessing a death, losing a good friend, comembers of sport teams, near-miss group etc.). In the early stages individuals high in the grief hierarchy or who experienced a high degree of perceived life-threat may need extra attention and more therapeutic interventions. EPs can play an important role as group leaders. Why bring students together to talk?

Often, they have not heard each other's stories – each student may have facts that help others build coherence and timeline in their story.

When an 'outsider' (group leader) asks, others can listen and understand better.

Conversations help to create a common context and narrative.

Students can support each other and make use of collective coping.

If the situation involved a chaotic, life-threatening situation, it is wise to structure the groups based on students' physical proximity to one another. The reason for this is that those who were close together may have information and facts that help another participant to get a fuller picture of what happened. Many struggle with a fragmented memory and putting the pieces together provides wholeness to their experience. This in turn makes the memory easier to integrate in long-term memory. Groups for students can help them organise their thoughts, create structure and coherence in their story, and add closure to what happened. The primary aim is not to have deep conversations about thoughts and emotions, but to be able to have a full picture, reflect on one's experience, and hopefully gain perspective and see that both oneself and the group can cope with what happened. Hearing how others think and react adds to normalisation and can be reinforced by the group leaders. Brief information that helps them comprehend both their own and other's reactions can be helpful. Depending on the situation, the students can get information on good self-help strategies and where to access more help if necessary. Wisely communicated psychoeducation can prevent untoward reactions. However, communication of a long list of expected symptoms can lead to selffulfilling prophesies.

DO NOT UNDERESTIMATE THE NEED FOR FACTS

Factual information about the event helps students understand what happened and build structure and coherence in their story as well as provide a timeline and more closure to an event. Depending on the event they may need to meet rescuers, visit the site of event under calm circumstances, go through accident or commission reports etc. If there is a loss of life, being part of rituals and memorials help them to make the loss real and process their reactions. Although participation adds a potential for traumatic experience, it is usually balanced by the potential for better understanding and less fantasies achieved through more concrete knowledge. EPs can help in determine who should participate in such activities, as they should be for those who were either physically exposed to danger or with high psychological proximity to the deceased or survivors.

FOLLOW-UP

Following disasters and terror, the assistance often includes returning to the site of an event and dealing with traumatic reminders. If for example, there has been a school shooting, returning to school may be filled with anxiety among both teachers and students. The EP can assist in the return by assisting teachers in 'claiming' back their workplace. Getting reacquainted with the school where the shooting took place under safe and calm circumstances, will make it easier to assist students in returning. This confrontative approach must be thought through and carefully executed to allow students to return to normal schooldays again. Most students have to deal with traumatic reminders, and the EP can assist in identifying these and guide students in gradual exposure. Some students will need individual help to master this. Depending on the circumstances of the event, timing and procedure is chosen.

Meetings with students and feedback from teachers and parents helps decide on needed longterm follow-up, and plans can be made for suitable interventions. There is a delicate balance between doing too much, and too little. In disasters, screening would be advisable after one to two months to be sure that those in need of help are identified. However, special attention should be given to students that have strong peritraumatic reactions, isolate themselves, have experienced previous loss or trauma or have access to very limited social support. Although posttraumatic stress reactions are the most common problem that needs attention, anxiety, depression and other mental health difficulties are not uncommon. If screening is to be undertaken to assess such problems, a system that secures adequate specialised traumatherapeutic assistance should be in place. For those who have lost a loved one, including a close friend, complicated grief reactions can develop that need grief specific therapy. Reach out to these families. Assign someome to continue contact with family and plan for return to school (Dyregrov et al., 2020). Complicated grief may not be easy to detect within the first months and may require later screening (e.g. ICD-11 requires six months to have elapsed before a diagnosis of prolonged grief disorder can be given). Injured children should also be monitored.

Consider also the impact on other schools (e.g. when best friends of a dead student attend other schools).

SUMMARY

Following disastrous events schools need to activate their contingency plans where agencies collaborate in a coordinated manner to secure good care for students. With good structures for early intervention and follow-up over time in place, schools, assisted by EPs, can ensure that students receive information and facts in a caring climate. EPs can assist with advice to leaders and help decide which clinical interventions should be used for different groups and individuals to process what has happened and build a coherent story that helps them to integrate the event. EPs can assist school leaders in structuring the immediate and long-term response, and they can lead clinical interventions.

KEY MESSAGES

Correct information provides students with a timeline and structure to what has happened. This lowers bodily activation.

Creating a caring climate that 'surrounds' the students also lowers bodily activation.

Meeting others who experienced the same situation will help them organise and fill in gaps in the timeline and promote collective coping.

Mobilize social support from family, friends, and fellow students.

Track at-risk students, develop individual plans, and keep records of identified students and actions taken.

Provide psychoeducational information about normal reactions and coping methods.

Use group follow-up if there are 'natural groups' for this such as those who lost a close friend; those that survived a serious life threat together; members of a sport team, etc.

Bring students up to date when new information becomes available.

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CHAPTER 2

2. Supporting school communities following the Grenfell Fire – Stories of courage, kindness and hope

Helen Kerslake (Assistant PEP) and Jane Roller (Senior EP) Westminster and Kensington and Chelsea Educational Psychology Consultation Servic

INTRODUCTION

The fire at Grenfell Tower on 14 June 2017 was devastating. Seventy-one people lost their lives and many others experienced trauma, loss and displacement. This terrible, huge event will remain with the community of North Kensington for generations to come. Several factors have made recovery very difficult. Families were left homeless and in temporary accommodation, the burnt shell of the tower remained uncovered until just before the first anniversary, and the inquiry is ongoing. The fact that the trauma lasted for hours, was witnessed by many members of the community and watched and re-watched on social media is likely to have added to the trauma.

Seven of the state funded schools in the local area were directly affected by the death of pupils or staff as well as the traumatic events. Fourteen children and one member of school staff died as a result of the fire. Ten other state funded and one independent school were significantly affected by the traumatic events: Families escaped or were rescued, families were evacuated, families and young people witnessed events and tried to help or families and staff lost loved ones in the fire. One primary school had close to forty families in temporary accommodation. Two schools had to move into temporary accommodations, in one case for over a year.

The strong leadership, quick decision making, practical support, extraordinary compassion and commitment of school staff to supporting their communities was praised[1]. This was all the more extraordinary when we acknowledge that many school staff in those schools closest to the tower had also survived a traumatic event and were experiencing a similar range of emotions and reactions as the children, young people and their families. In the schools, nurseries and child care centres in North Kensington – whether state, mainstream, special, faith or independent – there were many stories of school staff helping to inspire and build resiliency and hope, helping children, young people and their families recover and find comfort in their surviving community.

EP CRITICAL INCIDENT RESPONSE

'…practical help and empathy are more important than counselling within the first days following a catastrophic event' (Bisson, 2017[2]).

The educational psychology response was a team effort involving EPs from the Tri-Borough (of K&C, WCC and H&F). Critical Incident training had been a key aspect of our service role going back many years to when Patsy Wagner was the principal EP in Kensington and Chelsea[3].

The symposia paper by EP Henryk Holowenko, 'Early Interventions for children in the aftermath

[1] *Professional Narratives and Learning from Experience: Review of the Critical Incident Response to the Grenfell Tower Fire*, Professor Sandra Dunsmuir, Dr Ben Hayes and Jane Lang (2019)
[2] Jonathan Bisson, professor of psychiatry at Cardiff University, *Guardian* 18 June 2017
[3] Patsy Wagner, *Children and Bereavement, Death and Loss: what can the school do*, NAPCE, Academia.

of a crisis'[4], was hugely helpful in guiding our approach. Its evidence-based principles referencing 'psychological first aid'[5] and the Hobfoll principles featured strongly in our work.

As far as possible early interventions should promote: a sense of safety, calming, a sense of self and community efficacy, connectedness, and hope (Hobfoll et al., 2007)[6].

The paper also advocated the least intrusive interventions for children and young people (CYP), which build on the strengths and resilience of schools, families and communities. We therefore promoted the idea that as children are used to seeing parents and teachers, these are the people who know them best and are best placed to notice any changes in behaviour and take primary responsibility for their care. Direct communication with unfamiliar staff may generate more stress.

OUR IMMEDIATE RESPONSE

Most headteachers knew what to expect from our service, some also had previous experience of traumatic deaths of pupils and shared their knowledge with less experienced heads. The Westminster Bridge attack only three months before Grenfell had been very frightening for several nearby Westminster schools and tragically a person killed on the bridge had two children in a Westminster school.

The critical incident model involved working in pairs, with an experienced EP in the area of bereavement/critical incidents contacting and then visiting a school as soon as possible with the link EP for the school. The situation for some schools, such as the secondary school under the tower, was overwhelming and in some cases three EPs went in together offering immediate and ongoing 24 hour contact with senior leadership teams. Some of the work during the first two days included:

Briefings with heads, senior management teams and governors: guidance and information about what to expect and what to look out for – such as young people using social media, what information did the police advise could be shared? Where children were missing – what, how and when to tell children, who to tell first?

Reassuring staff that they had the skills already to deal with this – and information about 'watchful waiting'[7].

The reactions to expect from pupils and the questions they are likely to ask and how to answer them.

Firming up scripts for communications to parents/carers, for assemblies and for staff to use with large groups and circle times. Advising from the outset to introduce positive stories: acts of kindness, strength and courage and people working together to help and care for those that have been affected.

The information sheet for adults by David Trickey 'After the event'[8]: Supporting children after a frightening event' was

[4] The BPS Crisis, Disaster and Trauma Psychology Section, *Early Interventions for Trauma Symposia*, June 2015, Ed. William Yule

[5] 'Psychological first aid' aims to meet psychosocial needs by providing: safety, information, emotional support, psycho-education and to provide access to additional services if necessary. WHO https://www.who.int/publications/i/item/psychological-first-aid

[6] IFRC, Five essential principles of post-disaster psychosocial care (Hobfoll et al 2007),

[7] The term 'Active Monitoring' replaced 'Watchful Waiting' in 2018. 'If you have mild symptoms of PTSD, or you've had symptoms for less than four weeks, an approach called active monitoring may be recommended. Active monitoring involves carefully monitoring your symptoms to see whether they improve or get worse. It's sometimes recommended because two in every three people who develop problems after a traumatic experience get better within a few weeks without treatment Treatment – Post-traumatic stress disorder – NHS (www.nhs.uk)

[8] David Trickey, Richard Bailie, Lucy Serpell. *'After the event': Supporting children after a frightening event'*, a short leaflet for carers of young children www.davidtrickey.com

emailed to schools on the morning of the first day after the fire and many parents/carers received it that afternoon.

By day three we had been able to adapt a frequently asked questions[9] (FAQ) document (previously developed by EPs in response to the Westminster Bridge attacks) which was uploaded to the borough's website and widely circulated by schools. It raised awareness of reactions to expect and gave possible scripts to use and reassurances to parents and teachers to trust their own judgement and common sense. Ideas in it came from guidance from Winston's Wish[10] and Patsy Wagner.

'My children are asking lots of questions about death.

'How can I answer when they ask "Why?"'

'My children are now scared and are asking if I or they will die.'

Staff and parent workshops took place in schools immediately after the event and then one month later. We followed principles advocating the importance of respecting and building on the dignity, strengths, resilience and coping mechanisms of school communities. Our aims were to promote practical help and empathy from familiar trusted adults, and develop interventions with a focus on *a sense of safety, calming, self and community efficacy, connectedness and hope*[11].

We drew on advice from Marge Heegaard (in her art therapy/information book *When Something Terrible Happens*), which resonated strongly with those we met. It emphasised our collective responsibility to try to find ways for children and young people to learn that although terrible things *do* happen in our world; *people care about them and love them, want to help them, and want to keep them safe*[12].

We utilised ideas from Appreciative Inquiry[13]; inviting everyone to share stories of acts of kindness, courage and generosity that had been witnessed, at the close of each workshop. This helped us all to hold on to a small sense of hope and togetherness, within a grieving community.

Throughout we reminded school staff to continue to focus on the children and young people who would find it much harder to cope: the survivors and bereaved, including those who had lost a classmate, and those who had to move to temporary accommodation or witnessed the fire. There were also other children and staff to pay attention to who were already vulnerable and prone to not coping such as those who had experienced a recent bereavement or history of trauma, Looked After children, children with significant social and emotional needs or whose parents had pre-existing mental ill-health.

We know that schools have always been a source of normality and refuge for many and we strongly advocated that teachers have all the skills needed to support children and young people through difficult times. However, some less experienced teachers expressed concern that they might say the wrong thing or make a situation worse, and so we reminded them that responding intuitively and with compassion is the best approach and not to be worried about showing their own grief.

ONE YEAR ON

In December 2017 our focus shifted to thinking about what might be needed to help support school communities to stay as strong as possible over the one year anniversary period. School communities had been an incredible source of reassurance for children, young people and families, with 'outstanding commitment' and 'over and above response of head teachers and school

[9] Tri-Borough EPCS *'Supporting Children after Frightening Events: Frequently Asked Questions'*
[10] Winston's Wish charity supporting bereaved children, young people their families and professionals who support them, www.winstonswish.org
[11] IFRC, Five essential principles of post-disaster psychosocial care (Hobfoll et al., 2007)
[12] *When Something Terrible Happens: Children Can Learn to Cope with Grief*, Marge Eaton Heegaard, 1996
[13] *The Thin Book of Appreciative Inquiry* by Sue Annis Hammond, 1996

senior leadership teams'[14]. However, we knew from the research that it could become even harder to stay strong over the anniversary period because of what's known about the re-emergence of painful and difficult memories, combined with distressing imagery in the media. An emphasis was put on looking after ourselves and that we needed to 'put on our own oxygen mask' before helping others.

The Growing around Grief[15] model offered a helpful visual framework for developing practical activities for schools to use to engage children and young people in conversations about ways in which their lives had expanded around grief over the year.

The research around anniversary reactions helped us to prepare scripts and restorative questions about ways that children and young people had, for example, 'coped with a challenge; found time to relax and have fun; connected with other people; learned a new skill; appreciated a kindness.' We developed group activities such as cook and talk/plant and talk[16] involving step by step recipes/instructions, with restorative questions linked to each step, to support structured partner and group conversations whilst taking part in cooking or planting activities.

The 'Five Ways to Wellbeing'[17] (connect, take notice, keep learning, be active, give) was appealing because of its simplicity and accessibility – a practical framework offering useful ideas for schools to think about how these five actions can be built into daily lives, which links with Psychological First Aid frameworks[18].

Staff workshops at the time of the anniversary had a strong emphasis on topping up resiliency. This included reminding teachers that research shows that the most frequently encountered positive role model for resilient children and young people outside of the family circle is a favourite teacher[19].

WHOLE SCHOOL INTERVENTIONS

School leaders made decisions about how to approach recovery and provide support in ways that felt intuitively right for their staff, children and their families – there was no 'one size fits all' approach. The UCL report referenced strong leadership and practical support of school staff to support their communities. Below are some of the whole school and group interventions that took place across schools in North Kensington.

MINDUP[20]

MindUp is all about strengthening your own mental wellbeing through increased self-awareness, self-regulation and social and emotional competencies. It uses ideas from mindful awareness, positive psychology, neuroscience and understanding our brains, as well as social and emotional understanding. There is extensive research on its effectiveness. It has a core of 15 lessons teaching 3–14 year olds how the brain works and how to regulate their emotions to improve their focus for learning and how to be happy.

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[14] Professional Narratives and Learning from Experience: Review of the Critical Incident Response to the Grenfell Tower Fire Professor Sandra Dunsmuir, Dr Ben Hayes and Jane Lang UCL (2019)
[15] Munroe adapted from Tomkin 1996
[16] Information about these interventions detailed in Transition, Recovery and Learning Resource booklets 2020 WKC Educational Psychology Consultation Servicehttps://services2schools.org.uk/Services/4698
[17] New Economics Foundation 2008
[18] Psychosocial Support Humanitarian Assistance Planning Southwark Council June 2017
[19] Werner, E.E. (2000). Protective factors and individual resilience. *Handbook of early childhood intervention, 2,* 115–132.
[20] The Goldie Hawn Foundation mindup.org.uk

TREE OF LIFE

This eight week intervention developed by N. Ncube[21] is a strengths-based approach drawing on principles of narrative therapy, fostering social inclusion and resilience, and celebrating individual identities and stories of competence.

Individual children's lives are represented using different parts of a tree as metaphors. Parents and carers were invited to attend a presentation of the Tree of Life displays from across the school setting in a beautiful 'Forest of Life' display.

MAKING ACTION PLANS (MAP)

Inclusive Solutions[22] facilitated MAPs with two of our primary schools: 'A creative planning tool that uses both process and graphic facilitation to create a shared vision of a positive future for individuals or organisations.' It begins with the history and although it is *not* therapy the process can be therapeutic. Both school settings described the process as hugely supportive; engaging and inclusive of all adults working in the school.

WHAT WE LEARNED: CHALLENGES, SETBACKS AND WHAT HELPS

Offers of support from both within and outside the EP community nationally and beyond were very much appreciated, but also difficult to manage without affecting the frontline response. We realised that it is important to have office-based roles as part of the CI response and to use out-of-office responses

The model of watchful waiting was often challenged by other counselling organisations. However, far from a 'wait and see' approach we supported schools to actively monitor and maintain a list of vulnerable children that could be referred to CAMHS if traumatic symptoms persisted.

Materials needed to be adapted for CYP with autism which led to the development of context specific Social Stories.

We developed strong links with the One Education EP team (Manchester) who were involved in supporting their local community following the Manchester Arena bombing – we were surprised by the relative dearth of resources for teenagers following a terrible event and work began to develop a version of *When Something Terrible Happens* as a resource for teenagers[23].

We found it helpful to refer to information about world religions, beliefs and practices in relation to death and bereavement[24]. Grenfell occurred during the month of Ramadan and it was a small source of comfort to learn about beliefs within the Muslim community that the gates to paradise are permanently open during the period of Ramadan.

Those who live through terrible times will often be able to help others… and some may go on to do something to make the world a better place. Even terrible things can teach some good things – like understanding, caring, courage… and how to be okay during difficult times.
(Marge Heegaard 'When something terrible happens')

[21] Ncube, N. (2007). *Tree of Life: An Approach to working with vulnerable children,* DVD, Dulwich Centre Publications.
[22] Inclusive-solutions.com https://inclusive-solutions.com/blog/map-for-school-staff-post-grenfell-tower/
[23] Sue Pasado. Principal EP One Education.
[24] Pam Belmour, PSE Advisor Waltham Forest, NAPCE

CHAPTER 3

3. Crisis and recovery: Collective learning from the Greater Manchester Resilience Hub

Dr Kate Friedmann, Consultant Clinical Psychologist.

INTRODUCTION

On 22 May 2017 one of the deadliest terrorist attacks in recent UK history took place at the Manchester Arena, targeting families and young people attending a concert. Twenty-two members of the public died and over 350 were physically injured. It was immediately recognised that many more would be left traumatised by this tragedy. Given the numbers expected to be affected and the distribution of concert goers across the North of England and Scotland a unique national approach was needed to try and offer support where necessary. This brief article reflects on some of the learning gathered over the last three and a half years working with those impacted by the Arena attack and more recently the work done supporting those responding to other traumatic deaths.

ACKNOWLEDGMENTS

Sadly, our learning comes from the suffering, loss and grief of those caught up in the life changing events of 22 May 2017. We would like to thank those we have worked with for sharing their stories and trusting us to support them. Although many people have moved along their journey of recovery, we would also like to acknowledge that many are still suffering and continue to need support.

SUMMARY OF LEARNING

- Recovery from trauma and crisis is not linear; people's needs fluctuate over time.
- Offers of support must be co-ordinated and responsive to short, medium and long-term needs.
- Intervention and support across health and education needs to include children and parents or carers.
- The psychological burden on frontline staff during crisis and recovery needs to be considered; extra supervision and support is crucial.
- Children and young people need to know it's ok to ask questions.
- Anxiety and distress during crisis and trauma are normal reactions.
- Acknowledging and validating people's experience is a vital intervention throughout recovery.
- When evidence based mental health interventions are required, access to services in a timely manner is a key part of recovery.
- Proactive and rapid outreach is valued by those affected, and important to help identify all those affected
- Embracing digital technology supports screening of high volumes of clinical need in a short period of time

GREATER MANCHESTER RESILIENCE HUB

The Greater Manchester Resilience Hub (GMRH), formerly known as the Manchester Resilience Hub, (MRH) was fully operational within seven weeks of the arena attack. The 'Outreach & Screen' model, used by the GMRH, was influenced by the 'Screen & Treat' model first used following the London 2005 transport terrorist attack. The GMRH is an all age, psychologically led NHS service, with clinical and managerial expertise from both adult and child mental health services.

THE INITIAL OFFER

The GMRH carried out extensive consultation with schools, local services, and the media to share information about normal trauma responses and to raise awareness of the support available. In order to try and reach the estimated 21,000 concert attendees and their families, later confirmed to be 15,600, a letter was emailed to all 6000 ticket purchasers. This was to let people know that the GMRH was available and ready for them, while inviting people to take part in the online screening program; this enabled the GMRH to target limited clinical resources more effectively

The enhanced screening offer was emailed out every three months for the first year and then six monthly following the first anniversary. The offer of screening and telephone support remains a constant for anyone impacted by the attack, with onward liaison and referral into local mental health services when necessary. However, over the last three and a half years, the GMRH has adapted and developed the offer as the needs of those we have supported have changed.

PEOPLE NEED DIFFERENT THINGS AT DIFFERENT TIMES

During the last three and a half years over 3700 individuals have been supported by the GMRH, 80% of whom live outside of Greater Manchester; over 1000 of these people have been under the age of 18. Requests for individual support have continued to arrive, often triggered by key events, such as the anniversaries, a further trauma or bereavement, and more recently the Public Inquiry. The general anxiety and uncertainty created by the Covid-19 pandemic has also lead to some further referrals and increased support needed for those already in contact with the GMRH.

Trauma-recovery workshops: One of the themes that emerged over the first year following the Arena attack was the desire for people to have contact with others who had been impacted by the same trauma. This was particularly important for those people living outside of Greater Manchester who reflected feeling more alone and isolated in their recovery. In collaboration with Greater Manchester Police, the GMRH was invited to run an initial workshop in January 2018, for families.

This experience was so valuable to the families that the We Love Manchester Emergency Fund agreed to support the GMRH to develop and run a series of trauma-recovery workshops for families, cohorts of 16–25 year olds or adult concert goers who did not have children. These were delivered in partnership with Greater Manchester Police, the Peace Foundation and 42nd Street, a Manchester–based third sector organisation.

The day-long trauma-recovery workshops aimed to bring people together in a safe and supported environment to help normalise their experiences since the Arena attack, and to encourage people to think more about steps towards their own recovery. For families, the days were also designed so the parents/carers and sometimes grandparents would spend time together in a separate session from their children; allowing more opportunity to share

What did you most value about the day?

'Meeting people in a similar position who understand exactly how you feel as so many will never understand.' **(parent)**

'Being able to talk openly and safely about our family situation.' **(parent)**

'Information on how best to support children.' (**parent)**

'Getting to meet new people in the same situation it made me feel normal.' **(young person, family workshop)**

'Lots of useful information that has helped me understand more about how I am feeling.' **(young person, 16–25 workshop)**

'Finding new ways to cope with trauma and learning to accept.' **(young person, 16–25 workshop)**

parental and relational concerns with other adults. Parents fed back how reassuring it was to hear from other parents and likewise children and young people valued the opportunity to connect with others who had been through something familiar.

Initially, eight recovery workshops were run across the north of England and in Scotland with a total of 412 people attending, including 139 young people under the age of 16. A further eight follow-up workshops were offered to the same cohort of attendees 6–12 months later, with a total of 130 people attending (31.5% of the original 412 attendees). Some of the key learning from these days has been:

People need to know that their reactions to tragedy and trauma are normal.

Teaching skills to help people manage their anxiety and trauma symptoms is highly valued and useful.

People found it reassuring to meet others that had experienced the same tragedy, albeit in different ways.

Parents and carers need time away from their children to talk and reflect.

The recovery of parents and carers can often be put on hold while they attend to their children's needs.

Assessment of clinical need and risk prior to attendance was crucial and shaped the resource and staffing for the workshops.

High staffing ratios with a mixture of clinical and non-clinical expertise were necessary for comprehensive emotional support, facilitating group dynamics and responding to changing clinical needs during the day.

It is important for those offering support following trauma or tragedy to consider the timing of this kind of workshop. GMRH began delivering workshops in January 2018, nine months after the Arena attack. At this point many attendees were still extremely anxious about attending and had to be well supported, while feedback from others indicated these workshops would have been helpful earlier: 'Why is this only being offered now?' or 'I wish I'd known some of this earlier.'

Setbacks to recovery: Towards the first anniversary of the arena attack the GMRH did some work with staff and parents of a School, who were grieving the loss of one of their pupils in the attack. The head teacher had offered thorough and thoughtful support to his staff, pupils and their parents, over the initial 10 months; bringing in external supervision for staff, communicating regularly with parents, bringing classes and year groups together to talk, and offering extra individual support and sometimes bereavement counselling to some pupils. Community support was also organised through a charity and a commemorative concert was held.

The build-up to the first anniversary was extremely distressing, bringing fear of unwanted media attention, triggering staff and children's anxieties, as well as reigniting grief and some trauma responses. There was a lot of

energy going in to plans to mark the anniversary and commemorate the pupil's life. It was agreed that the focus of support needed to be on the senior leadership team and the staff most closely linked to the pupil and that the offer should be extended to the parents of pupils who the Head had been in regular contact with and knew how much some were struggling.

This was the first time parents had been brought together and the sadness and worry was raw and many felt overwhelmed by the responsibility to 'put things right' for their children. Our work was focused on normalising and acknowledging their suffering, giving them the opportunity to share their grief and worries but also to provide guidance and practical skills around the questions they had asked us: 'How should I talk to my child about what happened?'; 'Is it normal that my child won't talk about it?'; 'What to do about nightmares?'; 'Will I ever see the sparkle return to my child's eyes?' Some questions were understandably easier to answer than others.

The sessions were well received and encouraged an increase number of self-referrals in to the GMRH for further bespoke support. There were reflections later as to whether these sessions may have been useful earlier on in this schools' journey of recovery. However, it was recognised that the interventions implemented by the head teacher over the previous 10 months had worked well to support and contain the school community. It was not until the added pressure and distress of the first anniversary was apparent that an extra layer of support was requested.

Giving people choice and control in the timing and delivery of support is fundamental to how it is received and the impact it therefore has. Revisiting options for support is also crucial for people's ongoing recovery at times of increased vulnerability, such as anniversaries, inquests or if further trauma or bereavement is experienced.

Working with education: The children and young people supported by the GMRH have regularly highlighted how demands at school, college or university became extremely challenging following their trauma. The narratives have varied from fear of leaving home, to struggling with fire alarms, being triggered by class topics or crowds of people or many difficulties combined.

In an attempt to support young people, the We Love Manchester Emergency Fund charity commissioned the production of an animation to help those in education better understand the impact of trauma on young people and what could be done to support them. The GMRH were the clinical advisors for the animation, The Journey of Recovery, and had the privilege of working with 14 young people who recorded their stories for the animation.

The animation was launched at the GMRH 2019 Education conference, with 4 young people there to share their experiences of taking part; reiterating how important it was for those in education to understand the impact of trauma on young people and to make plans to accommodate and support their needs. The animation was later used by staff at the GMRH to help the Head Teacher and Pastoral Lead of a school consider the needs of one cohort of young people bereaved and traumatised by the Arena attack.

Guidance and material were also been written to accompany this animation and support both staff and older pupils think about steps they can take to respond to the needs of traumatised students. Both the film and the materials can be downloaded at www.thejourneyofrecovery.co.uk

LAYERS OF CONTAINMENT

Over the last four years the GMRH has attracted some funds from the charitable sector in addition to national and regional public sector monies. This has allowed our work to diversify, including support to individuals and families following serious incidents in the community and also support to schools or other organisations following traumatic death. More recently, the Covid-19 pandemic has required an innovative response to try and support

Greater Manchester health and social care staff and their families. Key elements of the GMRH, including outreach, assessment of need and facilitation into evidence based treatments, have been adopted by NHS England in a national roll out of staff wellbeing hubs.

Our learning continues and it is clear that the psychological burden on those supporting staff or young people following a trauma or traumatic death can be enormous and needs to be invested in. An offer of consultation and advice to senior leaders has been a fundamental component of support offered by GMRH in the immediate aftermath of a tragedy. This is a relatively low cost intervention aimed at increasing confidence and skills of those who are containing and stabilising the frontline workforce. However, any service supporting organisations or individuals that are traumatised needs to work closely with partner agencies, to maximise resource and minimise confusion, and to ensure a spectrum of evidence-based support and intervention is available as needs change over the short, medium and long term.

SUMMARY

Recovery from trauma and traumatic grief is neither linear nor homogeneous and a spectrum of support is needed to meet the changing needs of both people and organisations in the short, medium and long-term. Containing and supporting those who are directly impacted needs to be a long term investment; psychological and practical scaffolding has to remain in place following critical incidents. This is a collective responsibility and needs co-working, codelivery and good communication.

Sadly, in 2020, there was so much more learning to draw on in the area of crisis and critical incident responding, both in the UK and internationally; this must be put to good use. Some of the most important learning we need to hold on to while doing this work is that people can recover from the most terrible tragedies, with the right support at the right time.

For further information about the work of the GM Resilience Hub, please email us at GM.help@nhs.net or call us on 03330 095 071.

You can also visit our website for further information about the support we offer and to access our resources.

Greater Manchester Resilience Hub:
Pennine Care NHS Foundation Trust –
www.penninecare.nhs.uk/mcrhub

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CHAPTER 4

4. An initial implementation of the Supporting Students Exposed to Trauma (SSET) programme in EP practice

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INTRODUCTION

A number of government reports and initiatives have highlighted an increasingly high number of children and young people with mental health and emotional needs that are going unaddressed (Department of Health (DH), 2014; Department for Education (DfE), 2014a). With 40% of these children and young people not receiving support through specialist services such as the Child and Adolescent Mental Health Service, and another 40% requiring preventative support, schools are increasingly seen as having a significant part to play in identifying and supporting CYP with such needs (DH, 2011b).

THE COMMISSIONING AND CONTRACTING STAGE

The initial idea for a group came from discussions between a secondary Headteacher and the school's link educational psychologist (EP). The headteacher was interested in the link between gang membership and unaddressed mental health and post-traumatic stress (PTS), both issues were concerns for him within his school and he was keen to address them. It was agreed that the EP would plan a group intervention to be delivered by the EP and a Trainee EP (TEP) as part of the school's traded service level agreement.

THE SSET PROGRAMME

The SSET group programme was developed in the US to address the impact of community and interpersonal violence through the development of skills aimed at changing maladaptive thoughts, through promoting positive behaviours via direct work and by increasing levels of peer and parent support for affected students. SSET is a manualised ten week, cognitive-behavioural, skills based programme designed for students aged 10–16 years experiencing ongoing distress in relation to a significant trauma. It is not intended for use with students in crisis, or those with severe behaviour problems, severe cognitive limitations (for example, a reading comprehension below Year 5), or where the primary problem is child abuse (repeated trauma).

SSET has a strong evidence base (Jaycox et al., 2009) and was developed as an adaptation of the Cognitive-Behavioural Intervention for Trauma in Schools programme (Stein, et al., 2003; Kataoka et al., 2003, Jaycox et al., 2010). There is strong evidence generally to support the use of cognitive behavioural therapy (CBT) and cognitive behavioural approaches (CBA) with children and young people (Roth & Fonagy, 2005, cited by Weeks Hill & Owen, 2017).

The programme is designed to be delivered weekly, in school, by staff without clinical training and with the support of a clinician to help with screening, group selection, decision-making and to offer advice on high-risk students.

THE PLANNING STAGE

IDENTIFYING APPROPRIATE GROUP-MEMBERS

Fifteen young people were considered by the school to be vulnerable and in need of targeted supported. This was felt to be too many for a single group and so at this stage the SSET screener (Child PTSD Symptom Scale) was administered by the school with the consent of the parents, carers and young people. While ten pupils were identified as a priority by the screening tool, only one was male. It was subsequently decided to limit the group to female students only. Those pupils then met with staff, who introduced the programme to them, discussed their joining and followed the manual instructions for gaining informed consent. The participants all came from Years 8 and 9 and were already known to each other.

BUILDING CAPACITY

One aim of the intervention outlined at the contracting stage was that the EP involvement would have a longer-term systemic impact. It was therefore arranged that the school's mental health lead (MHL) would co-facilitate the group. As well as already having a trusting relationship with most of the young women and their parents and carers, it was envisaged that her involvement would help to embed and disseminate new understanding about trauma within the school and develop competency in terms of identifying and supporting the needs of other young people and running future SSET groups in school.

LOGISTICAL DECISIONS

Logistical issues were also agreed during the planning stage including; room bookings, responsibilities and action regarding any safeguarding issues that might arise. As avoidance and emotional regulation difficulties are common issues for people with PTS, careful planning was given to setting up the group. This included making time to meet with each young person individually beforehand and finding out from them what might make them feel more comfortable within the group (e.g. self-soothing items and activities). A shared snack-time was also planned to promote social cohesion and emotional wellbeing. Time was also built into the end of each session to allow for facilitator review and debrief.

PLANNING THE EVALUATION

As evidence-based practitioners, and especially as this was the first time the intervention had been delivered in the United Kingdom, we were particularly interested in evaluating the impact of the intervention. To this end, pre and post measures were planned, including parent/carer scaling forms, teacher strength and difficulties questionnaires, self-report Beck Youth Inventories and the SSET young person evaluation forms. Also, before embarking on the SSET group-intervention, care had been taken to agree and record the school's hopes from the intervention. These were:

To reduce the participants level of PTS.

To begin to see a reduction in externalising and internalising behaviours.

The importance of feeding back to the school and parents, in a way that would be useful for evaluating the intervention and helpful in continuing to support the young people, was also considered.

THE IMPLEMENTATION STAGE

The programme content of SSET (See Figure 1) focuses on cognitive-behavioural coping strategies and skills, and the trauma narrative as an important means of processing the trauma. Key components within the content are; psychoeducation, relaxation training, cognitive coping, gradual exposure to trauma reminders and trauma narrative.

Lesson six and seven were felt to be particularly significant points in the programme. The SSET program aims to reduce anxiety related to a traumatic experience by capitalising on the human process called 'habituation', i.e. getting used to something over time due to increased exposure. These two lessons are aimed at helping students to do this and to start to process the experience through working on their trauma narrative. First, by asking the young people to write a factual, less threatening account of the traumatic event they have chosen to focus on (in the format of a newspaper story). Then, by asking them the following week to write again about the event but this time doing it from their perspective, and in the first person, adding details and associated emotions and sharing this where possible with the rest of the group. The theory is that it will then become easier for the young person to continue to think about and process the events, and subsequently the less these thoughts, and the anxiety they cause, will interfere with their everyday functioning.

Figure 1: SSET programme content

- Lesson 1: Introduction
- Lesson 2: Common reactions to trauma and strategies for relaxation
- Lesson 3: Thoughts and feelings
- Lesson 4: Helpful thinking
- Lesson 5: Facing your fears
- Lesson 6: Trauma narrative, Part 1
- Lesson 7: Trauma narrative, Part 2
- Lesson 8: Problem solving
- Lesson 9: Practice with social problems and the hot seat
- Lesson 10: Planning for the future and graduation

THE REVIEW AND EVALUATION STAGE

Of the nine group members who started the intervention eight completed the programme and pre and post data was available for seven of these however unfortunately no post-intervention ratings were available from parents/carers.

The results of the self-report BECK Youth Inventories indicated that all group members had made gains in their self-concept scores and therefore saw themselves more positively following the intervention (see Figure 2). Five young people reported that they felt less anxious following the intervention (four of which had a score which reduced substantially, see Figure 3) and that their levels of depression had reduced following the intervention (three of which had a score which reduced substantially) (not the same five). Less group members reported a positive impact on their disruptive behaviour (four out of seven) and anger (three out of seven).

The results of the self-report PTSD screener were available for five group members and three of these reported improvements in their PTSD reactions (two of which had scores which showed substantial improvements).

The results of the staff report SDQ were available for seven group members however these should be interpreted with caution due to the fact that different staff may have completed them before and after the intervention. These indicated that five group members showed a reduction in their overall stress scores (all of which reduced substantially). Four group members showed a reduction in their conduct and hyperactivity

Figure 2: Beck Self-Concept Scale

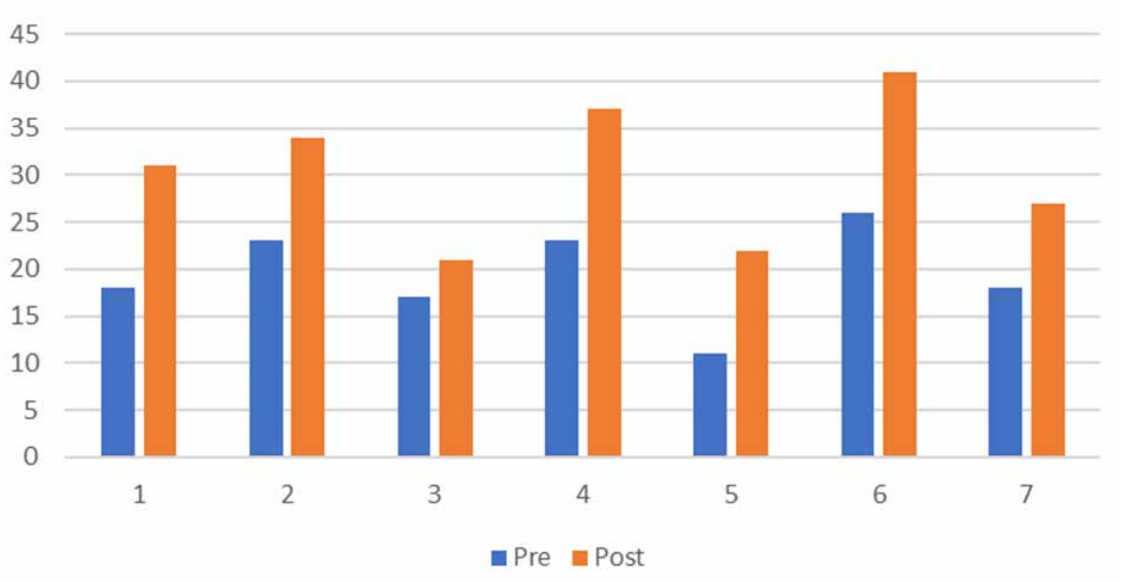
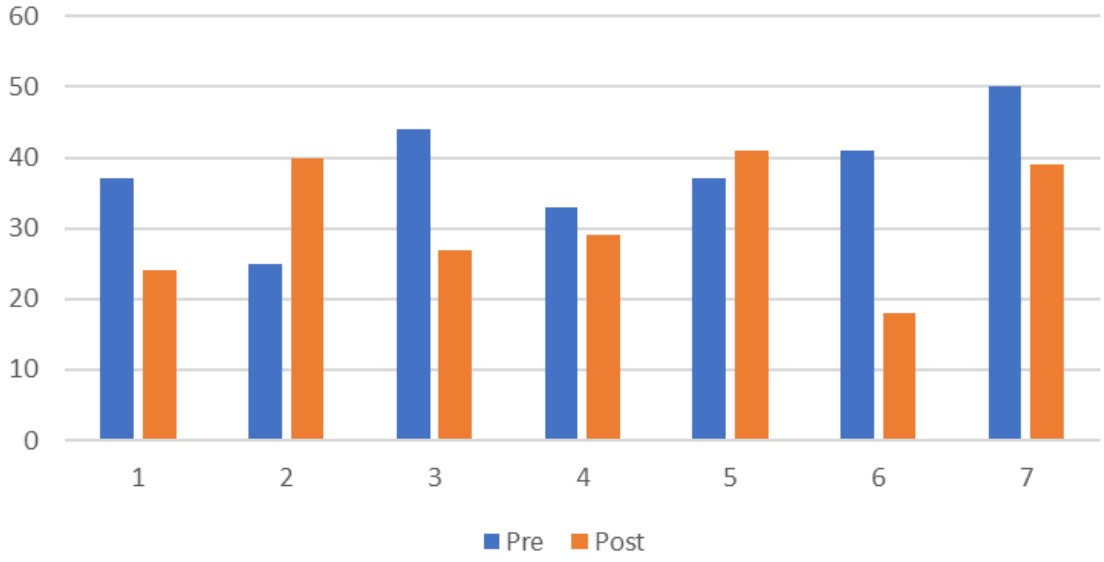


Figure 3: Beck Anxiety Scale



scores following the intervention. Less group members showed reductions in externalising behaviour (three out of seven), emotional and internalizing scores (two out of seven) and peer problems and increases in prosocial behaviour (one out of seven).

The qualitative student feedback from the SSET group evaluation form indicated what their experiences on this group intervention had been (see Figure 4).

Figure 4: Qualitative student feedback

Things I like best about the group:

- The snacks.
- People listen to me.
- Spend time with mates.
- Food.
- Help with my problems.
- Games (Quiz).
- Everything.
- Snacks.
- To be able to talk.
- They was welcoming.

Things I didn't like about the group:

- Not everyone was paying attention most of the time.
- Sometimes I felt uncomfortable.
- Nothing.
- Nothing.
- It didn't help anything. I already knew everything they said.

LEARNING POINTS AND KEY REFLECTIONS

Having a second group-leader in the case of this group was essential for maintaining a safe space and one-to-one support for co-regulation away from the group when necessary and recognising and reflecting on the group processes and dynamics.

Feedback from the young women suggested that most had enjoyed being part of the group and had found it helpful in overcoming and moving on from the traumatic events they had experienced (See Figure 4).

It was felt that the programme content would fit better into one and half hour sessions and/or over 12 weeks rather than the one hour over 10 weeks. This would have allowed time to accommodate time to arrive and settle and additional time to accommodate for the snack time which was found to be a valued part of the sessions.

The students were not always comfortable feeding back their thoughts and feelings verbally in the group but were willing to produce individual written feedback which they sometimes allowed adults to feedback within the whole group or they would share within smaller groups.

Eight out of the nine original participants attended seven or more of the sessions. We felt this level of retention was high considering the content of the programme and characteristics and needs of the young people.

We valued some time at the end of each session for a facilitator's debrief. This allowed time to provide mutual support, to feedback and learn from each other and through this sharing process to develop systemic practice.

Staff reflected back how powerful the screening process was in helping them to understand the students better and the students in beginning the recovery process by sharing this information with trusted staff.

It was important to have time to reflect on and attend to the group processes and phenomenon and to apply our understanding of these to ensure they did not inhibit the personal growth of the participants.

The experience of delivering the SSET group so far has highlighted the importance of being responsive to the needs of the group and able to adapt the content, particularly when the intervention is following a manualised programme. In hindsight the programme's design, content and pace did not make this easy and offered little flexibility in order to respond to individual needs, group dynamics and processes effectively. While the weekly debriefing sessions enabled some shared evaluation of dynamics and a chance to discuss adaptions for the following week, little time was left for modifying the session content. Solution focused and positive psychology approaches were incorporated to increase positive emotions, peer support, understanding and cohesion within the group.

While the group format seemed to work for some of the young people most of the time, for others the group-based approach seemed a difficult format in which to discuss personal trauma.

As a result, significant adaptations to the session organisation were needed such as allocating students to smaller groups based on: (a) their identified trauma; and (b) their progress through the programme curriculum content.

An important aspect of the programme was the collaboration with the school and the direct involvement of the MHL, who provided containment for the students, and the support of the headteacher. While it was intended that the school staff's views would be included in this presentation and would consider: the longer-term benefits or impact for the students involved; the experiences of staff involved; what worked well and what could be done differently in the future, it has not been possible due to the lockdown and demands of Covid-19 working.

Longer term follow-up would be helpful to assess whether substantial changes were maintained for the participants.

SUMMARY

This action research shows positive preliminary results for some of the students in some of the areas measured. These results should be interpreted with caution due to the small sample size and lack of control surrounding other potential variables. The SSET programme intervention requires more robust research and evaluation into its effectiveness in UK settings, however people working with schools and communities after a disaster or crisis may wish to consider the use of this group intervention for young people who continue to show PTS reactions after normal trauma responses usually cease.

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CHAPTER 5

5. Is Psychological First Aid relevant and useful to schools in a crisis and does the school climate make a difference to the response?

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INTRODUCTION

'What school leaders, teachers, psychologists and other supporters do in responding to critical incidents and how they do it is of vital importance in minimising the extent of the immediate and long term debilitating effects of shock, grief and trauma' (Whitla, 2003). David Benson (head teacher of a school affected by the Grenfell Tower fire) said of the school: 'We were built to serve this community. The community needs us to serve them more than ever now.' (Weale, 2017). This research was driven by an interest in what makes the most effective response to a critical incident after experience of supporting schools as an educational psychologist (EP). Schools can often appear to be unprepared and responses vary widely. The response depends upon many factors including the type of school, the school ethos and the experience of the staff. The EP called to support can be asked 'Where's the plan?' and 'What do we do?' There is a public perception about 'calling in the experts' at the time of a critical incident and this is likely to cloud the issues and illustrates some confusion about what might be the most appropriate response.

Critical incident support has become a part of service delivery for EPS's (Farrell et al., 2006) and has been documented in the professional literature since the mid 1990s (Carroll et al., 1997; Houghton, 1996; Mallon & Best, 1995; O'Hara et al., 1994). *Wise Before the Event* (Yule & Gold, 1993) encouraged schools to plan for disasters and there has been an increased emphasis on psychological and emotional needs of survivors following several incidents (Clark, 2001; Posada, 2006; Dyregrov, 2008). Research supports the crucial importance of the response to the incident and there is some evidence that crisis support is able to predict symptoms of PTSD over and above attributional style and coping style (Joseph et al., 1992). The strength of pre-trauma factors was found to be only modest in comparison to the peri-trauma and post-trauma factors (Trickey, 2012). Some incidents can promote positive re-adaptation, coping and resilience (Joseph, 2008). The concept of post-traumatic growth captures this idea and it is important to find out what might promote this for children and young people.

Critical incident response is cited as an example of the distinctive contribution of EPs because they have an understanding of schools as organisations and can apply psychology in a creative and innovative way (Cameron, 2006). Since *Wise Before the Event* and the first survey in 1993 (Houghton, 1996) there has been a large increase in EP services responding to incidents (McCaffrey, 2004; Hayes & Frederickson, 2008). Of those surveyed in her study, Hindley found that 97% had offered such support (Hindley, 2013) and Beeke found that 100% had responded to an incident in the last three years (Beeke, 2013). The roles of EPs includes producing guidelines, providing training, support to crisis management teams, briefing staff and students in the initial days.

Studies which have provided descriptive and reflective accounts of the role of EPs

The eight core actions of PFA with the goal of each action and the link to the intervention principles described by Hobfoll et al. (2007) (Currie, 2018)

PFA CORE ACTIONS	GOAL OF PFA ACTION	LINK TO INTERVENTION PRINCIPLES
Contact and engagement	To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate and helpful manner.	Sense of safety. Promotion of calming and sense of connectedness.
Safety and comfort	To enhance immediate and ongoing safety, and provide physical and emotional comfort.	Sense of safety. Sense of self and community efficacy.
Stabilisation	To calm and orient emotionally overwhelmed survivors.	Promotion of calming. Instilling hope.
Information gathering: Current needs and concerns	To identify immediate needs and concerns, gather additional information and tailor Psychological First Aid intervention.	Self and community efficacy. Instilling hope.
Practical assistance	Offer practical help to survivors in addressing immediate needs and concerns.	Sense of safety. Instilling hope. Self and community efficacy.
Connection with social supports	Establish brief or ongoing contact with primary support person or other sources of support.	Social connectedness. Sense of safety.
Information on coping	To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.	Instilling hope. Self and community efficacy. Promotion of calming.
Links with collaborative services	To link survivors with available services needed at the time or in the future (Brymer et al., 2006 p.19).	Sense of safety.

in supporting schools with critical incidents have included the use of critical incident stress debriefing (Carroll et al., 1997; O'Hara et al., 1994). Beeke (2013) found that in a sample of 50 EPs, approximately half reported that they had carried out Psychological Debriefing with members of the school community when responding to critical incidents. Psychological Debriefing tends to refer to a short, single-session intervention which involves individuals talking about their experiences of the traumatic event and being informed of expected and normal emotional responses (and includes CISD). The effectiveness of psychological debriefing has been questioned and it has been proposed that alternative approaches be considered (Soni and Aucott, 2016). The focus on debriefing can lead schools to underestimate the healing power of their own support and the importance of social connectedness. The 'Teaching Recovery' approach recognises

schools as an appropriate place to deliver interventions at the time of disaster (Yule, 2013) and the collective assistance approach (Dyregrov, 2009) highlights the community as source of safety, support and recovery.

Hobfoll et al. (2007) proposed evidence informed intervention principles and Five Essential Elements of a responsee:

- A sense of safety
- Calming
- Sense of self and community efficacy
- Connectedness
- Hope

Although the evidence is largely from adults these principles have been used as a framework for guiding the support for children, young people and staff in schools. The intervention principles were developed at the same time as Psychological First Aid (Brymer, 2006) and they are closely related. The National Child Traumatic Stress Network (NCTSN,2012) describe Psychological First Aid as 'an evidenced-informed modular approach to help children, adolescents, adults and families in the immediate aftermath of disaster and terrorism'. In 2012 a guide adapted for delivery in schools was published (Brymer et al., 2012). It has also been used to develop training for school staff (PREPaRE – School Crisis Prevention and Intervention Training Curriculum (Brock et al., 2014) and an intervention programme: Listen, Protect, Connect (Ramirez et al., 2013).

PSYCHOLOGICAL FIRST AID (PFA) AND ITS RELEVANCE TO SCHOOLS

Psychological First Aid is a practical, action-based model. It is clear in its approach that those who have experienced an incident should not be 'pathologised' and reactions should not be labelled as symptoms or disorders. This promotes a strengths based approach in a similar way to the intervention principles. Responders are guided to support in a compassionate way and to listen but not to encourage deep conversations and debriefing. It promotes a focus on resilience and the promotion of an individual's coping mechanisms (Pfefferbaum, 2002; Bonanno, 2004). At the same time, it builds in information gathering and assessment so that further interventions can be planned for those who may need them.

RESEARCH QUESTIONS

1. Is Psychological First Aid (PFA) a relevant and useful framework for schools responding to critical incidents?

   (a) Do teachers consider that the PFA actions would be important in a school response?

   (b) How confident are teachers in their own ability/their school's ability to implement PFA in response to a potential school critical incident?

   (c) What actions do teachers consider, based on their experiences, to have been effective in responding to a critical incident – are these related to the PFA framework/ actions? Are there actions additional to the PFA framework/actions?

2. How does a school's climate relate to its approach to a possible critical incident?

   (a) Are there relationships between specific factors within a School's climate and teachers' levels of confidence in themselves and in their school to implement the PFA actions?

This study included an online survey and measure of school climate (the OCDQ, Hoy & Tarter, 1997) completed by 48 schools and qualitative data and thematic analysis (Braun & Clarke, 2013) from three semi-structured interviews with those who had managed a critical incident. The schools involved in the interviews included a large mixed comprehensive where three students were attacked at the school gate and one student was stabbed and died two days later, an independent girls high school where the critical incident involved the murder of a whole family at their home and a small special school where the critical incident involved a range of events and bereavements over a 10 week period which led to the school becoming overwhelmed.

SUMMARY OF MAIN FINDINGS – TEACHER

Confidence:

Teachers consider the PFA actions to be important with safety and comfort then contact and engagement rated as most important – those who have experienced a critical incident refer to these when they reflect on their experiences.

Teachers are generally confident that they and their school would be able to implement the PFA actions.

They are least confident in providing the information on coping action (talking to children about common psychological reactions and ways of coping) and less confident about information gathering and stabilising affect (calming).

School climate:

Supportive behaviour from the head teacher and collegiate behaviour from teachers (dimensions of their school climate) are strongly related to greater confidence in themselves and greater confidence in their school

Higher levels of 'restrictive' head teacher behaviour are associated with lower levels of confidence to implement the PFA actions .

ADDITIONAL FACTORS CONSIDERED IMPORTANT BY THOSE WHO HAVE EXPERIENCED A CRITICAL INCIDENT ARE

Organisation – 'Out of the chaos came a plan'.

Individual characteristics of staff – 'Doing the best that they could'.

Working together – 'Everyone looking out for each other'.

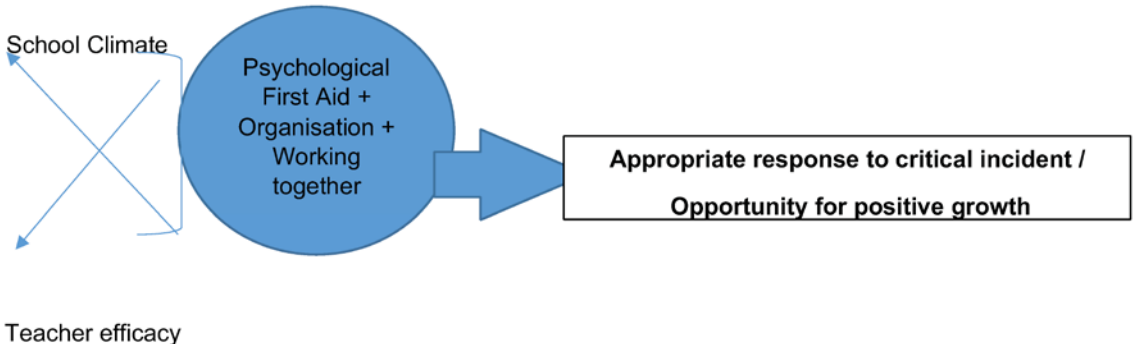
SUMMARY OF OVERALL THEMES, THEMES AND SUB-THEMES

In the study these themes were mapped onto the PFA actions (Currie, 2018). The Information about Coping action was not linked to the themes found in the interviews supporting the finding that this is the area that teachers have least confidence to deliver.

Summary of overall themes, themes and sub-themes

OVERALL THEME	THEME	SUB-THEME
Organisation: the systems and procedures in place before, during and after the critical incident	Intelligence	Preparation: 'Things to do'. Planning. Using policies/guidance. Anticipating events/needs.
	Delegation/ Deploying resources	Roles and responsibilities. Delegating jobs.
	Flexibility	Responding as things happen Differentiating the response.
	Evaluation	Ongoing assessment. Restoring normality. Decision making. Reviewing.
	Practical issues	Communication. Information giving. Support from outside.
Individual characteristics of staff: the behaviours, approaches and attitudes of the individuals involved in responding to the critical incident	Confidence	Leadership
	Child-centred	Putting children first. Trying to hold emotions/model calm. Qualities as teachers.
	Managing emotions	Self-awareness. Resilience. Coping strategies. Open and honest.
	Professionalism	Professional judgement. Stepping up. Commitment. Doing your best. Flexible. Focusing.
Working Together: the way in which individuals work together as a team within the school at the time of the critical incident	Having a team	Leadership team. Whole school approach.
	Supporting each other	Emotional support. Helping each other to cope and manage.
	Relationships/Trust	Knowing each other well.
	Roles and responsibilities	Stepping up.

PROPOSED MODEL OF PREPAREDNESS FOR SCHOOLS RESPONDING TO CRITICAL INCIDENTS



KEY IMPLICATIONS

PFA could be used as a framework for preparing, training and implementing interventions in schools – a national programme is needed.

Teachers should be considered as first responders and provided with appropriate support and training – good practice needs to be disseminated and schools provided with networks and support.

Schools need to be provided with and/or trained in understanding the Information about coping and information gathering PFA actions or this would need to be provided by an outside agency such as EP services or CAMHs.

Exploring leadership style and promoting supportive head teacher behaviour would be helpful in preparing schools for responding to critical incidents.

Teacher collegiality (positive staff relationships and collaborative practice) could also be considered as an important part of school preparedness to respond to a critical incident and should be promoted.

KEY IMPLICATIONS FOR EPS

EP services should consider how to provide Information about Coping in a way that can be delivered or at least supported in an ongoing way by teachers.

EP services should consider how to support schools to implement the 'Stabilising affect' action and the 'Information gathering' action.

EPs could provide teachers with evidence based calming techniques and support to implement them.

EPs could focus on the preventative/ preparedness model in supporting schools.

Schools need to be supported to provide screening/watchful waiting by being aware of signs of emotional distress and reaching out to assess the needs and concerns of their students.

EPs can then support to provide interventions and teaching recovery techniques to those who might need it.

EPs could help schools to measure and develop their school climate in ways that support a more effective CI response.

ISSUES WE NEED TO ADDRESS

National training programmes for schools for preparedness based on PFA and the additional factors.

Geographically coordinated responses – CAMHs, voluntary agencies and EPs working together.

Consistent information about common reactions and what helps for schools and families.

Resilience/positive growth and teaching recovery programmes.

The application of psychological principles and skills is an essential element of a Critical Incident response and Psychological First Aid provides a model that is relevant and useful to schools where psychologists and school staff can work together in a complementary way to ensure the most positive outcomes for children and young people. The study has contributed the key message that teachers' confidence in delivering PFA should be considered and discussed. PFA and the additional factors identified could ensure that responses are provided at different levels both individual and systemic.

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CHAPTER 6

6. Making meaning out of suffering: The psychology of posttraumatic growth in children and young people

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INTRODUCTION

For decades, research has focused on negative changes associated with adverse life events, such as natural disasters, accidents, serious illness, child maltreatment, and criminal victimisation (e.g., Gershuny & Thayer, 1999; Kearney et al., 2010; Pill et al., 2017). However, in the past 30 years, research has indicated that people can report positive, as well as negative changes, after adverse experiences. These perceived positive changes are known as posttraumatic growth (PTG), which can refer to the opening up of new possibilities and opportunities, improvements within interpersonal relationships, spiritual changes, enhanced feelings of personal strength, and a renewed appreciation for life (Joseph et al., 2012; Tedeschi & Calhoun, 2004). Some of the first studies in this area investigated the impact of accidents and disasters (e.g. Joseph et al., 1993) and indicated that people can draw upon these experiences in more positive and meaningful ways. However, the idea of positive change and growth is not new; indeed, historical and contemporary literature has long acknowledged the potential for people to change 'for the better'. Growth research gained further interest with the focus on positive psychology in the early 2000s (Seligman & Csikszentmihalyi, 2000), which emphasised positive psychological character traits and experiences. This has since developed into a larger body of literature that is starting to shape the way we view psychological responses to adverse events.

While PTG research tends to focus on the positive experiences that people may perceive following adverse events, the changes may be accompanied with some distress. Emotional distress and intrusive thoughts can be experienced as individuals attempt to process the memories of their adverse events (Tedeschi & Calhoun, 2004), which could serve as a catalyst for more positive changes. Notably, PTG research does not downplay the negative experiences people can report, but offers a perspective that complements existing knowledge and support offered to survivors of adverse events.

POSTTRAUMATIC GROWTH IN CHILDREN AND YOUNG PEOPLE

To date, the majority of PTG research has focused on perceptions of positive change in adult populations compared to children and young people. Two general perspectives emerge within the literature as to the extent to which children and young people perceive positive change. The first view questions whether children are likely to perceive any positive changes, or at least the nature of PTG experienced is different to that of older children and adults, due to the complex cognitive processing involved (Laceuelle et al., 2015). However, a second perspective acknowledges that children and young people's thoughts about the world are malleable (Harmon & Venta, 2020), which can make them more susceptible to negative changes but also positive changes as well. Indeed, some studies have found that children and young people can perceive benefits in their experiences. For instance, an early study of 158 child survivors of traffic accidents reported that 42% of the sample endorsed some positive changes (Salter & Stallard, 2004).

More recently, a study of college students (Milam & Schmidt, 2018) whose parents had divorced found that this experience had made them stronger and view the positive aspects of the situation.

Unlike research in adult populations, less is known about the factors that contribute towards PTG in children and young people, and findings are inconsistent in places. One of the most comprehensive systematic reviews of the research in this area, which is now a decade old (Meyerson et al., 2011) did reveal some psychological, social, environmental, and demographic factors associated with PTG. For instance, optimism, hope and resilience are related to more growth (Kilmer et al., 2014; Meyerson et al., 2011; Turner et al., 2018). The same review also found that problem-focused coping methods that include active efforts to mitigate the negative effects of adverse events, along with religiosity or spirituality, are also positively correlated with PTG in children and young people. For some individuals, these coping strategies can help encourage them to find meaning in their experiences, which is conducive to PTG (Meyerson et al., 2011). Young people's self perceptions of their ability to handle stressful life events is an inconsistent indicator of PTG (Bernstein & Pfefferbaum, 2018).

In addition to the aforementioned psychological variables, it is perhaps no surprise that one of the most robust predictors of growth is that of social support (Meyerson et al., 2011). Social support can encourage new perspectives to be offered to the child or young person, as well as providing opportunities to share experiences which in themselves promote meaning-making (Tedeschi & Calhoun, 2004). In addition, a 'moderate' degree of distress is also conducive to growth (Shakespeare-Finch & Lurie-Beck, 2014); there would not necessarily be any impetus to grow from an event perceived to be less severe, while too much distress would overwhelm a young person's ability to recognise any benefits from their experiences.

In terms of demographic correlates, girls are more likely to endorse PTG compared to boys (Meyerson et al., 2011), mirroring results in adult studies (Vishnevsky et al., 2010). These findings are attributed to gender differences in coping styles, social support and threat perceptions of adverse events. Unlike gender, growth appears to be independent of a child or young person's age (Meyerson et al., 2011), such that adolescents are not more or less likely to report growth compared to younger children.

IMPLICATIONS FOR SCHOOL AND COMMUNITY SETTINGS

On the face of it, the results of studies in this area are somewhat enticing as a way for professionals and others involved in the care of children and young people to facilitate PTG. While this is an understandable strategy, growth should not be viewed as the sole outcome of any support (Kilmer et al., 2014), or a panacea for alleviating all distress. In fact, not every child and young person may experience growth (Kilmer, 2014), and nor should we anticipate this to be the case, as it could lead to unrealistic expectations. However, the idea that survivors of adverse events can report positive changes may offer a perspective that compliments existing initiatives and support available to children and young people in school and community settings.

Before considering the implications further, it is important to note that the very notion of people becoming psychologically stronger after adverse events is still debated. While mainstream PTG research has advocated the position that growth is aligned with improvements in psychological wellbeing (Tedeschi & Calhoun, 2004), some scholars have argued that PTG is no more than a compensatory coping strategy designed to alleviate the negative effects associated with adverse experiences (Infurna & Jayawickreme, 2019). While there is no direct evidence to support this claim among child

and adolescent samples, adult studies have found that growth is associated with increased distress over time (e.g. Blix et al., 2016). As such, if someone feels they have become stronger as a result of their experiences, it does not necessarily mean this would lead to improved psychological wellbeing.

To date, limited research has considered the implications of PTG within treatment, and no studies have explicitly considered ways to facilitate growth within educational settings. Any recommendations arising from the literature at present are broad in nature, but may provide useful starting points in our work with children and young people. However, if we are to take PTG at face value, an important first step is to raise awareness of the potential for children and young people to experience positive as well as negative changes following adverse events. This would help to shift narratives around the ways young people respond to life challenges. In recent years, there has been an increased focus on promoting resilience in young people so they can 'bounce back' from adversity (e.g. Berridge, 2017; Hart et al., 2014), but this does not necessarily recognise their ability to become psychologically stronger than they were previously. When working in school and community settings, professionals could be more attuned to the narratives of the young people, looking for expressions of hope and optimism, which have been associated with an increased likelihood of reporting PTG (Joseph et al., 2012; Meyerson et al., 2011). However, at the same time, these young people should not be pressurised to report growth, which in itself could lead to more distress.

Awareness of PTG may also be achieved through cultural changes within organisations. Creating a safe and supportive environment for individuals can lead to disclosures of PTG through promoting cognitive processing relating to the adverse events (Joseph & Linley, 2005; Tedeschi & Calhoun, 2004). It may be useful to create supportive environments where children and young people are more comfortable at disclosure, as this could challenge their ways of thinking about their experiences.

The narrative that people can become psychologically stronger following adversity also fits well with existing initiatives within schools, communities and elsewhere. Growth may occur with support or interventions that do not explicitly focus on positive change (Roepke, 2015). Solution focused approaches used in school settings, which are goal-directed in collaboratively working with young people to overcome difficulties, naturally lend themselves well to a growth ethos (Kim & Franklin, 2009). Drawing upon the benefits of social support, there may be a bigger role to play for family-led and peer-support groups, which may enable young people to gain new perspectives from their experiences. Professionals may look for opportunities to foster hope and promote competency beliefs among young people, to equip them with coping skills that could encourage PTG. It would also be advantageous to consider the home environment the child or young person finds themselves in, as this too may impact on the degree of growth reported (Kilmer, 2014).

SUMMARY AND RECOMMENDATIONS

To summarise, research on PTG has provided a more holistic view of the ways in which people respond to adverse events, as they can experience positive as well as negative changes. PTG research in children and young people is still somewhat limited compared to our understanding of positive changes in adult populations. While there are no known studies that examine the applicability of PTG within educational settings, PTG research does have some potential implications for the area. As a first step, there is a need to raise awareness of the potential for children and young people to perceive gains from their

experiences among psychologists and other professionals working in education. Beyond awareness, there is scope for organisational changes, whereby children, young people and professionals are located within supportive environments, which may facilitate growth. At the same time, the concept of positive change may also complement existing initiatives and provision within schools and communities that support children and young people following adverse experiences. Within these initiatives, it would seem that promoting peer support and active coping styles could facilitate growth (Kilmer, 2014; Harmon & Venta, 2020). However, it is worth remembering that not everyone will perceive positive change, and this should not be the sole expectation of any support or intervention.

Although the wider literature on PTG is slowly developing, there is a lot we do not know about PTG among children and young people within school and community settings. We know that caregivers, teachers, and other school professionals can play a large role in the lives of young people (e.g. Silver et al., 2010), yet their ability to support the growth process is unknown. We also need to ask young people directly how they experience PTG and the factors that may help or hinder it, as qualitative studies in this area are lacking. Another unanswered question is how perceptions of PTG can change over time, during a critical developmental period for young people. These suggestions may help provide more insight as to the extent to which PTG can serve as a coping strategy or a marker of improved functioning among children and young people. While future research within educational contexts is needed, PTG research could offer promising avenues to do things differently in our work with children and young people in schools and communities.

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CHAPTER 7

7. Psychological support for schools following a critical incident: School staff perspectives

Dr Amanda Gaukroger

INTRODUCTION

Over the past 10–20 years, schools have been increasingly required to respond to and support the school community following a traumatic incident as it often exposes the staff and students to loss, threat and trauma which can affect the school's stability and safety (Johnson, 2000). In the weeks following a traumatic event students may experience distress, concentration difficulties, seek to avoid reminders of the event, demonstrate regressive behaviour or a loss of interest in social activities (Kaminer et al., 2005). Traumatic incidents can have serious and long-term effects on both children and adults (Alisic, 2012; Aucott & Soni, 2016).

In a school environment, teachers can support and facilitate student recovery (Baum et al., 2009) through providing emotional processing, distraction and reinstating of normal routines (Prinstein et al., 1996). Teachers are also key figures in identifying behaviour change and where necessary referring students and their families to mental health services (Farmer et al., 2003). However, school professionals are not usually prepared to teach and emotionally support children and young people who are experiencing traumatic stress (Mears, 2012).

It is important to acknowledge that while teachers are managing the needs of others, they are also going through their own individual response which may be emotionally overwhelming and may have retriggered previous traumatic events or bereavements (Greenway, 2005). This may be further exacerbated by returning to the scene each day and not allowing themselves to experience a natural stress response to the situation (Blackwelder, 1995). Following a critical incident or traumatic event there can also be organisational disruption which can expose dysfunctional systems and impact the decision-making abilities of management (Capewell, 1994; Houghton, 1996). Thus, schools will often request guidance and advice on how to best support both staff and students when critical incidents occur.

In 2013, the Department for Education (DfE, 2013) published advice outlining the responsibilities of local authorities and other agencies when responding to emergencies and critical incidents. Within the UK, educational psychologists (EPs) play a key role in supporting schools following a critical incident (Farrell et al., 2006) as they can apply psychology in an innovative way to provide a coherent perspective (Cameron, 2006). It is vital that this response is undertaken in the early stages of a crisis as an important feature of post crisis care is to support the emotional needs of those affected in the hope of mitigating potential psychological difficulties (Posada, 2006). A comprehensive approach to critical incidents in schools has been driven by crisis theory (Brock, 2002). Crisis theory defines a crisis as a short period of disequilibrium instigated by an event, such as a serious life disruption, which results in the individual experiencing emotional upset and dysregulation that cannot be resolved using previously sufficient coping strategies (Caplan, 1964).

With a growing appreciation of the potential long-term effects of traumatic incidents on both children and adults (Alisic, 2012; Aucott & Soni, 2016), schools are seeking advice and guidance as these events are

usually outside the normal coping mechanisms of the school community. Thus, they require specialist support from a range of services and agencies including EPs. EPs are likely to support the system around the child (family, teachers and wider school community), by encouraging those affected to utilise support networks and coping strategies to build resilience (Slawinski, 2006). EPs across the UK will often draw on some of the following strategies when supporting a school and its community (Dunsmuir et al., 2018):

- Action planning and assessment of the situation.
- Implementing and supporting arrangements for communication to staff, families and students.
- Guidance for school staff and parents on how to support children.
- Direct support from an EP to an individual or staff group.
- Direct support from an EP to the senior leadership team.
- Identifying staff or students who may need further support.
- Signposting to services and other agencies who can offer longer term support.

Interventions and support for students following a critical incident are well documented (Cohen et al., 2008; MacNeil & Topping, 2007; Mallon, 2011) and the evidence base for EP support following a critical incident is growing (Adamson & Peacock, 2007; Farrell et al., 2006; Hindley, 2015; Rees & Seaton, 2011). Previous studies have explored teachers' experiences of supporting students following a critical incident (Alisic, 2012; Jack, 2012; Lazenby, 2006); however, this is still an underresearched area. While responding to critical incidents is now an established part of EP practice (Hayes & Frederickson, 2008), the support and guidance provided is rarely formally evaluated and instead self-evaluation by EPs is more widely reported (Beeke, 2013). Thus, it is hoped that the results of my doctoral research study (Gaukroger, 2020) will build on the findings of Alisic (2012) and Lazenby (2006) by further exploring the impact on all school staff, not just teachers or senior leaders, and by examining the perspectives of the individuals who have received the support to inform EP practice.

DEFINITION OF A CRITICAL INCIDENT

Following a review of the definitions within this area a critical incident in this study was defined as *an event that is unexpected or sudden and is likely to be markedly traumatising and outside the day to day human experience of anyone at or in direct contact with the school community*. It has the potential to overwhelm both the coping strategies of the school and its community (Alisic, 2012; Beeke, 2013). Events that were considered relevant to the research included serious injury or the death of a loved one through illness, accident, criminal act (knife or gun crime) or suicide. Due to the study's focus on an individual's experience incidents that affected entire communities along with smaller scale events which may have only impacted several individuals were also included.

OVERVIEW OF FINDINGS

The first part of the study involved participants completing an online questionnaire. Participants had to have worked in a school that had received EP support in the last three years following a critical incident and it had to have been at least three months since the incident. The questionnaire was completed by 47 school staff in both primary and secondary educational settings from nine regions across England. Participants were asked about the most recent critical incident that they had experienced and its location. Suicide was the most commonly occurring with 60% of participants having experienced a student, parent or staff suicide. The remaining participants experienced the following: death of a student, death of a parent, terrorist attack, criminal act, serious accident and a student witnessing the murder of a parent.

Prior to the incident 77% of participants had received no training on critical incidents. Following the critical incident, participants received a range of support from their local authority educational psychology service (EPS) with the majority finding the support to be helpful or very helpful. The most common types of support received were direct support from an EP, planning with the senior leadership team and support at a staff meeting. Two published measures were used to explore participant wellbeing and the impact of the event. In the month following the critical incident, a little more than half of the participants did not experience trauma or stress reactions that were of clinical concern and nearly half reported a good quality of life. Further information on the statistical analyses on wellbeing, the impact of the event and the relationship between time spent with an EP and ratings of support can be found in Gaukroger (2020).

In the second phase of the study, seven female participants engaged in semi-structured interviews which were analysed using Braun and Clarke's (2006) six stages of thematic analysis. Three superordinate themes were identified: experience of the event, participant's view of support and proactive and reactive support (Gaukroger, 2020). Experience of the event examined the impact the critical incident had on staff in both their personal and professional lives. The impact on individuals was to varying degrees which is not surprising as previous research has found trauma exposure to be subjective and cause unique and individual reactions in almost everyone affected (Turunen & Punamaki, 2014). Participant's view of support explored the support provided by EPs with most participants speaking about the emotional containment provided. While participants mostly valued EP support there were some negative perceptions of the support provided. The final theme, proactive and reactive support highlighted that staff would like to receive support prior to, during and following a critical incident. Participants spoke of the need for training and that a barrier to EP support was not having a clear understanding of the EP role.

IMPLICATIONS FOR EDUCATIONAL PSYCHOLOGY PRACTICE

With critical incident support now an established part of EP practice local authority EPSs must annually review service agreements along with policies and guidance (Gaukroger, 2020). Research has shown that individuals experience traumatic events in different ways due to a range of factors thus, EPSs should be flexible with working arrangements and should prioritise supporting school communities (Holowenko, 2015). Furthermore, they should have clear procedures in place including records of incidents and evaluation forms. This is supported by Holowenko (2015) who states that every response following a critical incident should be evaluated. A lack of understanding of the EP role was identified as a key factor in not accessing appropriate individual or whole school support (Gaukroger, 2020). Thus, EPSs need to identify what support or package they can offer prior to,

during and post a critical incident and ensure this information is clearly stated in their local offer. Finally, due to the stress experienced and the impact that carrying out this type of work can have on one's psychological wellbeing, EPSs need to ensure that EPs are accessing support and supervision (Hayes & Frederickson, 2008).

IMPLICATIONS FOR SCHOOL STAFF

Participants shared that they never expected a traumatic event to occur at their school or in their community. As a result they were not prepared for the impact it would have on their personal and professional lives or their overall wellbeing (Gaukroger, 2020). An essential principle of disaster theory is to not define a disaster in terms of its magnitude or damage but rather according to the social disruption caused (MacNeil & Topping, 2007). Atwell (2017) found that schools who did not request support from a critical incident response team felt that as a school they could deal with the incident as they were prepared; thus, EPs are well placed to assist school leaders in critical incident preparedness. Participants overall valued the guidance, strategies and support offered by their local authority EPS; however, all participants in the semi-structured interviews reflected on what could have been offered or put in place prior to the incident. This is supported by previous studies which recommend that staff needs in relation to critical incidents should be identified and met proactively (Brymer et al., 2006; Holland et al., 2005).

This research has highlighted the impact a critical incident can have on school staff and the value of the support provided by local authority EPSs across England. Finally, it has identified practice implications and recommendations to support EPs in providing the best care and support following a critical incident.

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CHAPTER 8

8. The development of the Wellbeing for Education Return resources for the Covid-19 pandemic

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INTRODUCTION

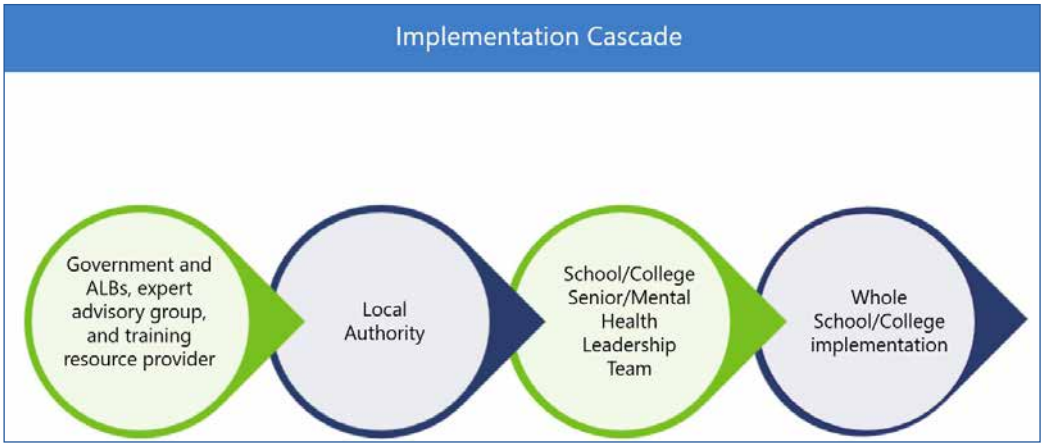
Schools closed in England from 23 March 2020 due to the Covid-19 pandemic. They began to reopen cautiously from 1 June. On return a regime of face masks, social distancing and 'bubbles', made strange a previously familiar environment. Into this context, a joint commission from the Department for Education (DfE) and Department of Health and Social Care (DHSC), in partnership with Health Education England (HEE), Public Health England (PHE), and NHS England initiated the Wellbeing for Education Return programme.

The commission came to MindEd, specifically to Dr Raphael Kelvin (Consultant Child Psychiatrist, MindEd Lead) and Dr Brian Jacobs (Consultant Child Psychiatrist, MindEd Editorial Lead). They recruited three school-based leaders: John Dexter, a primary schools executive head, Steve Rippin, deputy head and head of pastoral care at a secondary school, and John Ivens, special school head and an educational psychologist, as co-authors. This team's output was further shaped by Leah Mair, Senior Project Manager, The Royal College of Psychiatrists and Isadora Abrahamson, Programme Administrator, the Royal College of Psychiatrists. The cross disciplinary working was intentional; for the programme to be accepted it needed to be shaped by those from the intended settings.

These seven would, over the summer, work remotely to revise, refine and reduce content into a readily accessible form. The form of working reflected aspects of the challenge: how to produce straightforward and practical training that could be delivered remotely to school staff. These staff may well have been isolating for unpredictable lengths of time. They may not have been able to access further external support. Working remotely encouraged stripping the content down to essentials.

The completed MindEd material, in the form of two 90-minute webinars, was then passed to the Anna Freud National Centre for Children and Families, who delivered the initial training for local authorities (LAs), in an implementation cascade, (Figure 1). Each LA would then use their knowledge of local services and organisations to tailor the training for their schools.

Figure 1: Webinar 1 – www.minded.org.uk



THE PROGRAMME

The programme, though designed in response to the pandemic, was situated in the wider drive to improve strategic support for children and young people's mental health. DfE funding, £8m, was shared amongst England's LAs. This was for them to provide ongoing support and advice until the end of March 2021.

The MindEd editorial approach maximises user-friendliness and accessibility. Key qualities, were the roll-out to take hold in schools. Complex theories and models needed to be distilled into their core components and supported by clear graphics. Enabling school staff to recognise and respond, both to children's needs and to their own, was essential.

The programme was:

Developed specifically to respond to the short- to medium-term wellbeing and mental health impacts of Covid-19.

Designed to complement and enable local experts, schools and colleges to build upon existing local activity, partnerships and practice to support children and young people's wellbeing and mental health.

Offers straightforward, evidence-based tools and resources for education professionals to use within the scope of their existing roles – and guidance on how and when to signpost/refer to other services.

Links to Public Health England's new 'Every Mind Matters' mental health campaign to support children and young people and their parents and carers.

[To] **Complement** the government's long-term plans to implement 'Children and Young People's Mental Health' green paper commitments – including mental health support teams; training for senior mental health leads in schools and colleges; testing approaches to faster access to NHS specialist support, and roll out of the Schools and Colleges Link programme.

INCORPORATING THE DIFFERENTIAL EFFECT OF THE PANDEMIC: VULNERABLE AND DISADVANTAGED GROUPS

Informing the programme throughout and in the construction of 'vignettes', was the understanding that the effects of the pandemic are not uniform nor experienced by all.

Some groups for whom Covid-19 may increase or exacerbate mental health and wellbeing issues:

Black and ethnic minorities (BAME; NHS 2020): Adults at higher risk of dying from Covid-19; sharp increases in anxiety and self-harm amongst BAME children and young people; exacerbated by widespread, structural inequalities and discrimination.

Those living in poverty, workless households, homeless or in poor housing.

Families with parental conflict, parental mental ill health, are alcohol or drug dependent.

Those experiencing domestic abuse, violence and neglect.

Child sexual abuse and exploitation and harmful sexual behaviours (including online).

Children and young people involved in or affected by serious youth violence (including, for example, county lines).

Looked after, fostered and adopted children and children subject to special guardianship orders or wider kinship placements.

LGBTQ+ people.

Those with pre-existing mental health needs.

Young carers.

Children and young people with special educational needs, learning disabilities and/or autism/neurodiversity.

Adults who live alone.

Role of disadvantage: Emerging evidence that e.g. lack of private space, lack of devices, internet connection, as well as other risk factors such as loss of routine, sleep and loss of support networks may be more common among more economically disadvantaged children and young people, making them at greater risk of wellbeing and mental health impacts.

This list is not exhaustive and people may be in more than one category (PHE, 2020; NHS, 2020; Brooks et. Al., 2020; Waite et. al., 2020; Wang, 2020)
(Webinar 1 – www.minded.org.uk)

PROGRAMME CONTENT

The programme contains three core models. The introduction of the 5Rs (Figure 2) and Psychological First Aid (PFA) Figure 3 were followed by vignettes that exemplified them, drawing on staff and pupils experiencing difficulties. Each vignette places the individual in context; each draws on what the person can do for themselves and what others can do for them.

The models are intended to be as simple, memorable and as usable as possible.

PIES (Figure 4) is the third model and focuses on the addressing the impact of trauma.

PRACTICAL RESPONSES AND IDENTIFYING MENTAL HEALTH CONCERNS

Focused content on bereavement, anxiety, low mood , stress and trauma are brought to life with case studies. The aim is to avoid medicalising needs but identify and to address them in their context.

SUMMARY, KEY MESSAGES AND RECOMMENDATIONS

THE IMPORTANCE OF SCHOOLS

At a time when individuals and communities have been periodically atomised and isolated by Covid-19, it has been notable how valuable schools have come to be perceived at many levels; economic, social as well as for education. Functioning schools facilitate normalisation, not only for pupils but for the pupils' parents and for the wider society too. The structure of schools, the timetable, the expectation of positive change (learning and development) was presented as a powerful countervailing force against the unpredictability and incapacity induced by the virus's wayward path. The programme sought to underline the totemic power that schools have and to celebrate their inherent positivity.

Figure 2: The 5R's (Recovery, Re-introduction and Renewal: Safe And Successful Returns To School): A handbook for schools and education settings following critical incidents. Whole School SEND. Recovery, Re-introduction and Renewal (Accessed December 2020)

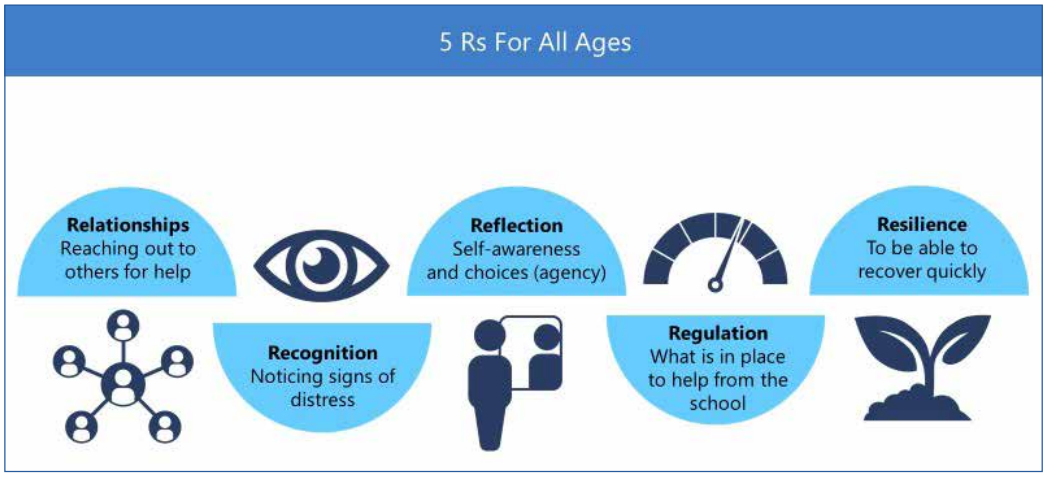


Figure 3: Psychological First Aid model (WHO, 2020)

Figure 4: PIES (Greenberg et. al., 2020). PIES is the third model and focuses on the addressing the impact of trauma.

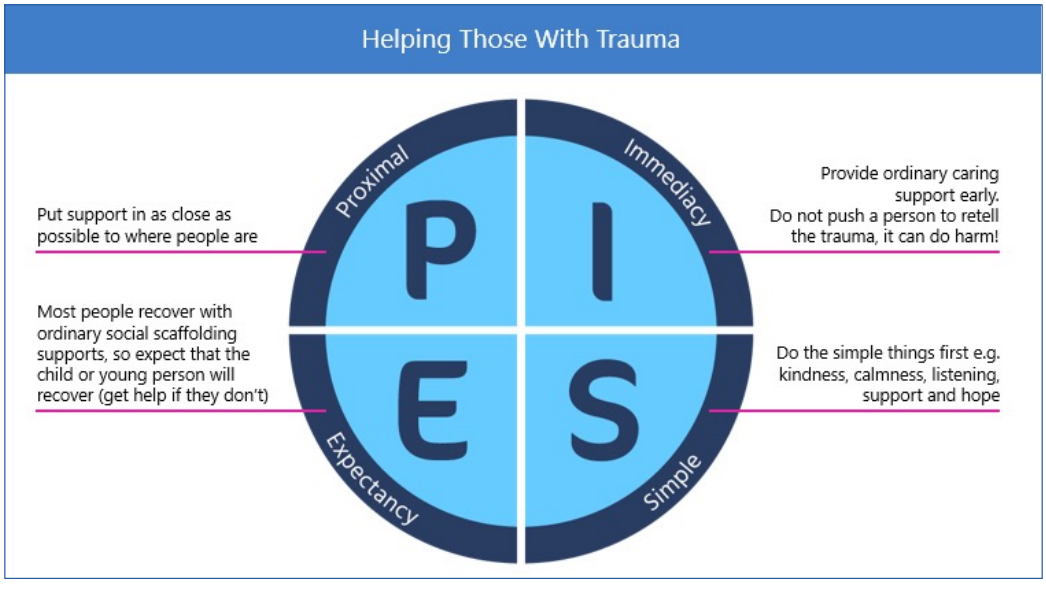
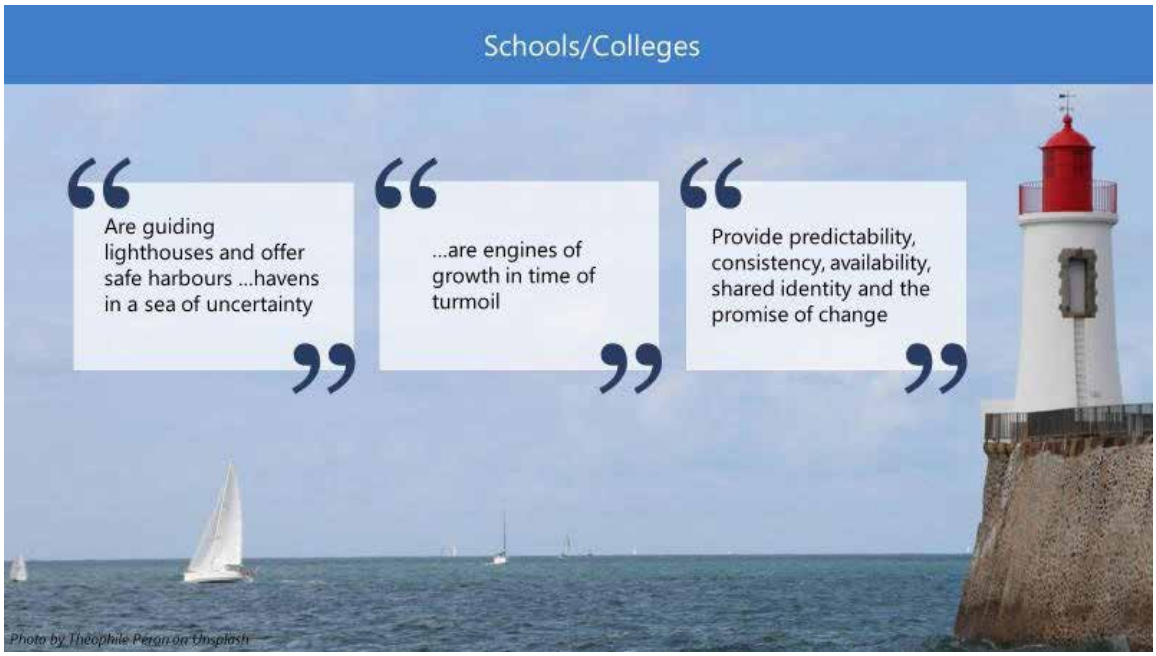
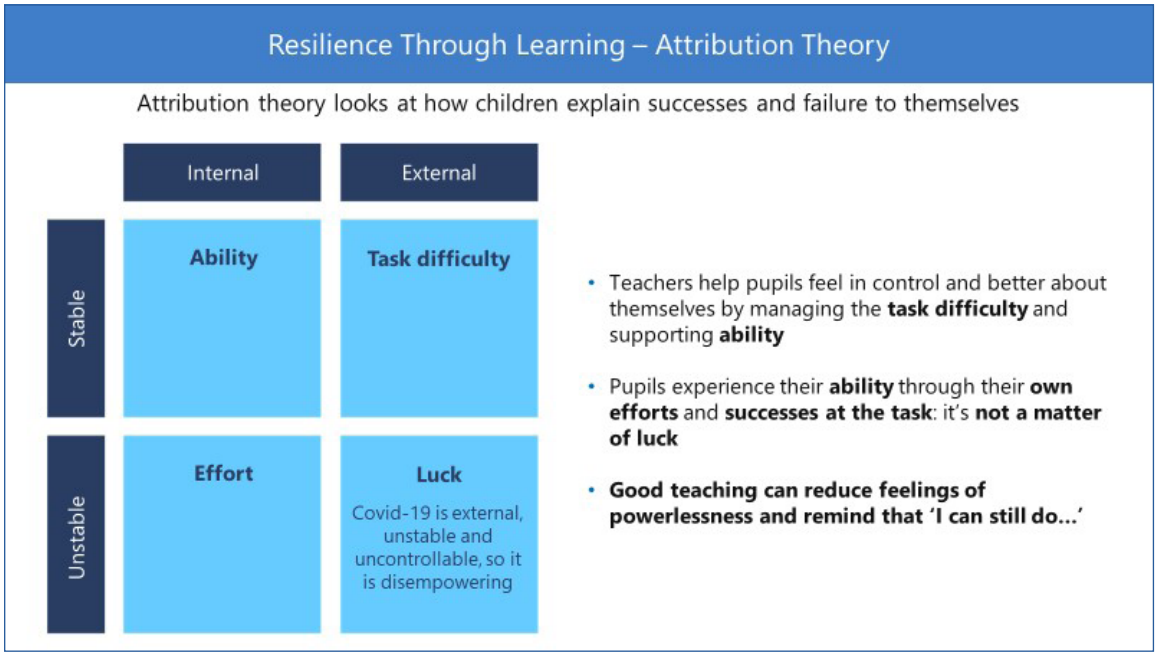


Figure 5: The importance of schools



For example, one way of underlining effective schools' contribution is through Attribution theory: demonstrating that good teaching, where pupils tackle tasks that are achievable with a little effort, supports self-efficacy. Learning helps to counteract feelings of incapacity due to Covid-19; to focus on what we can do rather than on what we cannot control. Doing what schools do best helps pupils and staff experience success and control.

Figure 6: Attribution theory



CONCLUSION

Written in the middle of a universal pandemic, *Wellbeing Return to Education* aims to provide a swiss army knife of resources, each tool to be chosen according to need. It acknowledges that the virus reaches and disrupts all, including across those systems intended to provide support. It offers simplified but not simplistic responses that can and should be adapted by LAs, schools and their staff. At a time when schools are beleaguered by demands, it underscores their role in holding on to the possibility of individual growth, control and stability.

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