

**PROMOTING RESILIENCE THROUGH BIBLIOTHERAPY IN CHILDREN
EXPERIENCING THE CORONAVIRUS DISEASE PANDEMIC**

by

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Abstract

This project will examine the emerging literature related to the coronavirus disease pandemic, its potential effects on the mental health of children and factors promoting resilience in this population. The culmination of this work will be a series of interventions utilizing bibliotherapy to help foster resilience in children. These interventions are intended to be used by school counsellors, mental health professionals, teachers or parents, as well as with small groups or large groups of children. The project will be divided into five sections with each section focusing on a principle that helps promote resilience in children following a mass trauma. Each section will consist of an explanation of the principle, a book choice, interventions that could be initiated by a mental health professional, a teacher, or a parent followed by an annotated bibliography of additional books that could be utilized to support this principle.

Table of Contents

Abstract	ii
Table of Contents	iii
List of Figures	vi
Acknowledgements	vii
Dedication	ix
Chapter 1: Project Proposal	
Introduction	1
Covid-19 Impact on Mental Health of Children	3
Resilience	11
Bibliotherapy	11
Significance of the Project	12
Personal Location	13
Overview of the Proposal	15
Summary of Chapter 1	16
Chapter 2: Literature Review	
Introduction	17
Defining the Topic	18
Organization of the Review	20
Scope of the Literature	21
General Findings	21
Main Body	
Why is the Topic Important?	23
Themes	24
Defining Collective Trauma	24
Negative Effects	25
Individual	25

Impact of Disaster on Mental Health	28
Impact of Disaster on Children	30
Family	35
Resilience	37
What is Resilience	38
Trajectories	38
Factors Promoting Resilience	40
Risk Factors	43
Possible Interventions	45
Relationship Between Main Topic and Wider Subject Area	50
Conclusion	51
Chapter 3: Project Description	
Purpose of the Project	53
Goals	53
Format of the Project	53
Target Audience	54
Trauma Informed Approach to Learning	54
Ethical Considerations	55
Outline of the Project	55
Summary of Chapter Three	57
Chapter 4: The Project Plan	
Introduction	58
Principle 1: Sense of Safety	60
Principle 2: Calming	67
Principle 3: Sense of Self-Efficacy	74
Principle 4: Connection	81
Principle 5: Hope	87
Conclusion	94
Appendices	95
Appendix A: These People Help	96

Appendix B: What Does Peace Feel Like to Me?	97
Appendix C: I Can Help	98
Appendix D: My Connections	99
Appendix E: I Hope	100
Appendix F: Personal Connection Plan	101
Appendix G: Resources	102
References	105

List of Figures

Figure 1. Maslow’s Hierarchy- A Comparison Between Disaster and COVID-19 ...	26
Figure 2. Trajectories of Psychological Functioning Over Time	39
Figure 3. Patterns of Functioning Across Time Following a PTE	39
Figure 4. Book cover image of <i>Good People Everywhere</i>	60
Figure 5. Image of a “Who Helps?” chart	63
Figure 6. Response template for <i>Good People Everywhere</i>	63
Figure 7. Book Cover Image of <i>What Does Peace Feel Like?</i>	67
Figure 8. Image of <i>What Does Peace Feel Like?</i> chart	69
Figure 9. Response template for <i>What Does Peace Feel Like?</i>	70
Figure 10. Book Cover Image of <i>The Breaking News</i>	74
Figure 11. “How can I Help?” chart	76
Figure 12. <i>The Breaking News</i> response template.....	77
Figure 13. Book Cover Image of <i>The Invisible String</i>	81
Figure 14. “Our Connections” chart	83
Figure 15. Personal Connection Plan.....	84
Figure 16. Book Cover Image of <i>After The Fall: How Humpty Dumpty Got Back Up Again</i>	87

Figure 17. “I Hope” chart	89
Figure 18. “I Hope” response template	90

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Dedication

This project is dedicated to my children Tyson and Kaylee, who have mysteriously transmogrified into young adults while I was occupied with some assignment or other. I know that they held on to their worries and troubles, not wanting to drop anything else on my already overflowing plate. They ate dinner late and became adept at fending for themselves. They didn't ask for attention that they knew I didn't have time to give. They made so many sacrifices and never complained just so that I could reach my goals. I am so proud of the adults that came to replace my children while my head was in a book.

Chapter One: Introduction

Introduction

In 2020, the world experienced an unprecedented collective trauma in the form of a global pandemic of coronavirus disease or COVID-19. In response to this world-wide public health emergency, many nations, including Canada, instituted policies of social distancing; shuttering businesses, schools, sports programs and leisure and recreational activities. People were isolated in their homes, instructed to limit interaction with people outside of their households. Economic activity was curtailed resulting in job losses. The health care system prepared for an influx of COVID-19 patients by limiting care to only the most urgent patients.

When the WHO declared the COVID-19 outbreak a pandemic on March 11, 2020, British Columbia immediately began to roll out public health initiatives intended to slow transmission of the disease. The following day, the province began discouraging non-essential travel. On March 16th physical distancing initiatives were imposed in the province including the banning of gatherings of more than 50 people and people were encouraged to stay home. On March 17th a public health emergency was declared in British Columbia and classes were cancelled indefinitely for K-12 schools. The border was also shut down between Canada and the United States for all but essential travelers. March 21 saw a further tightening up of restrictions with businesses that provide personal services shut down. These stringent restrictions remained in place until May 19th 2020 when the province began a gradual reopening of business and services with schools resuming in person instruction on June 1st, 2020 (CBC news, 2020).

In northern British Columbia there was concern amongst small communities that an outbreak of coronavirus disease may have the capacity to spread quickly through the tight knit populations, overwhelming the limited health care system and endangering the lives of elders in

those communities. In response to this concern, indigenous communities, in some cases imposed strict restrictions on people entering and leaving their communities, such as closures and check points, than seen in other communities (Richardson and Crawford, 2020).

One population that has been profoundly affected by the pandemic and resultant societal curtailments is children. Children went from an existence packed with social stimulation and connection to one of restriction and isolation in a matter of days. Before the coronavirus disease pandemic children attended school, participated in extracurricular activities such as sports and art classes and engaged in informal social engagements such as playdates and sleepovers. They enjoyed access to a number of adult supports including teachers, coaches, extended family and daycare providers. Following the declaration of a state of emergency in British Columbia, children experienced a complete change in their way of life. They were confined to their own homes with very little stimulation or connection. With no school or extracurricular activities and no opportunities to socialize with peers or supportive adults outside of their households, children became isolated from their support systems and deprived of their usual connections.

This project will examine the potential effects of COVID-19 on the mental health of children and explore factors that may contribute to psychological distress. Fegert and his colleagues (2020) detailed several factors that may serve to contribute to psychological dysfunction during the coronavirus disease pandemic including; loss of routine, isolation, uncertainty about the future, reduced social supports, reduced opportunities to remove themselves from abusive situations, stressed parents, grief and loss and the presence of the persistent threat of COVID-19.

Not all children who have experienced the mass trauma of COVID-19 will experience psychological dysfunction. In fact, most children who are exposed to a potentially traumatic

experience are able to maintain a stable level of mental health, or experience resilience (Bonanno, 2020). Additionally, resilience has been found to reduce negative psychological symptoms such as tension, fear, insomnia and low mood in the face of the coronavirus disease pandemic (Yang, 2020). This project will examine the factors that promote resilience and suggest an intervention of bibliotherapy as a means to promoting healing in children on the journey toward a new normal. Bibliotherapy is the practice of using literature in a therapeutic setting. In this project I will be using children's picture books to explore five principles that promote resilience in the face of the mass trauma of COVID-19; a sense of safety, a sense of calming, a sense of self-efficacy, a sense of connection and a sense of hope (Hobfoll et al., 2007).

This project is significant because all children will have been exposed in varying degrees to the potentially traumatic experience of the coronavirus disease pandemic, and while most will naturally exhibit resilience, many children would likely benefit from a gentle intervention designed to promote resilience. I have chosen bibliotherapy as the intervention because it is flexible, effective and engaging, and children's literature is a medium with which I am knowledgeable and comfortable.

COVID-19 Impact on the Mental Health of Children

In December of 2019, a strain of previously unknown corona virus was discovered in the Wuhan, Hubei province of China. On January 30, 2020 the novel coronavirus was declared a Public Health Emergency of International Concern. In one month the disease had gone from a cluster of cases in China to 7818 cases in 19 countries around the world. On March 11, 2020, COVID-19 was declared a pandemic (WHO, 2020). In the following months cases ballooned and deaths rose until in February, one year and a handful of days after its discovery, the novel

coronavirus, as it was first referred to, had infected 112 million people and been responsible for 2.48 million deaths.

The impact of coronavirus disease on children and families has been multifaceted. Because we cannot see or hear it, we are unable to mount a defense against it, resulting in the potential for increased levels of anxiety. Research on children exposed to disaster indicates that children may present with a wide range of symptoms including; temper tantrums, inability to sleep alone, bed wetting, incontinence, deviant and delinquent behaviour (Bonanno et al., 2010). Functioning following exposure to disaster has been found to be mediated by gender and age. Girls are more likely to present with higher anxiety while boys are more likely to display belligerent behaviour; younger children display more specific fears while older children present with more generalized symptoms (Masten & Narayan, 2012). Additionally, the global pandemic of coronavirus disease has caused greater hardships for some individuals than others and has had a disproportionate effect on under-resourced populations (Bahn, 2020).

Loss of Routine

With the closure of schools and many businesses and sports and recreation opportunities halted, the daily routine of families was altered significantly by the public health measures instituted to curb the spread of COVID-19. Children were prevented from attending school and many were no longer required to adhere to a bedtime or mealtime schedule. Recreational and sports activities ceased, resulting in children no longer having scheduled events after school hours. Additionally, many parents who would have left the home for work were doing their work from home. Families who, before the coronavirus disease pandemic, had busy schedules, found their time unencumbered by outside influences and it fell to families to establish a daily routine (Wade & Browne, 2020)

Isolation

The closure of schools, businesses and sports and recreational venues resulted in a state of isolation for children and families. Children were isolated from their peer group, not seeing them at school, during after school activities or in unstructured situations. In many places playgrounds were also closed, depriving children of impromptu social interactions. Sleep overs and playdates were cancelled as well as birthday parties and other milestone marking celebrations. Children were isolated from important adult role models such as teachers, coaches and family friends. They were often unable to see grandparents or other family members who belong to a population more at risk of negative outcomes from the coronavirus disease. Children were, for the most part, deprived of healthy social interaction with everyone except for their immediate family.

Previous research around mass traumas has shown that social isolation has wide ranging impacts on the mental and physical health of individuals including; increase in depression, increased fear and anxiety, impaired immune system and increase in inflammation, higher blood pressure, higher body mass and decrease in cognitive functioning, (Bzdok et al., 2020; Orben, 2020). It is reasonable to extrapolate that in the wake of the mass trauma of the coronavirus disease pandemic some of these outcomes may be experienced.

Uncertainty about the future

The COVID 19 pandemic created a great deal of uncertainty around everyday life. There was uncertainty around schools, with different school districts offering students different education opportunities. Some students attended in class instruction, some were home schooled and many engaged in online or hybrid (partially online partially in class instruction) schooling

options. In British Columbia, many students went on Spring Break Friday, March 13, 2020 and did not return to face to face instruction until June 1, 2020 and that was on a part time, voluntary basis (CBC news 2020). British Columbia was one of only three provinces in Canada to reopen schools in any capacity at all for the 2019-2020 school year. (CBC news kids, 2020) In September 2020, all schools returned to face to face modality. However, families had the option of utilizing the transition program. This was a program created in British Columbia to allow families to keep children at home if they were concerned about contracting the coronavirus disease until such a time that they deemed it safe for their children to return to in class instruction. The transition program looked different in each school district, in some districts, children remained enrolled in their home schools, while classroom teachers prepared work and children completed it at home. In other school districts teachers were hired to develop the at home learning for all students whose parents chose the transition model. While classroom teachers held little responsibility, other than providing social interaction with students, for example, some students would zoom with at home learners during free time or lunch times. Many families chose to keep their children home, for example in the school with the highest transition rates in Prince George, BC, 75 out of 230 children were on the transition program.

Many parents were not sure about the stability of their jobs and family finances. They were uncertain about whether they would be able to make ends meet financially. There was uncertainty around leisure and recreational activities. Individuals didn't know when they would be able to attend a sporting event, go to a concert or even go to a movie, if ever. People were uncertain about their safety and ability to stay healthy and avoid COVID-19 and no one was certain if or when things would get back to normal. Uncertainty is uncomfortable and a contributing factor to the mental health challenges children may be experiencing.

Reduced Social Supports

Children, who experienced a loss of their normal routines and isolation also simultaneously experienced a loss of social supports. These social supports were eliminated at a time when they may have been needed the most. Because of the risk of coronavirus disease transmission, social programs were curtailed or eliminated completely. Services that were accessed through schools were interrupted. Children who were the beneficiaries of school meals programs, either were not being fed or were required to pick up their meals at a central location. Counselling services for children, whether through the school or another venue, were moved to online or telephone or terminated completely. When schools shut their doors, children lost access to a support network of caring adults. They could no longer connect with teachers, educational assistants, school counsellors, social workers, learning assistance teachers, youth care workers, custodians, bus drivers and a host of other adults that children previously had the opportunity of developing supportive relationships with.

Reduced Opportunity to Get Away From Abusive Situations

With schools, businesses and sports and recreation venues suspended, children were obliged to spend the preponderance of their time in the home. Prior to the coronavirus disease public health emergency, children for whom home was an unsafe place, were able to escape from that suboptimal environment for periods of time by going to school or attending sports or recreational activities or just visiting a friend. Following the shut-down children were deprived of that respite and bound to remain in a sometimes unsafe home.

Stressed Parents

The public health measures instituted to “flatten the curve” caused stress in parents in a variety of ways. In British Columbia, public health measures included; cancelling all non-urgent surgeries (March 15, 2020); strict physical distancing protocols, including limiting the number of people allowed at gatherings and encouraging people to only socialize with people in their “core bubble” (March 16, 2020); restricting visitors to long-term care homes (March 16, 2020); cancelling face to face classes in schools (March 17, 2020); shutting down the Canada/US border to all but essential travellers (March 18); shutting down personal service businesses (March 21, 2020); mandatory quarantine for travelers returning to Canada (March 26, 2020); and closing Provincial parks (April 8, 2020); before beginning to gradually “reopen” the province (May 19, 2020) (CBC News, 2020).

Working parents were put in a stressful position. Many lost their jobs and those who were still working faced uncertainty around the stability of their employment situation. There was a great deal of uncertainty about the possible economic fallout of the COVID-19 pandemic. There were daily newscasts forecasting an economic downturn. Many parents who retained their jobs were obligated to work from home where they had to reconcile the often-competing roles of parent and employee simultaneously. Alternately parents who were employed in essential service occupations were left in a position where they must work, but their children could not attend school, consequently, they had to find alternate care for their children. Parents were isolated from many of their usual social supports including extended family and friends and their opportunities to take breaks from their children largely disappeared. In lockdown parents had the added responsibility of their children’s education while being deprived of their usual social supports.

Grief

With COVID-19 taking the lives of 2.9 million people and counting worldwide, with over 22900 of those deaths occurring in Canada (as of March 31, 2021) (Government of Canada, 2021), many people experienced grief around the death of a loved one due to the coronavirus disease. Death is not the only factor that has the capacity to precipitate a feeling of grief, other losses that may have led to grief during the COVID-19 pandemic could have been; loss of employment, loss of social support networks, drastic changes in lifestyle (CDC, 2020) food insecurity, health concerns, the loss of personal freedoms, the loss of dreams for the future and the loss of academic stability.(CMHA, 2020) Common reactions to grief include, anxiety, anger, sadness, insomnia and loss of appetite (CDC, 2020), shock, numbness, denial, fear, panic, and even guilt (CMHA, 2020). Simultaneously, loved ones were deprived of the comforting societal rituals of funerals and memorial services that supported healthy connection around grieving (Stark, 2020) due to restrictions on gatherings.

People also experienced grief around being deprived of cultural rites of passage, milestone life events that signal a transformation from one life stage or circumstance to another, such as graduations, weddings or the birth of a grandchild. People were forced to come to terms with the loss of landmarks that occur only once in a lifetime and could not be observed because of public health restrictions.

Under the restrictions for gatherings designed to slow the spread of COVID-19, thousands, if not millions of people were unable to participate in the longstanding communal rituals that help individuals to begin healing from grief (Mortazavi, 2020). When grief is denied expression it has a tendency to show up in a myriad of other ways. Incomplete grief, (when the normal process of grief gets stalled) can present as irritability or anger, obsessing over the loss,

hyperalertness or fear of loss, behavioural overreaction, addictive or self-harming behaviours, apathy or depression (Taibbi, 2017).

Persistent Threat

When Dr. Peter Levine was interviewed for the Trauma Mind and Body Super Conference in March of 2020 he referred to the coronavirus disease pandemic as the “800-pound gorilla in the room.” (Levine, 2020). He went on to explain that our bodies are primed to respond actively to threat, but because this threat could be all around us at any time, our bodies don’t know how to act in response, resulting in a constant state of strain. Dr. Levine poses that this leads to exhaustion, depression and the inability to think clearly and a constant state of collapse (Levine, 2020). Dr. Gabor Mate (2003) goes further laying the responsibility for a host of physical and psychological ailments such as, scleroderma, rheumatoid arthritis, ulcerative colitis, lupus, diabetes, multiple sclerosis, and even cancer to name a few, at the feet of chronic, unresolved stress (p 5.). The medical discipline of psychoneuroimmunoendocrinology was developed to examine the complicated interplay between mind, the body’s nervous system and its hormonal response to stress as it relates to health. (Mate, 2003 p6)

Disproportionate Representation of Under-Resourced Population

Families who are living in poverty or are in a lower socioeconomic bracket are more likely to be affected by the curtailment in social supports than people who are more financially stable. They are also more likely to be represented in essential services jobs such as grocery store clerk or care aid. As essential service workers they would be required to continue working even though they possess less financial resources to secure expensive, alternate childcare. Families

who are in poverty may be more affected by an economic downturn and less likely to have a financial cushion to fall back on in hard times (Bahn, 2020).

Resilience

Children and families experienced high levels of adversity in the wake of the coronavirus disease pandemic. With the challenges inherent in living during the time of a pandemic outlined above, cultivating resilience became an important topic of discussion.

Resilience is the capacity to thrive in the face of adverse situations (Southwick et al., 2014) such as a pandemic. The good news is that resilience is the human default reaction to disaster. Most individuals who have a traumatic experience have no long term deleterious mental health consequences (Bonanno et al., 2011). There are several factors that may promote resilience in the face of COVID-19; family and community support, staying informed but not overwhelmed with information, staying optimistic and having fun, minimizing isolation and doing things for others (Bonanno et al., 2007). There is no one size fits all remedy. There will not be one single strategy, that when employed, will help every individual experience resilience. Helpers will need to be flexible and employ a variety of strategies in order to have a greater chance of meeting the needs of a greater number of individuals

Bibliotherapy

One intervention that could be utilized to help promote resilience in the face of the mass trauma of COVID-19 is bibliotherapy. Merriam-Webster's online dictionary defines bibliotherapy as "the use of selected reading materials as therapeutic adjuvants in medicine and psychiatry." (Merriam-Webster, n.d.) Bibliotherapy is an extremely flexible intervention which can be implemented by a wide variety of people (mental health professionals, teachers, parents

and lay people), using many different types of materials (fiction, non-fiction, poetry, self-help books, picture books, film, story-telling and client developed materials), to address a vast array of issues (abuse, neglect, obesity, sexuality, domestic violence, bullying, chronic illness, medical procedures, disability, divorce, bereavement, aggression, adoption, addiction, and natural disaster). Research indicates that bibliotherapy has positive results for depression, anxiety and stress and is effective in helping children learn social and emotional regulation (Devries et al., 2017; Heath et al., 2005; Lowe, 2009; McCulliss & Chamberlain, 2013; Pardeck, 1985, Pehrsson, 2005; Sullivan & Strang, 2003).

Significance of the Project

The coronavirus disease pandemic is a potentially traumatic event and in its wake, children and the adults who help them will have experienced a collective trauma. A collective trauma is a potentially traumatic event that has the potential of affecting entire populations (Psychology Today, 2020). The coronavirus disease pandemic qualifies as a collective trauma in that it has the potential of affecting every human being on planet. Before a return to normal can occur, it will be important for adults to be cognizant that children may have mental health concerns that need to be addressed. Simultaneously adults will have experienced some degree of trauma as well and will need to be aware of, and take steps to address their own mental health challenges.

Negative mental health outcomes that may be seen among adults following a potentially traumatic experience such as the coronavirus disease pandemic include; PTSD, grief, depression, anxiety, substance abuse, suicidal ideation, insomnia, low mood and irritability (Bonanno et al., 2010; Fegert et al., 2020). Younger children will likely exhibit a different set of behaviours in response to the COVID-19 pandemic. They may regress developmentally and engage in

behaviour that they have outgrown such as temper tantrums, refusing to sleep alone, clinginess or wetting the bed (Bonanno et al., 2010). While teens may engage in rebellious, risky and socially deviant behaviour in response to a potentially traumatic event (Bonanno 2010; Norris et al., 2002).

This project will give concerned adults tools that may help to promote resilience and healing in the children that they care for. In addition, it may give them insights into their own feelings and challenges around the potentially traumatic experience which is the global pandemic of coronavirus disease.

Personal Location

I am a school counsellor at a medium sized elementary school in northern British Columbia. The school where I work is labelled by our school district as a “venturing school”, which means that it has been determined that the demographics that we serve has needs beyond what a school that is considered “regular” would have. The school district recognizes this by providing extra funding to allow for smaller class sizes for students in kindergarten to grade three. Here, poverty is an issue for many of our families. Our children often experience food and shelter insecurity and many come from single parent homes, are being raised by relatives or are in foster care. The neighbourhood that we serve is a high crime area where children are often witness to violence. Many of our students have some degree of complex trauma and many have been labelled as having intensive behaviour challenges.

Previous to being a school counsellor, I was an elementary school teacher for almost 30 years, so I have a great deal of experience navigating the dynamics of classrooms and divining the needs of children. I know that children learn best when they are in an environment where

they feel safe and supported and valued, and I know that until their emotional needs are addressed, children cannot attend to academic learning. I also have a great deal of experience utilizing literature to help children learn a whole host of topics and I have learned that nothing helps children understand a difficult or emotional topic better than a carefully selected picture book.

The COVID-19 pandemic has created a situation where many people in our population, for a variety of reasons do not feel safe and do not feel supported. I anticipate an influx of mental health issues in the population that I work with as a result of factors caused by public health measures instituted to “flatten the curve”. Due to educational budgeting constraints, my employment as a counsellor is on a less than half time basis this year. So, while mental health challenges are increasing, my counselling time serving children is decreasing. I am anticipating that the need for mental health services will outpace my capacity to provide those services to children in my school. In order to attempt to address the mental health challenges that I anticipate upon children’s return to the classroom, I am creating this series of interventions to help educate teachers around the possible mental health challenges they may see in children that they serve and provide them with practical tools to use with children in their classrooms. The interventions presented in this project will be flexible enough to be applicable to a classroom, a small group, or to individual children. These interventions could be used in a school, in a mental health clinic or even in a home situation. No specific training in counselling will be required to use these interventions making them suitable for use by educators, school counsellors, mental health clinicians or parents. My intent is to make this a resource that can be shared widely with adults who are interested in promoting resilience in children in the face of the coronavirus disease pandemic.

Overview of the Proposal

This project will be organized into six segments. The first segment will be an introductory segment while each of the other five segments will focus on one of Hobfoll's principles for promoting resilience following a mass trauma. These principles are safety, calming, self-efficacy, connection and hope. Each segment will be divided into five parts including; an overview of one principle; a picture book that addresses this principle; the reason the particular book was chosen; suggestions for how to utilize the book in a classroom, clinical and home setting, including, discussion points, questions and activities to do before during and after reading; followed by an annotated bibliography that lists other books that could be used with that principle.

- Segment one will include an introduction, personal location, background information on potential negative mental health effects of COVID-19 on adults and children and an introduction to Hobfoll's five principles that promote resilience following a mass trauma.
- Segment two will use the picture book *Good People Everywhere* by Lynea Gillen to explore the principle of Safety.
- Segment three will use the picture book *What Does Peace Feel Like?* by V. Radunsky to explore the principle of calming.
- Segment four will use the picture book *The Breaking News* to explore the principle of self-efficacy.
- Segment five will use the picture book *The Invisible String* by Patrice Karst to explore the principle of connection.
- Segment six will use the picture book *After the Fall: How Humpty Dumpty Got Back Up Again* by Dan Santat to explore the principle of hope.

Summary of Chapter 1

The coronavirus disease pandemic has had a profound effect on children and families (Fegert et al., 2020). Individuals across the country and indeed around the world have experienced a loss of everyday routine, isolation, economic stress, reduced social supports and grief and loss. As society settles in to whatever will be our new normal, those who have a greater degree of resilience are likely to have more positive mental health outcomes (Bonanno et al., 2010). Resilience is not an innate quality that you either have or you don't have, it can be learned (Bonanno et al., 2011). This project will use picture books and bibliotherapeutic interventions to provide concerned adults with tools and resources to promote resilience in children in the face of the COVID-19 pandemic.

Chapter Two: Literature Review

Introduction

January 30, 2020, the World Health Organization declared the coronavirus disease pandemic a public health emergency of international concern (WHO, 2020). As this literature review is being written, the COVID-19 pandemic is an emergent situation, and because of this, many studies are in development and new articles are being published every day. No one knows for certain what the long-term effects are going to be of either the disease or the public health measures taken to control its spread, however, researchers who have studied past natural disasters and epidemics and their effects on populations have found mental health effects including; PTSD, grief, depression, anxiety, substance abuse, suicidal ideation, insomnia, low mood and irritability (Fegert et al., 2020, Bonanno et al., 2010). PTSD following a potentially traumatic event. It is reasonable to extrapolate that the COVID-19 pandemic will have many of the same negative mental health effects on the population (Fegert et al., 2020).

When exposed to a traumatic event such as a natural disaster or a pandemic, the majority of individuals exhibit a trajectory of resilience (Bonanno et al., 2011). Despite their tribulations, they are able to recover quickly and exhibit no long-term chronic dysfunction as a result of their potentially traumatic experience. This review will examine the literature related to collective trauma such as natural disasters, terrorist attacks, wars and pandemics and examine their effect on the mental health of populations. In addition, this literature review will examine factors that are seen to promote resilience in individuals, particularly children. It will also explore bibliotherapy as an intervention to help promote resilience in children exposed to the collective trauma of the coronavirus disease pandemic.

This chapter will begin by defining the topic; including the terms COVID-19, trauma, resilience and bibliotherapy, followed by an explanation of the organization of the review and the scope of the literature. Next the main body of the literature review will be explored, examining the negative effects of the coronavirus disease pandemic on individuals, children and families. The chapter will then delve in to factors promoting resilience, risk factors for chronic dysfunction and possibilities for interventions in the wake of a potentially traumatic experience. Finally, bibliotherapy will be offered as an intervention intended to promote resilience in the face of the collective trauma of the COVID-19 pandemic.

Defining the topic

In order to understand collective trauma and resilience in the wake of the COVID-19 pandemic, it is first necessary to define the terms coronavirus, coronavirus disease and COVID-19, trauma and resilience. It will also be necessary to define bibliotherapy as a proposed intervention for children following the mass trauma of the coronavirus disease pandemic.

Coronavirus, coronavirus disease and COVID-19

The government of Canada defines coronavirus as “A genus of the family Coronaviridae that causes respiratory or gastrointestinal diseases in a variety of vertebrates.” And COVID-19 as, “An acute viral disease caused by the SARS-CoV-2 coronavirus.” (Government of Canada, 2020). Coronavirus is a family of viruses. The strain of the coronavirus responsible for the COVID-19 outbreak is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The moniker COVID-19 originates from the name coronavirus disease 2019 (WHO, 2020).

Trauma

There are three components in the definition of trauma as it pertains to a disaster or public health emergency; the event, the experience and the effect. In this instance the event is the COVID 19 pandemic, the experience is unique to each individual's subjective view of the pandemic and the effect may be PTSD, anxiety, depression, insomnia, grief, substance abuse, suicidal ideation, low mood or irritability (Bonanno et al., 2010; Fegert et al., 2020). Everyone on planet Earth has experienced the event of COVID-19. However, the effect of the coronavirus disease pandemic has been different for each individual depending on protective factors. Not all people will experience the effect of trauma as a response to the COVID-19 pandemic (Griffin, 2020).

Resilience

One trajectory in response to a potentially traumatic experience is resilience. Resilience is a complex concept that has been defined in different ways by different researchers. The American Psychological Association (2012) defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress” the definition goes on to indicate that resilience contains a component of personal growth following an adverse occurrence (para 4). In a 2014 panel discussion, preeminent resilience researchers were convened to discuss definitions, theory, and challenges around resilience from an interdisciplinary perspective. From this discussion, resilience has been conceptualized as a trajectory (Bonanno, panellist in Southwick et al., 2014), a continuum (Southwick, panellist in Southwick et al., 2014) and a process (Panter –Brick, panellist in Southwick et al., 2014). It has been posited that resilience has biological underpinnings (Yehuda, panellist in Southwick et al., 2014) and that it is a function of the adaptation of systems (Masten, panellist in Southwick et al., 2014). A wide

variety of variables have been implicated in affecting resilience, including; economic resources, culture, community, family, biological, demographic, genetic and social variables (Southwick et al., 2014). This literature review will employ the APA definition of resilience with the understanding that there are many factors that contribute to resilience in individuals. Although most individuals experience resilience in response to potentially traumatic experiences, it is possible to utilize interventions to promote a trajectory of resilience in individuals. One intervention that can be used to promote resilience is bibliotherapy.

Bibliotherapy

The simplest definition of bibliotherapy is; using books as a therapeutic tool. McCulliss and Chamberlain (2013) define developmental bibliotherapy as, “the use of literature to facilitate healthy social and emotional growth or maintain normal mental health.” (p.13). Bibliotherapy can be conducted in a variety of settings by a variety of providers (clergy, mental health professionals, school counsellors, teachers, librarians, and parents) (Sullivan & Strang, 2003). A strategically selected and well-presented story can provide opportunities for emotional healing and growth. Stories can provide insight into personal problems (Pardek, 1995) and create a safe distance from sensitive issues, that may be too threatening and painful to face directly (Heath et al., 2005).

Organization of the review

This project will present a thematic literature review analyzing the literature relevant to collective traumas including natural disasters, wars, terrorist attacks and pandemics, including COVID-19, and factors promoting resilience in children. It will examine and synthesize the information presented in the literature and present it in a thematic manner. The two broad areas

of study inherent in the question being asked in this literature review are; mental health effects of collective traumas including COVID-19 and factors promoting resilience following a disaster.

This literature review will inspect both areas and examine themes present in the relevant literature. Questions that will be explored are: 1) What is collective trauma and in what way is the coronavirus disease pandemic a collective trauma? 2) What mental health challenges will children be likely to face because of COVID-19? 3) What is resilience? 4) What factors promote resilience? 5) Is bibliotherapy an effective intervention to promote resilience in children experiencing the collective trauma of the coronavirus disease pandemic?

Scope of the Literature

The search terms (children OR youth OR students) AND (resilience OR adaptability) AND (coronavirus OR COVID-19 OR pandemic) AND (collective trauma OR mental health OR anxiety OR depression OR post-traumatic stress) were entered into 8 data bases from the Geoffrey Weller Library website. Databases included Academic Search Complete, CINAHL, ERIC, PsycArticles, PsycINFO, PubMed, Medline, Web of Science, and Science Direct. Of these 8 databases, seven database searches produced relevant articles. In total there were 29 relevant articles. COVID-19 is an emerging issue with more articles being published about it at a rapid rate. Articles included in the search results are those that were published before the day of the search. Subsequently published articles will be detailed in the reference section of the literature review.

General Findings

The coronavirus disease pandemic has affected societies, communities, families and individuals in numerous capacities and to varying degrees. Social infrastructures such as hospitals, schools and social support agencies have curtailed their programs and services to slow

the spread of the disease. Economic impacts can be seen worldwide with many industries touched and an as of yet untold number of people losing their jobs. The nature of work has changed with people working from home where feasible and those that work closely with the public being subject to stringent safety procedures. The nature of community has changed with community events cancelled and opportunities to interact within the community ceasing to exist. Families have been affected with parents taking on a complex role of working from home, home schooling children and parenting with less support from aging family members who may be more likely to have adverse consequences from contracting the coronavirus disease and a pared down support network. Many people are experiencing a greater degree of isolation with individuals in British Columbia and around the world encouraged to “keep their bubble small” and avoid interacting with people outside of their own households. Children have been impacted by the cancelling of school, the cancelling of sports and leisure activities and reduced opportunities to interact with peers and family outside of their households. In addition, some children have been deprived of once in a lifetime, rites of passage such as graduations that can never be retrieved or duplicated. With the massive loss of life attributed to the corona virus disease, many children are experiencing grief around the death of an important person in their life.

Not all people have been affected equally by this disease. The repercussions of the corona virus disease pandemic and the public health measures instituted to slow the outbreak have a disproportionate effect on more vulnerable segments of the population. People who have fewer financial resources are more affected, as are people with chronic health conditions and people with existing mental health issues (Fegert et al., 2020).

Although the coronavirus disease pandemic is a collective trauma in progress, and to date, research has not been completed on mental health outcomes for individuals, this review will examine previous collective traumas and draw parallels between what has happened in similar circumstances in the past and what may be likely outcomes in this instance. If we look at research on previous pandemics, natural disasters and terrorist attacks we can see that the predominant trajectory is resilience and recovery with only a small percentage of individuals exposed to a potentially traumatic experience developing chronic maladaptive symptoms (Bonanno et al., 2011).

The vital questions that this review will attempt to answer are: What are the factors, that if present, will promote resilience and recovery in children who have experienced the collective trauma of the coronavirus disease pandemic? Subsequently, will bibliotherapy be an effective intervention to promote resilience and recovery in children?

Main Body

Why is the Topic Important?

The coronavirus pandemic is a global health emergency, as such, every person on planet Earth has been affected by it to some degree. As people emerge from isolation and children return to schools, we may see children who have increased mental health needs being taught by teachers who have also been affected adversely by the pandemic. This project will examine the research on the impact of collective trauma (especially trauma associated with the COVID-19 pandemic), on the mental health of children. Followed by a look at resilience; what it is, factors promoting it and risk factors increasing the potential for chronic dysfunction in children.

Bibliotherapy will then be offered as an intervention to help promote resilience in children in the face of the mass trauma of the COVID-19 pandemic.

Themes

There are three main components in the question: What are the factors, that if present, will promote resilience and recovery in children who have experienced the collective trauma of the coronavirus disease pandemic? The components are; categorizing the coronavirus disease pandemic as a collective trauma, the possible adverse mental health effects of collective trauma in children, and factors that promote resilience and recovery in children. This portion of the literature review will examine literature relating to these three topics.

Defining Collective Trauma

According to Psychology Today (2020) the term collective trauma refers to a potentially traumatic event with the potential to impact entire populations. Events considered to be collective traumas may conceivably adversely affect populations at the individual, family, community, and societal levels, impacting personal relationships, altering community functioning, changing governmental policies and processes and transforming societal norms. Following this definition, some events that may constitute collective trauma could be natural disasters, (such as the 2004 Boxing Day tsunami in Thailand which killed about 170,000 people) terrorist attacks (Such as the September 11, 2001 terrorist attacks in New York City), wars, or pandemics (including the coronavirus disease pandemic). According to a US department of health and human services 2019 report, outbreaks of infectious diseases are classified as a form of disaster. Whether natural or human in origin these disasters cause widespread devastation,

suffering and loss of life. Disasters are unexpected and strike swiftly, but the road to recovery from a disaster may take years (Bonanno et al., 2010).

Negative Effects

Negative effects from collective trauma brought on by natural disasters, acts of terrorism, wars and epidemics are wide reaching and pervasive, impacting populations at all levels. Repercussions can be seen in the functioning of individuals, families, communities and societies in a multitude of ways. From a systems perspective, many systems interact to create a level of functioning. When disaster strikes it can wreak havoc on many adaptive systems in one blow, affecting large numbers of people at many levels. It can take a great deal of time to repair or rebuild those damaged adaptive systems to return to their previous level of functioning (Masten, 2014). This review will detail effects of collective trauma in general on each of these levels and then focus in on the ramifications of the coronavirus disease pandemic in particular.

Individual

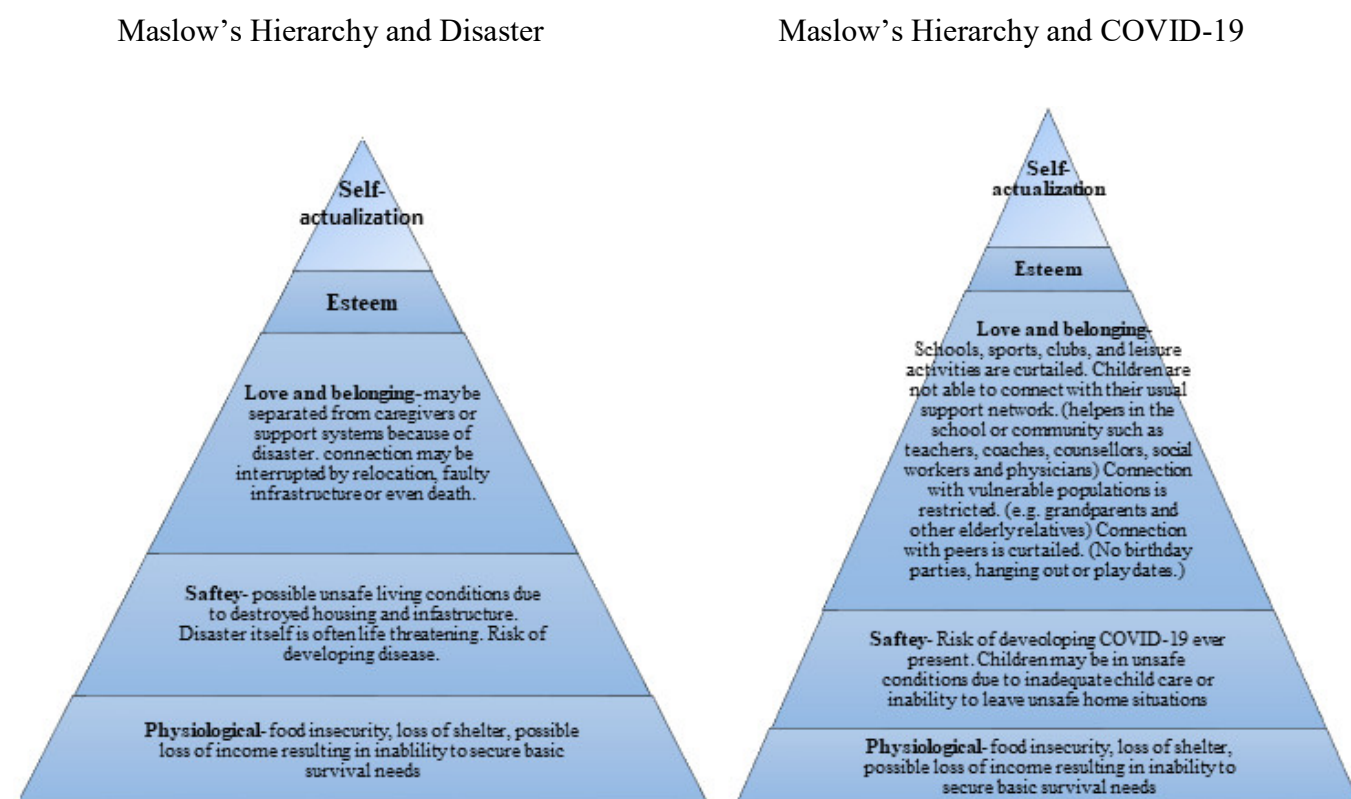
Individuals are negatively affected by disasters at many levels. They have difficulty meeting basic human needs such as the needs for food, shelter safety and belonging. Their health is impacted, both mental and physical health. There are even some indications that disasters may have a neurobiological impact on people. Some populations and individuals are more vulnerable to the effects of disaster than others and disaster has unique consequences for children.

Basic Needs. According to Abraham Maslow's hierarchy of needs (Maslow, 1943), physiological needs such as food and shelter are the most basic human needs followed by the need for safety then the need for love and belonging. Disasters have the capacity to threaten our ability to secure even our most basic human needs. Physiologically, disaster can bring about food

insecurity and render families homeless thwarting the ability to obtain food and shelter. Disaster can cause dangerous and even life-threatening conditions making safety, the second level in Maslow's Hierarchy unobtainable.

Figure 1

Maslow's Hierarchy- a Comparison Between Disaster and COVID-19



Note. Triangle one refers to the ways in which a disaster may impact an individuals' ability to secure their needs. Triangle two refers to the ways the COVID-19 pandemic may impact an individuals' ability to meet their needs.

Love and belonging, the third level in the hierarchy is also affected by disaster, especially in instances when there are barriers to connection such as quarantine or the destruction of infrastructure.

The COVID-19 pandemic has impacted peoples' ability to meet their needs at the three most basic levels of Maslow's Hierarchy. Physiologically, at the beginning of the pandemic, there were shortages of basic supplies such as toilet paper, eggs, cleaning supplies and canned goods. Doubt was cast on the stability and the certainty of our food supply

Individuals definitely perceived a real threat to safety with an invisible invader, capable of infecting them, their aged grandparents or other loved ones at any time in any place. On the date that this paper was written the world-wide impact of the coronavirus disease was staggering, with over 128 million confirmed cases and 2.78 million deaths and climbing. (WHO, March 31, 2021) Threat to safety was made even more acute because the disease was caused by a virus which attacked different people in different ways, with some people who contracted the disease being completely a-symptomatic while it proved fatal in others with no apparent rhyme or reason. The danger came from a deadly, invisible invader which could be lurking anywhere and attack anyone at any time. No one was immune.

The public health initiatives instituted to help slow the spread of this deadly disease had a profound impact on the third level of Maslow's Hierarchy, love and belonging. Schools universities, workplaces and recreational venues were shut down worldwide. Weddings, graduations and other large celebrations were postponed and the number of people allowed at community gatherings was capped and in some places community gatherings of any size were prohibited. Festivals, concerts and sporting events were cancelled. In many places people were urged to only socialize with people living in their own households. Aging relatives and

individuals deemed more vulnerable to the effects of the disease were encouraged to be very careful about their contact with other people. Measures to slow the disease were different in different places ranging from full lockdown where you were only allowed to leave your home when absolutely necessary to a more laissez faire approach on public health safety measures. As a result, at a very turbulent time, many individuals were isolated from their support networks and unable to meet their need for loving and belonging.

Impact of Disaster on Mental Health

In a 2010 review of studies examining the consequences of disasters, Bonanno et al. found that there were long lasting negative mental health repercussions for a minority of individuals following exposure to disaster, with PTSD, grief, depression, anxiety, substance abuse, suicidal ideation, insomnia, low mood and irritability being negative outcomes reported (Fegert et al, 2020, Bonanno et al, 2010). The majority of people exhibit a trajectory of resilience or recovery from exposure to events that have the potential to cause trauma.

Results from a large-scale study undertaken in China during the Coronavirus disease pandemic, aiming to ascertain the psychological impact on individuals of the pandemic, indicate that 53.8% of respondents reported a moderate to severe psychological impact following the outbreak, with 16.5% of respondents reporting moderate to severe depressive symptoms, 28.8% reporting moderate to severe anxiety symptoms and 8.1% of individuals reporting moderate to severe stress levels (Wang et al., 2020). These results point to the coronavirus disease as being a large contributing factor in negative mental health functioning throughout the Chinese population. This review contends that these results are applicable to other populations experiencing the same pandemic. In fact, “it is likely that the COVID-19 pandemic will lead to

an exacerbation of existing mental health disorders as well as contribute to the onset of new stress-related disorders.” (Fegert et al., 2020).

Individuals who are located in close proximity to a disaster, have experienced the loss of a loved one, are injured themselves or have property damaged by the disaster are more vulnerable to developing negative mental health consequences following the event (Bonanno, 2010). In addition, individuals with fewer economic resources, children and women and girls are more likely to exhibit higher levels of disaster related distress (Bonanno, 2010).

The coronavirus disease pandemic has resulted in the cancellation or postponement of many rituals and rites of passage which provide connection to our families and communities and provide individuals with a way to honour milestones in life. Graduations, weddings, retirement celebrations, important anniversaries, landmark birthdays and promotions have all gone uncelebrated because public health initiatives have called for a limit on gatherings to restrict the spread of disease. This loss of traditional milestones has left people with unresolved feelings and feelings of grief and loss. (CMHA, 2020)

Funeral celebrations are a way to connect with a support network to communally mourn a loved one. They are a part of the normal cycle of grief. Tragically, funerals have also been curtailed resulting in disruption in the grieving process. This truncated bereavement could lead to adjustment problems, PTSD, depression or even suicide (Fegert et al., 2020). When the natural process of grief is interrupted it may result in an individual developing incomplete or complicated grief. In incomplete grief, the grief process stalls, and the individual is unable to move through the stages of grief, resulting in prolonged distress (Taibbi, 2017). Similarly, complicated grief occurs when grief is complicated by other mental health disorders, such as depression, substance abuse, PTSD or the complete absence of grief. Complicated grief is

sometimes referred to as unresolved grief (Shiel, 2018). With millions of people worldwide experiencing grief and loss and unable to participate in the normal rituals around death and dying, it is logical to extrapolate that a great number of people will experience, incomplete, complicated or unresolved grief in the wake of the coronavirus pandemic (Mortazavi et al., 2020).

Impact of Disaster on Children

Traditional wisdom posits that children are resilient and not as profoundly affected by disaster as adults. Research has exposed this traditional wisdom as simply not true. While children and adolescents are resilient, they are, in fact, more vulnerable to psychological distress following a disaster than adults (Bonanno et al., 2010, Danilo et al., 2020, Fegert et al., 2020, Masten & Narayan, 2012, Orben, 2020,).

Children express their distress in different ways at different developmental stages, younger children may regress developmentally and engage in behaviour that they have outgrown such as temper tantrums, refusing to sleep alone, clinginess or wetting the bed. Teens may engage in rebellious, risky and socially deviant behaviour (Norris et al., 2002, Bonanno et al., 2010).

Factors that have been shown to contribute to mental health distress in children who have experienced disaster are; living with a parent who has lost their job due to disaster; residing in a low-income family or living with a single parent (Bahn, 2020). Additionally, girls are more likely to experience negative psychological effects following a disaster than their male counterparts (Bonanno et al., 2010, Norris et al., 2002).

Children have been particularly hard hit by the coronavirus disease pandemic and the resultant public health safety measures that have been initiated to help control the spread of the disease. Similar to other disasters, children who are particularly vulnerable to psychological distress are those who are living in poverty, children of single parents or children who experience the death of someone close to them. Unique to the coronavirus disease pandemic children of healthcare workers are disproportionately affected because they experience fear for the well-being of their caregivers (Levine, 2020). Additionally, children with existing mental health issues or who have multiple adverse childhood experiences, have restricted accessibility to supports while experiencing additional stressors brought on by the pandemic (Fegert et al., 2020).

Many children and teens especially those in lower socioeconomic demographics are left with inadequate care because schools have been closed and many daycares have shut their doors. Compounding this problem, family members who may have been called upon in the past to take up the child care slack, are vulnerable to negative health outcomes should they contract the virus; therefore, many children are left to their own devices while parents in essential service jobs must go to work. Children are either left alone or older siblings are called on to look after younger siblings (Fegert et al., 2020).

Social Isolation

With the closure of schools and the elimination of sports, arts, clubs and leisure activities as well as recommendations to socialize only with members of your own household in many regions, children have been isolated and cut off from their support networks. They can no longer socialize with their peers, their grandparents or their outside adult supports such as teachers, coaches and extended relatives. Their social horizons have been limited to people who live in their own households.

Implications of Social Isolation for Children. Social isolation has been shown to have significant negative mental health consequences for children. Connection is a basic human need and the social disconnection initiated by the pandemic and the resultant precautionary public health measures carries with it amongst the most critical implications for negative mental health repercussions (Provenzi, 2020). Studies of orphaned children found negative psychological as well as physiological effects to social isolation. Orphans who were raised in institutions had lower IQ's, less developed emotional regulation and did not reach developmental milestones in as timely a fashion as their counterparts who were raised by foster parents (Danilo et al., 2020).

Implications of Social Isolation for Adolescents. The changes that a child experiences in their teen years are outpaced only by the changes experienced as an infant. Adolescents experience a great deal of physical, social and psychological growth. Physically, puberty causes significant changes in their bodies. Socially, adolescents seek independence from their families and look to their peers to develop an understanding of the world outside their own homes. Adolescents experience a great deal of cognitive and brain development and they learn emotional regulation in a wide variety of situations. In adolescence, social connection is particularly important for social emotional and cognitive development and a lack of face-to-face contact is markedly detrimental to this development (Orben, 2020).

School Closures and Social Isolation. One of the more desperate public health initiatives instituted to control the spread of COVID-19 was the widespread closure of schools. This measure had a host of unintended consequences affecting communities, families and individuals in a multitude of ways. One impact of school closures and the cancellation of sports, arts and leisure activities was the long-term social isolation of an entire cohort of children and adolescents.

Children were called upon to remain in their homes and not initiate contact with anyone outside of their immediate families. They could not go to school; they could not play sports and they could not hang out and socialize with friends. Children were obliged to remain in a state of forced social isolation for months. It is not yet known what the consequences of this isolation may be for the cognitive, social and emotional development of children.

Not only did school closures result in children being isolated from their peers, it also meant isolation from supportive adults and social systems. Some children, who availed themselves of school meals programs on a regular basis, experienced hunger and food insecurity. Some children, who had regular sessions with a school counsellor, youth care worker or social worker, missed this regular mental health intervention. Children who lived with abuse or neglect were denied their daily reprieve from their sub-par living circumstances. Another important task that falls on adults in the school system is to monitor children living in precarious circumstances and to ensure their safety and wellbeing. With schools closed, these vulnerable children lost their network of caring adults.

The Neurobiology of Social Isolation. Social deprivation in childhood impacts the structure and function of the brain (Danilo et al., 2020). Orphans raised in an institution show a reduction in both gray and white matter in the brain as well as impaired cognitive functioning as compared to their counterparts who are adopted and raised by a family. The earlier orphans are adopted the better their later cognitive performance (Danilo et al., 2020).

MRI studies have shown that in normal development, during adolescence the proportion of white matter increases as compared to gray matter. This coincides with development of social independence and social reasoning. Orben and her colleagues (2020) contend that social distancing may have an effect on brain structure and behavioural development. Animal studies

on rodents have shown that social isolation results in substantial changes in brain structure especially if the social isolation occurs at a sensitive developmental juncture (Orben et al, 2020). When animals are deprived of contact from their peers, no matter the species, negative physiological and behavioural effects are noted, suggesting a universal need for peer interaction across species. Research needs to be conducted to determine the extent to which these animal findings are transferrable to human subjects (Orben et al., 2020).

It is the contention of this review that the isolation experienced by children as a result of public health measures to slow the spread of COVID-19 has the possibility of rendering the same neurobiological consequences as isolation brought about by any other circumstance. Further research will need to be done on this subject to determine the neurobiological effects that the coronavirus disease pandemic has had on the physiology of children's brains.

Coming of Age Rituals

Every society has important public rituals to ease the transition of an individual from one stage of life or social role to another. These ceremonies are sometimes referred to as rites of passage. In the Jewish religion a bar mitzvah or a bat mitzvah celebration marks the transition from child to adult. The Amish religion has 'Rumspringa', where at 16, youth can engage in rebellious behaviour before deciding whether or not they want to devote their life to their community. In the Apache tribe, girls participate in the 'Sunrise Ceremony' to become women. Boys of the Satere Mawe tribes of Brazil must wear a glove full of bullet ants as an initiation into manhood.

Western society observes few rites of passage. One coming of age ritual that does exist is graduation from high school. This ritual has been significantly impacted by public health

measures instituted to stop the spread of COVID-19. In British Columbia gatherings have been limited to a maximum of 50 people. As a result, Graduations, proms and other rites of passage related to graduation have been cancelled. An entire generational cohort of children has been denied the cultural rituals that mark an important passage from childhood to adulthood by the coronavirus disease pandemic. It remains to be seen what long term effects, if any, this will have on adolescents who have been affected. A longitudinal cohort study would be a useful research tool to determine the long-term consequences of being deprived of this cultural rite of passage on this particular population.

Grief and Loss

The COVID-19 pandemic has resulted in a great deal of grief and loss. Individuals have lost jobs, financial stability and social networks. They have experienced disruption of caregivers, lost dreams for the future, health, friends and family members and for some even their lives. It will be important to acknowledge and address losses that individuals, including children, have experienced, in order to promote resilience, heal from the coronavirus disease pandemic and mitigate negative mental health consequences moving into the post pandemic future.

Family

For many families, the coronavirus disease pandemic has resulted in a reorganization of family life. Many parents are working from home, while many children are participating in schooling from home, support networks, such as supportive family friends and extended family have been disrupted (Fegert et al., 2020). Extracurricular activities for children have been cancelled and opportunities to socialize outside of the family unit are discouraged or, at times, even forbidden by public health orders meant to curtail the transmission of the virus.

At the height of the pandemic when restrictions were the most stringent, and schools were closed, one of three things happened in working households, either parents continued to work in essential service jobs outside of their homes, parents lost their jobs and became unemployed or parents worked from home. Each of these possibilities carried with it its own set of challenges.

In the first instance, where parents continued working in essential service jobs, some potential hardships could be, finding adequate and affordable child care, supporting children through online schooling, mediating the effects of social isolation, and keeping children busy.

With schools and daycares shuttered, parents were forced to explore alternative care options for their children. In many cases, relatives and family friends were no longer an option because grandparents and other supports were in a population more vulnerable to negative outcomes, including illness or even death, should they contract the coronavirus disease. With more reliable options closed to them some parents were put in the position of quitting their job to look after their children or resorting to subpar childcare options.

While parents who lost their jobs due financial ramifications of the COVID-19 pandemic did not have to worry about securing childcare, they did have to worry about paying for food, shelter and other sundry bills associated with running a household. In his 2010 review of research on disasters, Bonanno and his team state that job losses from disasters have a greater impact on families with less financial resources than those who were more financially stable. Similarly, in his 2020 article, Bahn contends that school closures due to the coronavirus disease pandemic have a greater impact on low-income families than families with greater financial resources.

Another possibility for families, could be that parents retain their employment, but are required to work from home. While these parents don't have to worry about finding childcare or loss of income, they are faced with another set of challenges. They are in a position where they must juggle multiple and competing demanding roles simultaneously. They are in the unenviable position of being an employee, a parent and, with the closure of schools as a public health measure, a teacher at the same time.

School closures added yet another layer of complexity to family life. There were many variables impacting the home education experience. For some children who struggle at school, home schooling became a positive experience, an escape from the stressors that school represents (Fegert et al., 2020). Many children experienced barriers to home schooling including; access to adequate technology; availability of a caregiver capable and willing to help when they are having difficulty; lack of resources; disrupted schedules and routines and sub-optimal learning environments. These barriers disproportionately impacted low-income families (Bahn, 2020).

Resilience

While disasters in general, and coronavirus disease in particular, pose challenges to children and families and have the potential to pose a mental health threat to anyone who is exposed to them, the good news is that the majority of individuals exhibit resilience. Meaning that they suffer no chronic, long term effects from disasters.

This section of the literature review will define resilience, discuss potential mental health trajectories following a disaster, explore risk factors for negative outcomes, and factors promoting resilience, particularly in children and schools. It will then outline some practical applications of this knowledge for the coronavirus disease pandemic

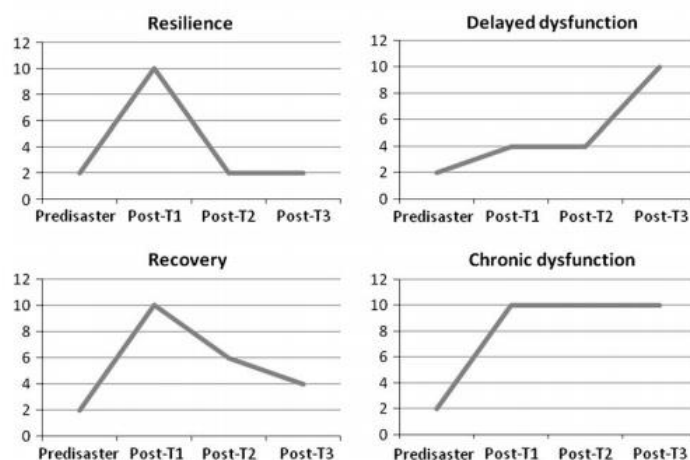
What is Resilience

The definition of resilience lies in the eyes of the researcher who is defining it. Bonanno (2004) defines resilience as a “stable trajectory of functioning after a highly adverse event” (p.20). While Yeduh in a 2014 panel discussion poses that resilience is “a reintegration of self that includes a conscious effort to move forward in an insightful integrated positive manner as a result of lessons learned from an adverse experience” (Yeduh panellist in Southwick et al., 2014, p. 3). Masten focuses on the systems aspect of resilience defining it as “capacity of a dynamic system to adapt successfully to disturbances that threaten the viability, the function, or the development of that system.” (Masten panellist in Southwick et al., 2014, p. 3) Panter –Brick conceptualizes resilience as a process where an individual harnesses resources in order to retain their healthy functioning (Panter-Brick panellist in Southwick et al., 2014). Despite nuances in each of the above definitions all of the researchers agree that in order for resilience to be present an adverse event must occur to an individual and following that event the individual retains or quickly resumes a healthy level of functioning.

Trajectories

Many researchers agree on four possible trajectories following a potentially traumatic experience; psychological resilience, psychological recovery, delayed psychological dysfunction and chronic psychological dysfunction (Bonanno et al., 2008, Bonanno et al., 2010, Galatzer-Levy et al., 2018, Norris et al., 2009). An individual is considered to be resilient when they experience stable psychological and physical health from before to after the potentially traumatic experience (Galatzer –Levy et al., 2018). In the recovery trajectory, an individual experiences psychological dysfunction immediately following the potentially traumatic experience, but returns to their previous level of functioning. When experiencing delayed psychological

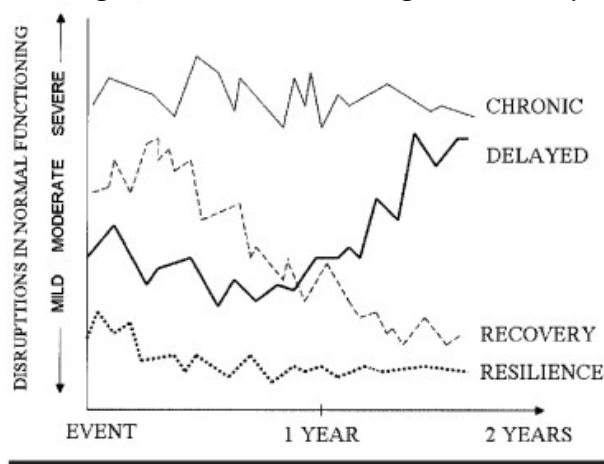
Figure 2.

Trajectories of Psychological Functioning Over Time

(Norris et al., 2009, p.2191)

dysfunction, an individual experiences normal psychological functioning initially following a disaster, but after a period of time, experiences marked distress. In chronic psychological dysfunction an individual experiences significant psychological dysfunction for an extended period of time following exposure to a potentially traumatic experience.

Figure 3.

Patterns of Functioning Across Time Following a Potentially Traumatic Event

(Bonanno et al., 2004, p 21)

Factors Promoting Resilience

There is no one single specific factor that results in resilience, but rather a combination of protective and risk factors that work in concert to bring about either resilience or distress. Certain personal attributes, family attributes and community attributes are correlated with a resilience trajectory.

Personal. Individuals who possess the personality traits of self enhancement, hardiness, intelligence, self-regulation, repressive coping, flexibility, optimism, and hope are more likely to experience resilience following a potentially traumatic experience (Bonanno et al., 2004; Chen, 2020; Galatzer & Levy et al., 2014; Masten, 2012; Southwick et al., 2014; PeConga et al., 2020). People who are considered to be self-enhancers have an overly positive, unrealistic view of themselves. In a disaster, those with the trait of self enhancement are more likely to experience resilience. Those who exhibit hardiness are committed to finding a meaning and purpose in life while prescribing to the belief that they have the ability to influence the outcome of what is happening around them. Hardy individuals also believe that they can learn and grow from any experience, positive or negative. Hardiness encompasses the traits of self-efficacy and meaning making. People who strive to avoid unpleasant thoughts, emotions and memories are more likely to experience a trajectory of resilience. While, in the long run, repressive coping may not result in optimal mental health over time, it is effective in promoting resilience over the short term (Bonanno et al., 2010). Flexibility refers to the ability to adapt and change your reaction to a situation depending on the context. Flexible individuals assess a situation and respond to it, choosing from a repertoire of behaviours. They then gather feedback and adjust their response if necessary. (Bonanno et al., 2020) Individuals who have optimism, hope and experience positive emotions are more likely to experience a trajectory of resilience following a disaster.

Other personal factors implicated in the trajectory of resilience are; the level of social support an individual has, (PeConga et al., 2020; Chen & Bonanno, 2020) their ability to stay informed without being overwhelmed by media (Ahern et al., 2002; Bernstein et al., 2007; Fairbrother, Stuber, Galea, Fleischman, & Pfefferbaum, 2003), personal distractions (Keltner & Bonanno, 1997) and using online communication to remain connected (Bonanno, 2020). For children, the most salient protective factor is the adjustment of their caregivers. Children who have a healthy, well-adjusted caregiver are more likely to be resilient themselves (Masten & Narayan, 2012).

Just as the body keeps the score in developmental trauma (van der Kolk, 2014) biomarkers in the body are implicated in resilience. Resilience shows up in measures of blood pressure, stress hormones, gene myelination and immune functioning. Levels of the stress hormone cortisol can be measured to determine stress levels (Masten, 2014). Individuals who are experiencing a high level of stress are less likely to be resilient. There is also some evidence that a high level of response in the HPA axis and the sympathetic nervous system are associated with resilience (Masten & Narayan, 2012).

The natural trajectory for people following a potentially traumatic experience is resilience. One of the most important ways to promote this natural resilience is to ensure that the basic needs of individuals such as food and shelter are met and step away to allow natural protective systems to develop and take their own course (Bonanno et al., 2011).

Family. Family functioning is an important factor in resilience for children. Some salient variables associated with family are, how close knit the family is, their financial and material resources, their patterns of communication (Bonanno, et al 2011) and parental mental health.

Supportive relationships and positive interactions within the family unit are also a protective factor in the mental health of children (Dimitry, 2012).

In Walsh's (2003) framework for family resilience he outlines three processes, communication that is clear, collaborative, emotionally supportive and focused on problem solving; a family organization that is adaptable, connected and adequately resourced both socially and economically; and belief systems that focus on hope, meaning making and spirituality. These processes work in concert to promote resilience in all members of a family. Families who perceive that they can weather the storm together, who don't forecast the worst case scenario and who resist catastrophizing increase their probability of resilience among family members (Beck, 2008; Don & Mickelson, 2012; Ellis, 2004).

Community. A strong and vibrant community can exert a protective influence over its members. Community attributes that promote resilience include lower crime rates, a high level of social cohesion, less disaster exposure, socioeconomic status and the existence of and access to supportive social structures including schools, family services, healthcare in the community (Bonanno 2020).

Schools. Schools are an important factor in promoting resilience, especially in children. They give parents a respite from childcare, they provide routine and a sense of normalcy, they give children an opportunity to connect with caring adults outside of the family system. Schools give children a chance to learn, play and socialize with their peers. Schools provide access to essential mental health and social interventions that children may not be able to otherwise access including; counsellors, psychologists, social workers, speech therapists, occupational therapists, behavior interventionists and youth care workers to name a few. For some children schools

provide healthy food, clothing and an opportunity to escape from abusive homes, not to mention providing children with a valuable education.

Risk factors

Individual. Those most at risk for experiencing a trajectory of chronic dysfunction following a disaster are individuals who were proximal to the event, were in immediate physical danger, were injured or witnessed someone they cared about being injured or killed, who lost resources, whose homes were damaged or destroyed in the disaster, who lost their jobs or source of income as a result of the disaster. Individuals with preexisting vulnerabilities are at greater risk for developing chronic dysfunction following a potentially traumatic experience. This includes people experiencing a chronic disease or mental illness, poverty, a recent stressor or traumatic event as well as those who have little social and emotional support (Bonanno et al., 2011).

Just as there are personality traits associated with resilience, there are also personality traits associated with risk for chronic dysfunction following disaster. The personality factors associated with less favourable outcomes are rumination, neuroticism or preexisting anxiety and negative affectivity (Bonanno et al., 2010). People who focus on, and ruminate over their losses and the negative aspects of a disaster are more likely to experience a trajectory of chronic dysfunction than their more optimistic counterparts. Additionally, individuals who have been previously diagnosed with anxiety or individuals who have been exposed to a significant stressor are at an increased risk for a trajectory of chronic dysfunction (Bonanno et al., 2011).

Family. According to family systems theory, the functioning of one family member affects the functioning of all other members of the family. There is a cascading effect whereby if

the functioning if one parent is affected by an ongoing crisis such as an injury or a mental health crisis or a job loss, it puts that caregiver at a higher risk for distress and that in turn has an impact on the spousal relationship possibly leading to problematic parenting behaviours. This puts stress on the relationship between parents and children. This change trickles down to the sibling relationship which becomes strained as well. Conversely if a child is experiencing challenges it puts a strain on the relationship between parent and child, which in turn causes tension in the marital relationship. In this manner each member of the household is affected by the functioning of the other. Thus at a time when strong family bonds are needed the most, to promote resilience, relationships are weakened by chronic distress (Prime et al., 2020).

Wade and Browne (2020) identify three R's in family organization, Rules, Routine and Rituals. During the COVID-19 pandemic each of the three R's has been disrupted. In many families, routines have been completely altered. Parents are working from home; children are not going to school; after school activities involving sports, arts and clubs have been cancelled; children cannot have peer interactions and extended family interactions have been limited. The changing household conditions have resulted in a renegotiating of rules in many households. Bedtimes and limits on screen time are no longer viewed as quite as important as they have been in the past. Many rituals have had to be abandoned or altered. Celebrations such as weddings, graduations, holidays and birthdays cannot be celebrated in the ways that they always have been in years gone by. It is also significant, particularly as the death toll from coronavirus disease rises, that we can't engage in rituals around death that bring loved ones together to help them to connect around mourning rituals. The three R's in family organization have been identified as important in promoting resilience among families in the face of stress (Harrist et al., 2019).

Therefore, it is significant for resilience in children and families that all three of the R's in family organization are being impacted by the coronavirus disease pandemic.

Possible Interventions

Intervention models. “In order to develop effective interventions to enhance resilience, it is critical to understand that humans are embedded in families, families in organizations and communities, and communities in societies and cultures. Interventions targeted at any one of these levels will impact functioning at other levels” (Southwick et al 2014, p. 12).

There are numerous models and theories that suggest interventions following a potentially traumatic event. Hobfoll (2007) poses five principles for intervention for mass trauma; promoting a sense of safety; promoting calming; promoting a sense of self and collective agency; promoting connectedness and promoting hope. While the APA (2012) suggests four core components in increasing an individual's capacity for resilience; connection, wellness, healthy thinking and meaning. Resilience theory suggests that intervention focus on bolstering an individual's innate capacity for resilience while mitigating risks and ameliorating symptoms. Main effect models of resiliency suggest reducing risk while strengthening assets. When viewed from an interaction model, the aim of resilience is to reduce vulnerability influences and reinforce protective influences. People who subscribe to the interaction model believe that the intervention should be tailored to the needs of the individual (Masten, 2011). Structural resilience suggests that we should build healthy infrastructure in society that allows people to meet their basic needs of shelter, food and income while being able to access adequate education and healthcare and have the opportunity to work to achieve their potential. (Ager, Annan, & Panter-Brick, 2013).

Preparedness as an Intervention. Interventions actually begin before a disaster occurs in the form of disaster preparedness. It is important to strengthen and support natural protective systems so that they are able to weather adversity. (Masten & Obradovic, 2008, Norris et al., 2008; Wolmer et al. 2011). Initiatives that can be taken to prepare for disaster are; training first responders (including traditional emergency first responders such as police, EMT and fire fighters as well as parents, teachers and childcare providers) on the needs of children and supporting and defending the natural protective systems for children including families and schools (Masten, 2011).

The Public Health Agency of Canada has a comprehensive pandemic preparedness plan for Influenza. Canada's first pandemic preparedness plan was completed in 1988 and revamped in 2004, 2006, 2009 and again in 2018. The plan was put into motion for the H1N1 pandemic in 2009 and the SARS outbreak in 2003. This plan details the roles and responsibilities for each level of government (Government of Canada, 2018). The existence of this plan made it possible for the Canadian government to act swiftly and effectively when faced with the coronavirus disease pandemic

Needs Following a Disaster. Immediately following a disaster, people's needs fall into three basic categories; tangible, informational and emotional. People need to be assured that their basic survival needs of food, shelter and income will be met. They need to have accurate and timely information about what is happening and how the situation will impact them and they need to feel emotionally supported (Bonanno, 2010). Immediate interventions should focus on ensuring that tangible, informational and emotional needs are addressed. Bonanno (2010) poses that interventions should be focused on providing affected communities with the resources they need to help themselves, thus fostering feelings of self-efficacy and agency following a calamity.

In a panel discussion of the International Society for Traumatic Stress Studies, Panter–Brick (2013) argues that providing key social, economic, and political resources such as housing, employment, education, and safe communities are in fact, a mental health intervention because, when these basic needs are taken care of, it alleviates peoples’ emotional distress and promotes a trajectory of resilience.

Tangible needs following the coronavirus disease pandemic were twofold; the need for financial support to ameliorate the effects of loss of employment and income and the need for safety from the virus. Federal and provincial governments addressed the need for financial resources with the swift roll out of economic relief measures including the CERB (Canada Emergency Response Benefit), the BC Recovery Benefit and the Business Recovery Grant, along with other economic initiatives and tax reductions. The need for safety was addressed by Public Health Orders, including the closing of schools, restrictions on gatherings, the closure of the border and the closure of businesses. Informational needs were addressed by daily television briefings. In British Columbia the Provincial Health Officer and the minister of health kept the public informed with factual, scientific data. British Columbia attempted to address the emotional needs of its residents in the wake of COVID-19 through a host of virtual mental health supports. (government of British Columbia, 2020).

Crisis Intervention. Immediate psychological intervention is not helpful for every person who has been exposed to a potentially traumatic experience. In fact, there is some evidence that early intervention for people who don’t need it actually gets in the way of their natural resilience trajectory (Bonanno et al., 2010; Masten, 2011). Bonanno (2010) suggests that it may be beneficial to screen for individuals at a high risk for psychopathology following a disaster and provide only those individuals who are experiencing dysfunction with targeted

interventions (Bonanno et al., 2010; Stark, 2020). Following a disaster, when a sufficient period of time has passed for individuals to begin the natural process of recovery, yet they continue to exhibit symptoms of distress, there is support for administering a screening evaluation to determine if additional mental health interventions are indicated (Bonanno et al. 2010, Norris et al. 2008).

Children. Special attention should be paid to assessing and providing interventions for children as their mental health is often ignored. Chronic dysfunction in childhood could interfere with school functioning. Poor performance in school could pose lifelong consequences for children (Bonanno, 2010). Children are a particularly vulnerable population where COVID-19 is concerned as they have experienced a great deal of change, loss and upheaval.

Support Groups. Distress is a normal reaction to disaster. Many individuals find it helpful to engage in a forum to share feelings and concerns with others who have experienced similar challenges. These peers who have suffered a similar potentially traumatic experience may be able to understand feelings of loss and share strategies to cope. An example of this intervention would be a survivor support group.

Hope, Connection and Agency. In March of 2020 a mother in Prince George, BC, who had been isolated in her home, began a campaign of decorating windows with hearts to symbolize solidarity and caring in the face of isolation. Soon there were hearts in windows around the world, lifting the spirits of people who saw them and offering a symbolic connection to others. People locked down in their homes in Italy congregated on their balconies to have community sing-alongs, an affirmation of hope and connection in very difficult times. Around the world at 7:00 people stepped out of their houses and banged pots and pans to express their

appreciation for healthcare workers who were working tirelessly and risking their lives to fight an invisible invader, the coronavirus disease. These are just three examples of how communities actively worked together during the COVID-19 pandemic in 2020 to reach out to one another in an expression of hope and human compassion, achieving a powerful positive effect on mental health and resilience both for themselves and others (PeConga et al., 2020).

Bibliotherapy as an Intervention. Bibliotherapy is an extremely flexible intervention which can be implemented by a wide variety of people (mental health professionals, teachers, parents and lay people), using many different types of materials (fiction, non-fiction, poetry, self-help books, picture books, film, story-telling and client developed materials), to address a vast array of issues (abuse, neglect, obesity, sexuality, domestic violence, bullying, chronic illness, medical procedures, disability, divorce, bereavement, aggression, adoption, addiction, and natural disaster).

Benefits of Bibliotherapy. Bibliotherapy has affective, cognitive and social benefits for children who have experienced trauma. Positive emotional outcomes include; an increased ability to express feelings, improved coping skills, increase in empathy, development of self-efficacy, better self-concept, more accurate insight and self-reflection, improvements in attitude, along with reduction in feelings of helplessness, self-blame depression, anxiety and stress. Research indicates that bibliotherapy has positive results for depression, anxiety and stress and is effective in helping children learn social and emotional regulation. (Devries et al., 2017; Heath et al., 2005; Lowe, 2009; McCulliss & Chamberlain, 2013; Pardeck, 1985, Pehrsson, 2005; Sullivan & Strang, 2003).

Positive social outcomes include; the creation of new interests, improved adjustment, the ability to identify and use supportive adults in their lives, better relationships with parents and

peers, reduced isolation and more socially acceptable behaviours. Positive cognitive outcomes include; better conflict resolution, problem solving skills and safety planning, improved reading skills greater knowledge, increased tolerance, reduced violence and the belief that there is good in all people (Devries et al., 2017), critical thinking skills, the capability to perceive the universality of problems, the capacity for self-evaluation and the ability to engage in higher level reasoning (Devries et al, 2017; McCulliss & Chamberlain, 2017). Lowe looked at books as a dress rehearsal for real life (Lowe, 2009). Literature is a familiar medium for school aged children so they have a level of comfort with books, and consequently, bibliotherapy.

Relationship Between Main Topic and Wider Subject Area

The coronavirus disease pandemic shares many common elements of mass traumas such as natural disasters, terrorist attacks epidemics and political conflict. In order to be considered a mass trauma, an event must affect large numbers of people and cause significant disruption to routines and services as well as a loss of property and loss of life (US Substance Abuse and Mental Health Services Administration, 2014). The coronavirus disease pandemic and the public health measures instituted to check the spread of the disease carries all of the markers of a mass trauma. Every person on the planet has been touched by this pandemic to a greater or lesser extent. Disruption to routines and services have occurred on a global scale with border closures and travel restrictions, shortages of some goods, a reduction of hospital services, closure of schools and the cessation of sports and leisure opportunities. Every facet of life has been altered on a global scale. To date (March 31. 2021) 2.79 million people have lost their lives to COVID-19 (WHO, 2021). In addition, many people have lost their jobs or their businesses due to the public health measures instituted to stop the spread of the disease. With these factors in mind,

this review contends that it is reasonable to assume that research addressing other mass traumas may be pertinent to the coronavirus disease pandemic.

While there are many similarities between the COVID-19 pandemic and other mass traumas, there are also differences. While most mass traumas affect a specific geographic location or population, the coronavirus disease pandemic is global. It is not confined to one area you could contract the disease anywhere in the world. Nowhere is safe. The coronavirus disease pandemic is not discriminatory. It does not differentiate between its victims. Anyone could become sick. If you do become sick there is no set trajectory that the disease follows, you may be asymptomatic, you may have mild symptoms, you may develop long term effects or you could die and no one is sure what the long term effects of the disease will be. While most mass traumas have a defined crisis point followed by a period of rebuilding, there is no certainty of when or how the coronavirus disease pandemic will end. The threat while credible, is nebulous, all around and ever present with no indication of resolution.

Conclusion

The coronavirus disease pandemic has been deemed a public health emergency and poses all of the hallmark traits of a mass traumatic event. Mass traumas have been shown to contribute to negative mental health outcomes including; PTSD, grief, depression, anxiety, substance abuse, suicidal ideation, insomnia, low mood and irritability being negative outcomes reported (Bonanno et al, 2010; Fegert et al, 2020).

While humanity is experiencing a mass trauma on a global scale, the good news is that the most common trajectory for individuals exposed to a traumatic event is one of resilience. Research into past traumatic events has pointed to individual, family and community factors that

affect the trajectory of resilience either promoting resilience or making chronic dysfunction a more likely outcome.

In order to promote resilience in school aged children this project is suggesting an intervention for children utilizing bibliotherapy. Bibliotherapy has been shown to be a flexible, effective, trauma informed approach for children. My experience as a teacher and my familiarity with and passion for children's literature have worked in concert to make bibliotherapy a natural fit for this project.

It is undeniable that the coronavirus disease pandemic has posed an unprecedented threat to our health, our economies and our emotional wellbeing on a global scale. However, for every story of tragedy and heart break there is a story of resilience and triumph of the human spirit. History hasn't yet closed the book on the coronavirus disease pandemic. Only time will tell if in the end it will be a story of resilience.

Chapter Three: Project Description

Purpose of the Project

This project will utilize bibliotherapy as an intervention that mental health professionals, teachers, parents and other concerned adults can employ in order to apply Hobfoll's five principles and help to promote resilience in elementary school aged children who have been exposed to the mass trauma of the COVID-19 pandemic with the fun, engaging and easily relatable medium of picture books.

Goals

The goals of this project are to offer a series of bibliotherapy interventions that introduce Hobfoll's five principles promoting resilience following a mass trauma; safety, calming, connection, self-efficacy and hope. The intent of the interventions is for adults working with children to have a tool to help children increase their capacity for resilience in the face of mass trauma. The ultimate goal is that children would internalize the five principles, and implement them in their own lives.

Format of the Project

This project will consist of a series of five bibliotherapy interventions, based on Hobfoll's five elements of intervention following disaster (Hobfoll et al, 2007). Each intervention will introduce one picture book which emphasizes an element of Hobfoll's model. The first book will address safety, the second will focus on calming. The third will discuss self-efficacy with interventions four and five being about connection and hope respectively. There will be pre-reading, during reading and post reading activities, questions, points of discussion and activities suggested. The intention is for these interventions to give mental health professionals, teachers

and parents a tool to help children cultivate resilience in the face of the mass trauma of the coronavirus disease pandemic. At the end of each section there will be an annotated bibliography detailing other books that focus on the principle presented in that section. Each of the books included in the annotated bibliography could be utilized in a similar fashion to the title presented in the intervention.

Target Audience

The target audience for this project is adults working with children who have either been exposed to a potentially traumatic experience, or who would, for any reason, benefit from a focus on promoting resilience. Individuals who are implementing this intervention could be trained mental health professionals, teachers or laypersons such as parents. No special training is required to implement the intervention. The flexibility and ease of the intervention allows for adults to institute the intervention with individual children, small groups or large groups in a clinical, classroom or home setting. Bibliography can be equally as effective if a single child is sitting on a parent's lap or a class full of children is engaging with a teacher or school counsellor in a group setting.

Trauma Informed Approach

Bibliotherapy is an inherently trauma informed approach. Picture books are a medium that children are comfortable with and almost all children have prior experience. They convey emotional messages in an accessible, unthreatening way so that children are able to understand and engage with difficult material in a somewhat detached manner. The bad thing isn't happening to the child, it is happening to a character in a book so it is less intimidating to address. Children can learn vicariously. Bibliography tackles a wide range of emotional needs

and capacities. Children are free to choose to make connections with characters in the book, or if connections are frightening, they can choose to just be entertained by the story.

Ethical Considerations

The ethical considerations for this intervention are different depending on the setting where it is being used and the individual implementing the intervention. Ethical considerations are going to be very different if you are a mental health professional conducting the intervention with an individual in a clinical setting than if you are a teacher conducting the intervention in a classroom setting.

It would be necessary for mental health clinicians working with children to obtain informed consent from parents or guardians of children before implementing any interventions. In the classroom teachers or school counsellors would need to make sure that kindness and respect were established norms in the classroom so that if a child were to share an emotional anecdote they would be met with consideration from their peers.

It would also be important for laypersons engaging in this intervention to only address issues that they are trained to address. If, when implementing the intervention, issues arise that they are not trained to treat, it would be important to refer the child to a qualified mental health professional.

Outline of the Project

Introduction

Promoting Safety:

- Introduction to the principle of promoting Safety
- Summary of the picture book *Good People Everywhere* and why it was chosen for the intervention

- Suggestions for activities that could be used in a classroom, in a therapeutic setting and in a home setting
- An annotated bibliography of other books that focus on the principle of promoting safety
- A list of discussion questions that could be used with any book.

Promoting Calming

- Introduction to the principle of calming
- Summary of the picture book *What Does Peace Feel Like?* and why it was chosen for the intervention
- Suggestions for activities that could be used in a classroom, in a therapeutic setting and in a home setting
- An annotated bibliography of other books that focus on the principle of calming
- A list of discussion questions that could be used with any book.

Promoting Self-Efficacy:

- Introduction to the principle of Self-Efficacy
- Summary of the picture book *The Breaking News* and why it was chosen for the intervention
- Suggestions for activities that could be used in a classroom, in a therapeutic setting and in a home setting
- An annotated bibliography of other books that focus on the principle of self-efficacy
- A list of discussion questions that could be used with any book.

Promoting Connection:

- Introduction to the principle of connection
- Summary of the picture book *The Invisible String* and why it was chosen for the intervention
- Suggestions for activities that could be used in a classroom, in a therapeutic setting and in a home setting
- An annotated bibliography of other books that focus on the principle of connection
- A list of discussion questions that could be used with any book.

Promoting Hope:

- Introduction to the principle of promoting hope
- Summary of the picture book *After the Fall: How Humpty Dumpty Got Back Up Again* and why it was chosen for the intervention
- Suggestions for activities that could be used in a classroom, in a therapeutic setting and in a home setting
- An annotated bibliography of other books that focus on the principle of promoting hope
- A list of discussion questions that could be used with any book.

Support Resources:

- A list of resources for children, parents and teachers to support children in dealing with mental health issues around COVID-19.

Summary

At this point in history promoting resilience in children in the face of the coronavirus disease pandemic is extremely important. The population of the earth has experienced a potentially traumatic event on a global scale and children have a greater likelihood of developing mental health challenges than ever before.

Bibliotherapy is an intervention which is effective, familiar and flexible and can be used by almost anyone with nothing more than a book and a lap to sit on. The following project utilizes five extraordinary children's books to encourage engagement with Hobfoll's five principles to promoting resilience following a mass trauma in an accessible and engaging way

Chapter Four: Project Plan

Introduction

With the coronavirus disease pandemic sweeping the globe, children worldwide have been exposed to a potentially traumatic experience from both impacts of the disease and isolation created by the public health measures taken to halt the spread of this disease. While most children naturally experience resilience as a trajectory in response to a potentially traumatic event, (Bonanno et al., 2011) it is possible to increase the likelihood of resilience in the face of trauma. This project will focus on Hobfoll's (2007) five principals to promoting resilience following a mass trauma. His five principles are; promoting a sense of safety, encouraging calming, promoting a sense of agency or self-efficacy, encouraging connection and promoting a sense of hope.

This project will utilize bibliotherapy as an intervention to help children develop capacity around each of Hobfoll's five principals. Bibliotherapy is the chosen intervention for this project because picture books are a familiar medium that allow children to engage with emotionally difficult material in a safe and non-threatening manner. Bibliotherapy is also flexible, allowing the intervention to be used by a wide variety of adults including mental health professionals, teachers, or parents with either individual children or groups of children. One caution while implementing any intervention is that adults should only attempt to treat problems that they are trained to address. If a child exhibits distress that a layperson is not equipped to deal with it is ethical for them to refer that child to an appropriate mental health professional.

The project will consist of five sections with each section focusing on one of Hobfoll's five principles. Each section will contain the following components;

- 1) an explanation of the principle

- 2) introduction of a book selection that spotlights the principle of concern
- 3) an explanation of why the book was chosen,
- 4) goals and objectives of the intervention
- 5) activities for a clinical setting, for a school setting and for a home setting
- 6) additional pertinent information including possible precautions
- 7) Suggestions for other books and generic questions and activities that could be used to highlight the target principle

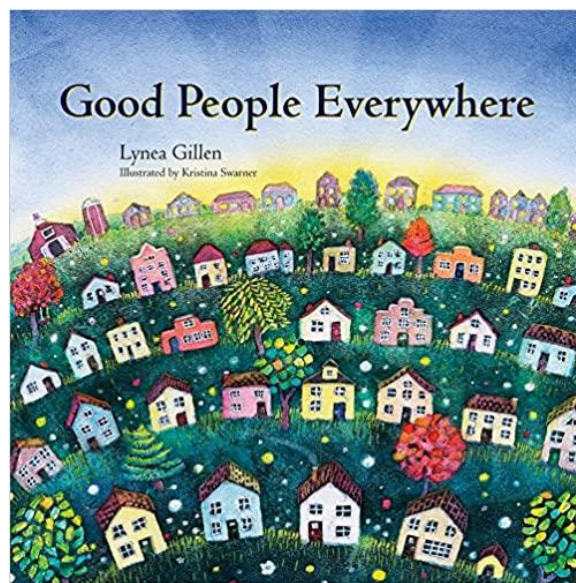
Principle One – Sense of Safety

For many individuals the coronavirus disease pandemic poses both a genuine and a perceived threat to life and livelihood. The relentless media coverage relating the number of new cases, outbreaks and deaths attributed to COVID-19 in our communities contribute to a sense of constant peril. This sense of danger combined with the relational, emotional and financial toll the coronavirus disease pandemic is taking on families, pose a real and present threat to our health and our way of life. Additionally, many families have experienced illness or the death of a loved one rendering the threat very personal, credible and close to home.

The book chosen to represent the principle of safety is *Good People Everywhere* by Lynea Gillen

Figure 4.

Book cover image for *Good People Everywhere*



Title: *Good People Everywhere*

Author: Lynea Gillen

Illustrator: Kristina Swarner

Publisher: Three Pebble Press LLC

ISBN: 978-0-9799289-8-7

Good People Everywhere by Lynea Gillen is a simple, relatable book that details how people everywhere keep each other safe and care for one another in ordinary and extraordinary ways. The illustrations by Kristina Swarner are colourful and depict a multicultural cast of characters. This is a story about how people, from carpenters to doctors, performers to parents and even children take steps each day to care for others and promote safety.

This book was chosen because the text is simple and easily understood. The main message of the story is clear and comforting. That there are good people around us all of the time helping to keep children safe and cared for in a myriad of ways. Children will be able to see characters in the book engaging in activities that they see going on around them in their day to day lives, drawing their awareness to the fact that there are people nearby engaging in activities that will help keep them safe and cared for all of the time.

The goal of this intervention is to bring awareness to the ways in which people are working together to keep children safe, so that children can recognize that everyday actions that people take help keep them safe. Children who do not feel safe, who either have experienced complex trauma or are in an unsafe situation, are sometimes resistant to talk about safety and may struggle to come up with examples of safe situations. If this occurs in a classroom or home setting the parent or teacher may consider consulting a mental health professional about the child. If a child says something that leads the adult to believe that they are currently unsafe then the adult is legally obligated to make a report to the Ministry of Children and Families.

This intervention could be utilized with an individual, a group or a class of children. It would be appropriate for children from four to eight years old. It could be used by a mental health professional, a parent or a teacher.

In A Classroom

Before reading the story show the cover of the book and read the title “Good People Everywhere” Ask the following questions:

- Look at the cover of this book. What do you see?
- What do you think the story will be about?
- The story is called *Good People Everywhere*. What do you think makes a person a good person?
- Who do you know that is a good person?

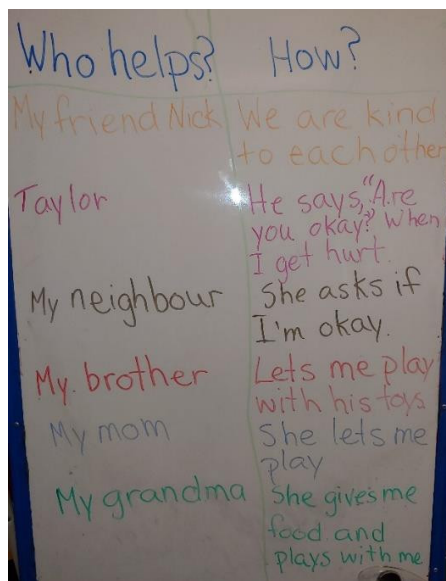
While reading the story take time after reading each page to relate the text to the child’s experience. Asking questions such as:

- Have you ever seen a carpenter fix a building?
- Who makes dinner for your family?
- How does your teacher help you?
- Have you ever seen a teenager help a younger person?
- How have you helped someone else?

After the story has been read lead a discussion with the class around the question, “Who helps you?” Be accepting of all answers and ensure that children are listening to one another in a respectful manner and that all voices have a chance to be heard. On a large piece of paper, whiteboard or chalkboard make a 2 columned chart listing all of the people who help you in one column and how they help you in the other column. Record children’s responses verbatim.

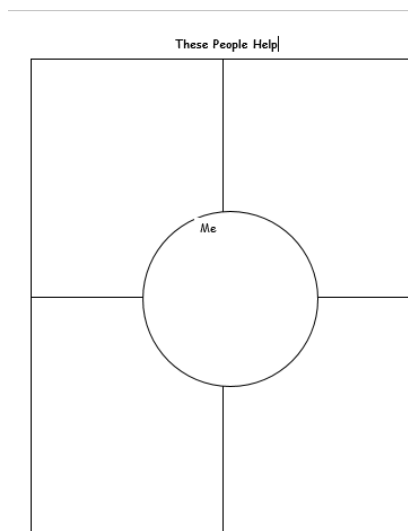
Figure 5.

Image of a “Who Helps” chart



To explore and consolidate the experience of each child, have them draw a picture of themselves in the center of a sheet of paper and the people, objects or animals all around them caring for them and keeping them safe. A blank template for this activity can be found in the appendices.

Figure 7

Response template for *Good People Everywhere*

In a Therapeutic Setting

A clinician in a therapeutic setting could engage in the same discussion questions as a teacher in a classroom setting. These questions could serve as a jumping off point for a therapeutic conversation. While a classroom teacher would focus on positive instances of safety, instances where children have felt safe, a therapist might talk about instances where the child has not felt safe and what they could do to feel safe again.

In addition to talking, a clinician could engage in creative modalities of therapy, such as, imaginative play, sand tray, art, drama or music therapy in the following ways;

Super Heroes. Pretend that puppets, dolls or sand tray figures are superheroes. What super powers would they possess? How could these powers keep the child safe? How would the children feel when they are being protected by the superheroes? Alternately the child could pretend that they have a superpower that helps to keep them safe. What would their super power be? How would this power keep themselves or their families safe?

Monster Trap. Children could use found or recycled items to create a “Monster Trap” or a “Worry Trap”. They could plan and build an item designed to corral and neutralize their worry so that they are able to feel safe.

Think of a time. Children could be encouraged to think of a time when they have felt safe. They could draw, paint or sculpt a picture of something that reminds them of a time they have felt safe. Therapists could also explore whether or not there are any songs or particular types of music that make the child feel safe.

At Home

Good People Map. The very act of sitting on a caregiver’s lap and listening to them read a story is a warm, comforting, protective experience for a child. It gives the caregiver and the

child an opportunity to talk about the child's fears and ways in which the caregiver and other adults can work together to help to keep the child safe. Reading this particular story gives the adult a chance to help the child personalize safe people in the child's life. The caregiver and the child could collaborate to draw a map of their community including places where people that they know are working to ensure that the child is safe and cared for.

Additional Books That Address the Principle of Safety

Title: *It's OK To Be Different: A Children's Picture Book About Diversity and Kindness*

Author: Sharon Purtill

Illustrator: Sujata Saha

Publisher: Dunhill Clare Publishing

ISBN: 978-0973410457

- This is a simple rhyming story that posits that every child is unique. It assures children that it is okay to be different and that no matter what your differences are each child should be celebrated for the unique individual that they are.

Title: *What a Wonderful World*

Author: George David Weiss and Bob Thiele

Illustrator: Ashley Bryan

Publisher: Athenum Books for Young Readers

ISBN: 97806898000870

- This story takes the lyrics of the classic song sung by Louie Armstrong and pairs them with bright vibrant illustrations to assure children that we really do live in a wonderful world.

Title: *Every Little Thing*

Author: Bob Marley and Cedella Marley

Illustrator: Vanessa Brantley-Newton

Publisher: Chronicle Books

ISBN: 978-1452142906

- This is another book based on a classic song. This book takes the lyrics of Bob Marley's popular reggae song *Three Little Birds* and pairs them with bright, colourful, simple illustrations to tell children "Don't worry about a thing, every little thing is going to be alright."

Questions That Could Be Used With Any Book

- 1) Why was this book chosen to talk about safety?
- 2) What is helping the characters to feel safe?
- 3) How can you tell that the characters are feeling safe?
- 4) How are you the same as the character?
- 5) How are you different from the character?
- 6) What did the characters do to feel safe?
- 7) Would you have done the same thing as the character?
- 8) Is there anything else that the character could have done?
- 9) What does safety mean to you?

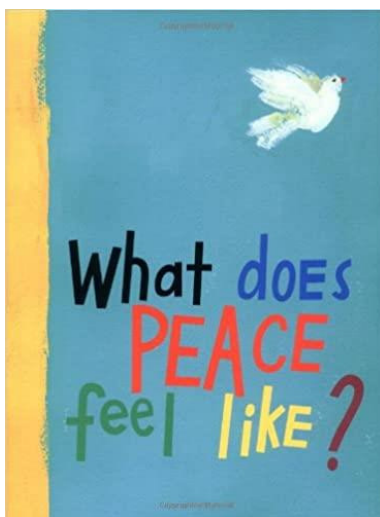
Principle Two: Calming

Anxiety and emotionality are normal responses to experiencing a potentially traumatic event. However, when an event is protracted, as the coronavirus disease pandemic has been, high levels of emotion for an extended period of time can interfere with basic functioning including sleeping, eating, making decisions and school performance (Hobfoll, 2007). Providing individuals with strategies to help them reign in their emotions and engaging in calming interventions can reduce arousal so that individuals are capable of more adaptive daily functioning.

The book chosen to represent the principal of calming is *What Does Peace Feel Like*, by Vladimir Radunsky.

Figure 7.

Book cover image for *What Does Peace Feel Like*



Title: *What Does Peace Feel Like?*

Author: Vladimir Radunsky

Illustrator: Vladimir Radunsky

Publisher: Athenum Books for Young Readers

ISBN: 978-0689866760

What does Peace Feel Like? by Vladimir Radunsky, is a unique book, in that it is a compilation of children's answers when they are asked questions about peace. This is a simply illustrated, colourful, story that examines peace from the lens of eight to ten-year-old children. This book explores peace from all five senses; What does peace look like, smell like, sound like taste like and feel like?

There are many wonderful books that could have been utilized as an intervention to promote calming (see annotated bibliography below). This book was chosen because its perspective is through the eyes of children which makes it easily relatable for the target audience. Additionally, it calls on children to use all five of their senses to consider peace, making the story an immersive experience.

The goal of this intervention is for children to be able to define peace, identify it and recognize when they are feeling peace themselves. In essence the intervention is intended to help the child mindfully experience a sense of peace after reading the book, discussing and engaging in the associated activities.

Children who have experienced complex trauma or who have a chaotic home situation may have difficulty or experience discomfort exploring the felt sense of peace. If a child becomes triggered during the intervention, it is important to seek the services of a qualified mental health professional. Additionally, if the child discloses abuse or neglect there is a legal obligation to report this to the Ministry of Children and Families.

In A Classroom

Before reading "What Does Peace Feel Like" inform children that this book was written by children just like themselves. Then lead a discussion around the following questions:

- Look at the front cover of this book. What do you notice?

- What do you know about peace?
- What does peace mean to you?

While reading the book, after each, page lead children in a discussion utilizing the following questions:

- What does peace smell like to you?
- What does peace look like to you?
- What does peace sound like to you?
- What does peace taste like to you?
- What does peace feel like to you?

Record children's answers on a large sheet of paper, white board or chalk board divided into five sections, one section for each of the senses.

Figure 8.






Image of *What Does Peace Feel Like* to me chart



Following the group discussion, children write or draw their ideas of what peace smells like, looks like, sounds like, tastes like and feels like on a template. A blank template of the “What Does Peace Feel Like” intervention can be found in the appendices.

Figure 9.

Response template for *What Does Peace Feel Like?*

What Does Peace Feel Like?	
	
	
	Peace makes me feel...

In a Therapeutic Setting

Somatic Exploration. In a therapeutic setting this book lends itself as a jumping off point for somatic exploration. According to van der Kolk (2014) “You can be fully in charge of your life only if you can acknowledge the reality of your body and all of its visceral dimensions” (p. 27). The therapist could ask a child how it feels in their body to experience the feeling of peace. What do they notice about their heart rate, their breathing, their muscles, their stomach? Subsequently the therapist could discuss other emotional states, for example what does your body like when you are angry, sad, happy or a host of other emotions.

Anchor Memory. After reading *What Does Peace Feel Like?* children could develop an anchor memory or an “autonomic landmark” for the feeling of peace. An autonomic landmark is a moment in time that stands out as the representation of an autonomic state. It is useful in the therapeutic relationship as a reference point, so that the therapist and the child conjure it when the therapist wants to help the child return to a feeling of peace (Dana, 2020 p. 43). To develop

an anchor memory, the therapist could lead the child in visualizing a time when they have felt at peace, imagining that time in as much detail as possible. Where were you? Who was with you? What was the weather like? How old were you? What was going on around you? What were you wearing? How did it feel in your body? The more detailed the anchor memory, the more effective it has the capacity to be in helping the child return to a feeling of peace when they are dysregulated. The child could then represent this memory in a creative way, by drawing, painting, sculpting, using dolls, puppets or the sand tray.

At Home

Make a Calming Corner or a Nest. After reading *What Does Peace Feel Like?* children and caregivers could work in tandem to create a calming corner or a nest. Each calming corner could be different depending on what helps that particular child to feel a sense of peace. It may include soft blankets or pillows, favourite books or toys, colouring or painting supplies, soft lighting, calming music, or fidgets. Because different things help different people feel calm, it is important the child be involved in creating their own calming corner or nest.

Go for a Nature Walk. Nature can exert a calming influence over people. Find a place where the child can be in contact with nature. Even large cities contain suitable areas to access nature such as parks or greenbelt areas. Bodies of water such as lakes, rivers or oceans exude particularly calming properties. Caregivers and children could go for a nature walk paying particular attention to sights, sounds, smells and feelings. Caregivers could also lead the child in noticing how they are feeling in their bodies in response to this walk.

Additional Books That Address the Principle of Calming:

Title: A Little Calm Spot: A Story about Yoga and Feeling Focused

Author: Diane Alber

Illustrator: Diane Alber

Publisher: Self published

ISBN: 978-1951287436

- This is the psychoeducational story of a spot who learns about yoga and deep breathing to help him control big emotions.

Title: Breathing is my Super Power: Mindfulness Book for Kids to Feel Calm and Peaceful

Author: Alice Ortega

Illustrator: Alice Ortega

Publisher: Independently Published

ISBN: 979-8696592442

- This is a book about a little girl who uses breathing exercises in various situations to stay calm and grounded. It has several different breathing exercises to try.

Title: Breathe Like a Bear: 30 Mindful Moments for Kids to Feel Calm and Focused Anytime, Anywhere

Author: Kira Willey

Illustrator: Anni Betts

Publisher: Rodale Kids

ISBN: 978-1623368838

- This is a beautifully illustrated story that teaches children different breathing techniques using a cast of cuddly animal characters.

Title: Sitting Still Like a Frog: Mindfulness Exercises for Kids (and Their Parents)

Author: Eline Snell

Illustrator: Eline Snell

Publisher: Shambahala

ISBN: 978-1611800586

- This book uses engaging animal metaphors and colourful illustrations to encourage children to take part in mindfulness exercises. This book also includes an audio CD with guided mindfulness exercises.

Questions That Could Be Used With Any Book

- 1) Why was this book chosen to talk about calm?
- 2) What is helping the characters to feel calm?
- 3) How can you tell that the characters are feeling calm?
- 4) How are you the same as the character?
- 5) How are you different from the character?
- 6) What did the characters do to feel calm? Can you try it?
- 7) Would you have done the same thing as the character?
- 8) Is there anything else that the character could have done?
- 9) What does calm mean to you?

Principle Three: Sense of Self-Efficacy

When people feel that they are able to cope with events following a potentially traumatic experience, they are more likely to experience a trajectory of resilience (Hobfoll, 2007). In order to foster a sense of self efficacy, or the confidence that the individual has some control over the outcome of a situation, for children it could be described as the belief that you can make a difference. Children may be only able to do small things to improve their circumstances in the wake of a traumatic experience, but even engaging in those small tasks can serve to engender a sense of self-efficacy.

The book chosen to represent the principle of self-efficacy is *The Breaking News*, by Sarah Lynne Reul.

Figure 10.

Book Cover image for *The Breaking News*.



Title: *The Breaking News*
Author: Sarah Lynne Reul
Illustrator: Sarah Lynne Reul
Publisher: Roaring Brook
ISBN: 978-1-250-15356-2

The Breaking News is a story of a potentially traumatic event that is occurring in a community as seen through the eyes of a child. Although it is not specifically stated what the traumatic event is, the actions of the parents are consistent with how many adults are reacting to the coronavirus disease pandemic. The main character in the story is a child who tries all sorts of grand things to help improve the situation for her family without success. It is not until she does one small thing that she is able to make a difference. The one small thing that she did set off a cascade of small things in her family and in her neighbourhood, that served to improve the emotional climate in the community.

This book was chosen because it is an accurate depiction of what may be currently happening in children's homes around the mass trauma of the COVID-19 pandemic. It is directly relatable for children at this time. The message of this story is that even the smallest person has the power to help in the most turbulent of times.

The goal of this intervention is to help children feel empowered. To dispel the sense of helplessness that may arise when a problem seems too big to make any difference. The intention is that, when the problem is too overwhelming to tackle, or is something that is outside of the individual's sphere of control, they find some action that they can take to make a difference.

When children are experiencing a deep sense of hopelessness, it is sometimes difficult for them to imagine even a small action that they can take. When children have never had the capacity to experience self-efficacy, or felt as if they have had any control over their situation, they may need a number of examples of small measures that they can implement. If a child appears stuck in their hopelessness. It would be appropriate to seek help from a mental health professional.

In The Classroom

Before reading the story, examine the cover of the book and lead a discussion around the questions:

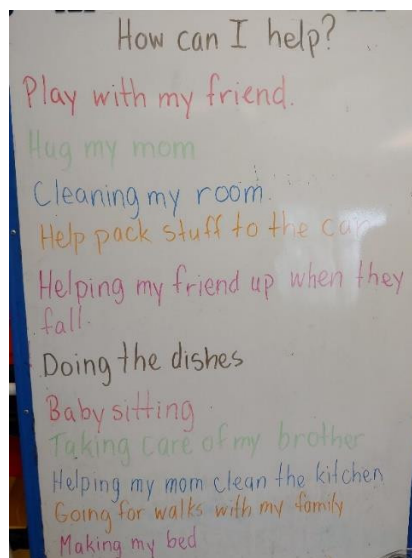
- Look at the cover of this book. What do you notice about the characters?
- What is Breaking News?
- Is it usually good news or bad news?

While reading the story, stop frequently to draw parallels between what is going on in the story and what may be happening in children's' homes.

After reading the book discuss the small things that the main character did to make her situation better and how her actions affected her family and community. Then brainstorm with children small ways that they could help their families, friends and neighbours. Record responses on a chart titled "How Can I Help?"

Figure 11

"How can I help?" chart



Independently children will be asked to draw or write how they can help to make things better in their families. A blank template for this activity can be found in the appendices.

Figure 12

Response template for *The Breaking News*

I Can Help

I can help by..	

In a Therapeutic Setting

Self-Efficacy Experiments. Self-efficacy, or the belief that an individual can cope following a potentially traumatic experience is a strong mediator of recovery (Benight & Bandura, 2003). In order to help a child strengthen their feelings of self-efficacy a therapist could lead them in designing and carrying out a self-efficacy experiment. Together the therapist and the child could determine an action that the child could do to help another person or a pet. Before the next session, the child would act like a scientist and implement the experiment, paying close

attention to how it felt to help someone else. In the next session they would relay their findings to the therapist.

Act it Out. The therapist and the child could engage in a role playing activity where the therapist poses a situation where they need some form of assistance and the child acts out how they could help. This activity could also be done with puppets, dolls or sand figures.

At Home

Coupon Book. After reading *The Breaking News* a caregiver could help the child create a coupon book consisting of coupons for small things that children can do to help. A few examples of possible coupons would be; a coupon for free hugs; a coupon to feed the dog or a coupon to help pack in the groceries. When the caregiver redeems coupons they could ask the child how it feels to help.

Community Clean up Walk. Another way that caregivers can assist in fostering a sense of self-efficacy is to take a child on a community clean up walk. Children have the opportunity to feel good about helping in their community when they pick up garbage in their neighbourhood. A bonus could be a sense of community pride and a stronger connection to their community.

Additional books that address the Principle of Self -Efficacy

Title: *I Can Do Hard Things: Mindful Affirmations for Kids*

Author: Gabi Garcia

Illustrator: Charity Russell

Publisher: Skinned Knee Publishing

ISBN: 978-0998958088

- This book assures children that they can do hard things and encourages children to engage in affirmations to help them increase their sense of self-efficacy.

Title: *Horton Hears a Who*

Author: Dr. Seuss

Publisher: Random House

ISBN: 978-0593303412

- *Horton Hears a Who* is classic Seuss, with engaging characters, whimsical illustrations and witty rhyming text that carries a strong moral message. In this case “A person is a person no matter how small.”

Title: *My Strong Mind: A Story About Developing Mental Strength*

Author: Niels Van Hove

Publisher: Truebridges Media

ISBN: 978-0648085911

- This is a story about how a girl utilizes perseverance and practice to do things that she previously was unable to do.

Title: *The Promise*

Author: Nicola Davies

Illustrator: Laura Carlin

Publisher: Candlewick

ISBN: 978-0763693039

- This is a story about how the dedication of one individual can make a difference to the entire world.

Questions That Could Be Used With Any Book

- 1) Why was this book chosen to talk about the belief that you can make a difference?
- 2) What is helping the characters to feel like they can make a difference?
- 3) How can you tell that the characters are feeling confident?
- 4) How are you the same as the character?
- 5) How are you different from the character?
- 6) What did the characters do to feel as if they could make a difference?
- 7) Would you have done the same thing as the character?
- 8) Is there anything else that the character could have done?

9) What have you done in the past to make a difference?

Principle Four: Connection

There is a great deal of research that supports connection as a factor promoting resilience in the face of potentially traumatic experiences (Bonanno, 2016, Norris, 2009, Masten, 2011). Connection has proven to be problematic in the coronavirus disease pandemic, as many people have experienced a period of isolation where public health orders have not allowed them to access their established support networks or engage social activities with people outside of their own households. Schools have been closed, businesses have been closed or limited, sports, arts and leisure activities have been cancelled in addition to the curtailment of social engagements. People have been asked to remain in their own homes. Many of us have had to rely on virtual connection as a substitute for the real thing.

The book that has been chosen to represent connection is *The Invisible String*, by Patrice Karst.

Figure 13.

Book Cover Image for *The Invisible String*.



Title: *The Invisible String*

Author: Patrice Karst

Illustrator: Joanne Lew-Vriethoff

Publisher: Little, Brown and Company

ISBN: 978-0-316-48623-1

The Invisible String by Patrice Karst is a simple, sweet story about how individuals are connected to those they care about with an invisible string of love. It is particularly comforting during this turbulent time, when children are experiencing isolation, separation and in some instances death of a loved one, to know that even though not physically present, we are always connected to the ones we love.

The goal of this intervention is to demonstrate to children the interconnectedness of humanity. It is to stress how we are all connected to people, animals and objects even if they are not with us. While this book can be a great comfort to children who are experiencing grief because of the death of a loved one or a pet, it may be triggering to children who have a difficult relationship with loved ones, particularly if they are in foster care. When this is the case it is possible to have a discussion about how sometimes our strings need repair, but they can never be truly broken.

In a Classroom

Before reading the story display the cover of the book and ask the question:

- What do you think the title *The Invisible String* means?

While reading the story take time to discuss the following questions with children

- Have you ever felt afraid?
- Have you ever felt lonely?
- Have you ever missed someone?

After reading the story lead a discussion around the question;

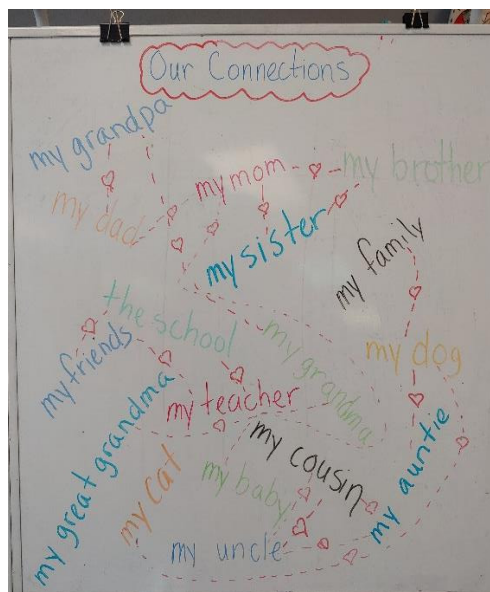
- Who are you connected to by an invisible string?

On a large sheet of paper, white board or chalk board, as a group, write and draw all of the people we could be connected to and unite them with an invisible string. Talk about the

connections between each person you are connected to. For example, your mom may be connected to your dad and your dad may be connected to your grandma and grandpa.

Figure 14.

“Our Connections” chart



Following the brainstorming activity, children may engage in an independent activity where they draw and label all of the people that they care about and draw the invisible string that connects them. They could write the names of the people or they could draw pictures of them.

In a Therapeutic Setting

Re-memory Beads. Children often come to therapy having complicated relationships with people that they are connected to. Re-memembering gives the child an opportunity to retell and re-author stories about connections. At the beginning of therapy, the therapist could give the child a thread and explain that this thread was the child’s life. As the child is relating the narrative around a connection that they have, the therapist will look for indicators of strength and encourage the child to focus on and further explore those areas of strength. Each time that the child relates an area of strength the therapist could allow the child to choose a bead that

represents the strength and string it on their thread. After a period of time the child will have a beautiful necklace or a bracelet that represents their strengths and connections that they can wear to remind them of their strengths and their strong connections.

Personal Connection Plan. Dana (2020) in her book, *Polyvagal Exercises for Safety and Connection: 50 Client-Centered Practices*, suggests a personal connection plan. Her intervention is for adults, but it is used in this instance with children. The Personal Connection Plan gives the child and the therapist an opportunity to explore what is working with the child's current connections and what they would like to do more of. They then work together to use this awareness to make a plan for connecting with others. The first step is to assess the child's current connections; who are they connected to, what do they do to maintain those connections? How do they connect with themselves? The next step is to imagine what they would like, who would they like to make a connection with, how could they make those connections? What would they like to do on their own? The therapist and child could then map out a personal connection plan.

Figure 15

Personal Connection Plan (Adapted from Dana, 2020, p 174)

People I want to continue to connect with	People I would like to get to know
Things I want to continue to do with my friends	Things I'd like to explore doing with others
Things I want to keep doing for myself	New things I'd like to try on my own

At Home

Write A Letter. Caregivers could help children strengthen connections with people in their support network by helping children to write and mail an old-fashioned letter to someone they care about. Children who can't write could draw or paint a picture to communicate to the person they are attempting to strengthen connections with. Alternately caregivers could help children telephone, email text or video chat with loved ones to retain a sense of connection even though they are far away.

Make a Date. Caregivers could plan an activity to do with the child where the objective is simply to spend non interrupted time together. Put away all distractions (no cell phone, no computer, no work, no housework) and focus on connecting solely with the child. It does not matter what you choose to do on your “date”, the important component is that your only priority is the relationship with the child.

Additional Books That Address the Principle of Connection

Title: *Wherever You Are My Love Will Find You*

Author: Nancy Tillman

Illustrator: Nancy Tillman

Publisher: Feiwel and Friends

ISBN: 978-0312549664

- This is a beautifully illustrated book that relays the comforting message that no matter where the ones you love are, their love can still reach you.

Title: *A Kissing Hand For Chester Raccoon*

Author: Audrey Penn

Illustrator: Barbra Gibson

Publisher: Tanglewood Press

ISBN: 978-1933718774

- *A Kissing Hand for Chester Raccoon* is the story of Chester raccoon's first day of school. He is scared and nervous. His mother places a kiss in his hand so that if he is feeling lonely, he can place his hand to his cheek and remember that his mother loves him and is always with him.

Title: *The Giving Tree*

Author: Shel Silverstein

Illustrator: Shel Silverstein

Publisher: Harper Collins

ISBN: 0060256656

- *The Giving Tree* is Shel Silverstein's poignant story about the lifelong relationship between a boy and his tree.

Questions That Could Be Used With Any Book

- 1) Why was this book chosen to talk about connection?
- 2) What is helping the characters to connected?
- 3) How can you tell that the characters are feeling connected to one another?
- 4) How are you the same as the character?
- 5) How are you different from the character?
- 6) What did the characters do to feel connected?
- 7) Would you have done the same thing as the character?
- 8) Is there anything else that the character could have done?
- 9) What does connection mean to you?

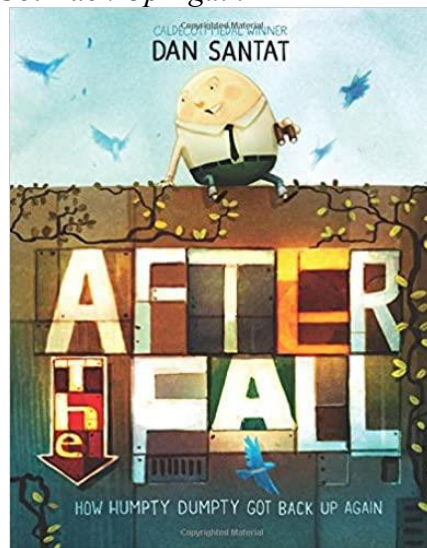
Principle Five: Instilling Hope

People who are able to remain optimistic and hopeful for the future following a potentially traumatic event are more likely to experience a trajectory of resilience (Hobfoll et al., 2007). Hobfoll (2007) suggests a host of interventions for individuals to promote hope including; focusing on decatastrophizing, convincing individuals that they are not personally responsible, building on strengths, normalizing responses, encouraging positive coping behaviours, envisioning a realistic, if challenging outcome, connecting with others in the community.

The book selected to represent the principle of hope is, *After the Fall: How Humpty Dumpty Got Back Up Again*, by Dan Santat.

Figure 16.

Book cover image for *After the Fall: How Humpty Dumpty Got Back Up Again*



Title: *After the Fall: How Humpty Dumpty Got Back Up Again*

Author: Dan Santat

Illustrator: Dan Santat

Publisher: Roaring Brook

ISBN: 978-1626726826

After the Fall: How Humpty Dumpty Got Back Up Again, by Dan Santat is the intricately illustrated, engaging tale of the aftermath of Humpty Dumpty's famous fall from the wall. Following his accident, Humpty Dumpty experiences a decrease in day to day functioning however with time and effort Humpty is able to heal his trauma and demonstrate an impressive level of posttraumatic growth, depicted in the surprise twist ending of the story. This truly is a story of hope and resilience.

This book was chosen for the project because it is an honest and relatable depiction of struggles that an individual may go through following a traumatic experience as seen through the eyes of a familiar and approachable character. In addition, the illustrations inject an element of humour to an otherwise serious topic. The post traumatic growth depicted at the end of the story when the damaged egg hatches into a bird is a moving image in that it is a solid realization of the abstract concept of hope.

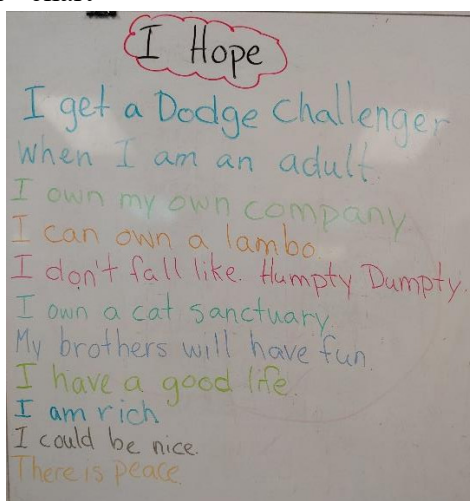
The goal for these interventions is to instill in children a sense of hope. That not only do they have the capacity for a return to normal, but that there is the possibility that things could be even better than they were before. The intention of the intervention is for children to see that even though things are currently a struggle, there is a possibility that their lives could be better. Without a sense of hope, people lose their motivation to try.

In the Classroom

Before reading the story ensure that children are familiar with the nursery rhyme *Humpty Dumpty*. Discuss how Humpty Dumpty must have felt falling off of the wall. Ask children if they have ever had an accident. How did it feel and how did they get better? Tell children that I chose this book to talk about Hope and ask them to think about why I chose this book to talk about Hope while I read the story.

While reading the story stop frequently to examine the detailed pictures, leading children to relate Humpty Dumpty's experience with their own. At one point in the story Humpty builds a paper bird to improve his situation. Ask children what they have done to help make themselves feel better. At the triumphant ending of the story, Humpty Dumpty, not only heals his old wounds, he realizes his dreams. Have a discussion asking children to finish the sentence "I hope...."

Figure 17.
"I Hope" chart



After a group discussion, children may do their own writing and drawing to depict their hopes for themselves, their families, their friends and the world. A blank template for this activity can be found in the appendices.

Figure 19
“I Hope” response template

I Hope	
I hope for myself	I hope for my family
I hope for a friend	I hope for the world

In a Therapeutic Setting

Timeline. The therapist could give the child long, narrow strips of paper and ask the child to build a timeline. The timeline would encompass the child’s lifespan from birth to old age. The therapist could ask the child to include important things that have happened in the child’s past and what hopes and dreams they aspire to in the future. The therapist and the child could engage in discussions around what would be required to achieve certain goals, how would it feel to achieve them and who they hope would be there with them. The more detailed the discussion around the aspirations, the more likely the activity is to help instill hope. Creating a timeline can be a painful and overwhelming exercise for children who have experienced complex trauma or children who are stuck in a feeling of hopelessness. Therapists may choose not to utilize this intervention with children for whom it is potentially triggering. A possible modification is to elicit positive memories from the past to include on the timeline.

Inside My Shell. After reading the story *After the Fall: How Humpty Dumpty Got Back Up Again*, the therapist and the child could talk about how Humpty Dumpty already had what he needed inside his shell to achieve his dreams. This activity will demonstrate that, just like Humpty Dumpty, each child has inside of themselves the qualities that they need to succeed and sometimes we have to take the time to reflect on these qualities. The intervention would proceed as follows, 1) The therapist and the child could explore all of the qualities that the child has or would like to develop to help them to succeed. 2) The child could write or draw these qualities on squares of paper. 3) Create an egg shell by covering a balloon with papier-mâché and allowing it to harden. 4) Insert the qualities into the hardened shell. 5) Decorate the outside of the egg by painting pictures that represent the child's hopes and dreams. This would be a very concrete representation of the child's hopes and the qualities that they possess to achieve them.

At Home

Build a Hope Machine. Caregivers could source a large cardboard box to build a "Hope Machine". The premise of the "Hope Machine" is similar to a time machine in that the child sets the machine for a "hope" and is transported to a setting where the hope is a reality. The child and the caregiver would decorate the box while talking about hopes and dreams. This connection with the caregiver in tandem with the imaginative play involved in building the "Hope Machine" encourages the child to visualize what it would be like to achieve their aspirations.

Create a Vision Board. A vision board is a collection of images that forms a physical, artistic representation of what the child envisions for themselves in the future. The caregiver could help their young person to create a vision board by talking to them about what they see for themselves in the future. To make a vision board, the child could cut pictures and words out of magazines, paint, draw or write images and text to represent their hopes and dreams for the

future. The end result will be a colourful representation of the child's hopes and dreams for their future.

Additional Books That Address the Principle of Hope

Title: *What to Do With a Chance*

Author: Kobi Yamada

Illustrator: Mae Besom

Publisher: Compendium Inc.

ISBN: 978-1943200733

- This is the story about a boy who is frightened to take a chance until he becomes afraid that another chance will never come along, so he screws up his courage and becomes brave enough to grab onto the next chance that presents itself to him.

Title: *The Heart and the Bottle*

Author: Oliver Jeffers

Illustrator: Oliver Jeffers

Publisher: Harper Collins Children's Books

ISBN: 9780007182343

- This is the story of a girl who put her heart away in a bottle to keep it safe until she found that she was unable to get it out when she really wanted to. With the help of a young girl she was able to remove her heart from the bottle and feel again.

Title: *The Book of Mistakes*

Author: Corinna Luyken

Illustrator: Corinna Luyken

Publisher: Dial Books

ISBN: 978-0735227927

- The book of mistakes is about a girl who is able to take her mistakes and transform them into something beautiful and meaningful.

Questions That Could Be Used With Any Book

- 1) Why was this book chosen to talk about hope?
- 2) What is helping the characters to feel hopeful?
- 3) How can you tell that the characters are feeling hopeful?
- 4) How are you the same as the character?
- 5) How are you different from the character?
- 6) What did the characters do to feel hopeful?
- 7) Would you have done the same thing as the character?
- 8) Is there anything else that the character could have done?
- 9) Tell about a time that you experienced hope.

Conclusion

The intent of this project is that by addressing Hobfoll's five principles to promoting resilience following a mass trauma; Safety, Calming, Self-Efficacy, Connection and Hope using bibliotherapy, children will be able to increase their capacity in each of these arenas, rendering a trajectory of resilience in the face of the COVID-19 pandemic more likely.

Bibliotherapy is the modality chosen for this intervention because picture books are a familiar medium that are engaging for children and most have a level of comfort with them. Another reason that bibliotherapy was chosen is because picture books can be used by anyone who can read them and they benefit a wide range of children at multiple levels. Some children may benefit most from the closeness that occurs when an adult reads a story. Some children may engage most with the illustrations from the books. Some children may interact with the literal interpretation of the words of the story while still others will absorb the deeper meaning and be able to apply it to their situation. Picture books are a benefit to children at whatever level they are developmentally capable of connecting with them.

Along with the books there are associated experiential activities. Each activity is designed to fit with the chosen book and reinforce the principle that is outlined in that section. By reading the books and engaging in the activities the hope is that children will feel more safe, calm, self-efficacious, connected and hopeful and therefore have a greater likelihood of experiencing a trajectory of resilience.

Appendices

Appendix A: These People Help	96
Appendix B: What Does Peace Feel Like to Me?	97
Appendix C: I Can Help	98
Appendix D: My Connections	99
Appendix E: I Hope	100
Appendix F: Personal Connection Plan	101
Appendix G: Resources	102

These People Help

Me






My Family

My Friends

My Teachers

My Community

What Does Peace Feel Like to Me?

	
	
	<p>Peace makes me feel...</p>

I Can Help

I can help by...	

My Connections

Draw a picture of yourself, then draw pictures of people you care about. Connect the pictures with a string.

I Hope

I hope for myself

I hope for my family

I hope for a friend

I hope for the world

Personal Connection Plan

People I want to continue to connect with	People I would like to get to know
Things I want to continue to do with my friends	Things I'd like to explore doing with others
Things I want to keep doing for myself	New things I'd like to try on my own

(Adapted from Dana, 2020, p. 174)

Resources

1-800-SUICIDE - This is a suicide hotline for those who are experiencing emotional despair or suicidal ideation

- Call- 1-800-784-2433

310 Mental Health Support - This is a phone line that has emotional support and information on how to access mental health resources

- Call- 310-6789

BounceBack - This is a service that provides online video and phone based coaching and skills building for those experiencing low mood, depression, anxiety, stress or worry

- <https://bouncebackbc.ca/>

Canadian Mental Health Association British Columbia - This website has a wealth of information and resources about mental health

- <https://cmha.bc.ca/>

EASE at home - Tips for parents to help children cope with anxiety

- <https://healthymindsbc.gov.bc.ca/ease-at-home/>

FamilySmart - Programs to help families support children who are facing mental health challenges

- <https://familysmart.ca/>

Foundry - Mental health services for youth aged 12-24 including counselling, peer support, family support, groups, and workshops

- <https://foundrybc.ca/virtual/>

Kelty Mental Health Resource Centre - Mental health resources for parents and families

- 1-800-665-1822

Kids Help Phone - This is a phone line that provides children with counselling, referral and support services for youth.

- Call – 1-800-668-6868 or for online support go to <https://kidshelpphone.ca/> which gives you an option of text, messenger or telephone support.

KUU-US Crisis Response Service- This is a crisis response service culturally sensitive to indigenous issues.

- Call – 1-800-588-8717.

Mental health check-in tool - This is an online questionnaire that provides suggestions for resources based on your answers to questions.

- <https://cmhabc.force.com/MentalHealthCheckIn/s/>

MindShift CBT - This is a program that utilizes CBT to help individuals take charge of their anxiety

- <https://www.anxietycanada.com/resources/mindshift-cbt/>

Native Friendship Centre – Provides programs and services for youth

- Call - 250-564-3568

Northern BC Crisis Line

- Call - 250-563-1214 or toll free 1-888-562-1214

Virtual mental health supports during COVID-19 -This is a website created by the government of BC containing virtual resources that are available in BC and how to access them.

- <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/virtual-supports-covid-19>

Y Mind YMCA mental wellness programs - Online programs to help youth ages 13-30 cope with stress and anxiety

- <https://www.gv.ymca.ca/mental-wellness>

Youth Crisis Line

250-564-8336 (text) or toll free 1-888-564-8336

Youth in BC - This is an online program that gives youth an opportunity to chat with a crisis responder

- <https://youthinbc.com/>

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