

**TOWARDS BEST PRACTICE IN SCHOOL-BASED
PSYCHOSOCIAL PROGRAMMING:
A Survey of Current Approaches**

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Abstract

Wide-scale exposure to violence and deprivation has resulted in pioneering efforts to provide psychosocial support to war-affected and displaced children through schools. While some of these efforts proved to be effective, others fell on hard times. This chapter reviews six different approaches to the provision of psychosocial support to war-affected children through schools, and discusses their comparative advantages in terms of feasibility, scalability and results. Keeping schools open and accessible—a difficult task in a war zone—is a key psychosocial response. In recognition of this imperative, the Inter-Agency Network for Education in Emergencies (INEE) has recently developed a set of standards to guide educational efforts in war and refugee situations.

In addition, recreation and structured activities have helped large numbers of children “normalize” their behavior after exposure to violence or flight. Safe Play programs also provide a mechanism to monitor child protection concerns in difficult and dangerous environments. In contrast to these recreational and social

activities program, some agencies have developed classroom based initiatives with distinct psychological recovery components. One of the advantages of this approach is that entire classrooms are selected for participation, thereby helping to “destigmatize” mental health interventions in schools.

Teacher sensitization programs, a third approach, seek to provide teachers with knowledge and skills to help children in their classrooms come to terms with psychological and social wounds. The success of these efforts, however, is highly calibrated to the education system’s ability to support its teachers—and new strategies are required to support these frontline workers in fragile or failed states.

Peer-to-peer dialogue has been employed in schools with some success. Although these discussion leaders have too little training to be regarded as professional counselors, peer dialogues appear to be useful psychosocial tools since they build important life skills. Finally, several programs to support school based counselors’ work with individual and groups of severely affected children and youth have proven to be efficacious—but only when these efforts have been implemented in cultures that traditionally use mental health and in schools which are part of functional education systems.

Children in War Zones

Worldwide, armed conflicts have displaced over 40 million people. Whether refugees or IDPs, displaced persons suffer not only physically but also emotionally and socially. Many report that even worse than the physical wounds and hardships is the suffering associated with the loss of loved ones, traumatic

experiences, destruction of one's home and property, and displacement from one's village or community.

The psychosocial burdens of war and displacement are particularly heavy for children. During flight, displaced children are at an increased risk of attack, sexual exploitation, abduction, poor health and nutrition, child soldiering, trafficking, and exposure to extreme deprivation and landmines. Particularly vulnerable are children who have been separated from their parents or adult caretakers and who lack minimal protection and means of meeting their basic needs. Even following flight, displaced children often experience fear, anxiety, and uncertainties about the whereabouts and well-being of brothers and sisters, friends and extended family members. Many have traumatic memories of seeing their homes and communities destroyed, and they are often in the care of parents or adults who themselves have been affected strongly and who, desperate to meet basic needs for their families, are unable to provide consistent, high quality care and protection.

Humanitarian agencies increasingly recognize that, along with interventions targeting provisions of food, shelter, and water, there is an important place for addressing the psychological and social worlds. A key question for the humanitarian community is how to provide assistance and support that enables large numbers of displaced children's to regain their psychological and social well-being? When psychologists look at war-affected children, they tend to focus on trauma, which has been defined as a "sense of profound helplessness in the face of overwhelming danger, anxiety and arousal"

associated with threatening life events.¹ In some conflict zones, handfuls of psychologists establish trauma centers and treatment programs. Trauma, however, is only one aspect of the psychological toll of war on children, and individual and center-based approaches may only be able to serve a small percentage of those in need. Equally pernicious are the effects of deprivation: the absence of opportunities for required for normal physical, cognitive, social and emotional development². Indeed, much of the research on the effects of violence and displacement on children emphasizes that children's outcomes, for better or worse, are largely dependent on the availability of caring adults and social supports. Thus, whether or not a child develops in a positive or maladaptive manner is highly dependent on the availability of social conditions that protect the child from deprivation as well as enable recovery from traumatic events³ These findings, as well as the scale of the problem, argue for public health approaches that mobilize non-professional actors and provide assistance to children through schools, parent support groups, religious institutions, youth clubs, and other community mechanisms.

¹ W. Arroyo and S Eth (1996). Post traumatic stress disorder and other stress responses. In R Apfel and B Simon ,(Eds), *Minefields in their hearts* (p. 52-74). New Haven: Yale University Press.

² J Garbarino and K Kostelny and N Dubrow, (1991). *No Place to be a Child: Growing up in a war zone*. Lexington, MA: Lexington Books.

³ **J Garbarino, cited by M Roper, *Kids first: Approaching school safety, in E Pelsler (ed)*, Crime prevention partnerships: Lessons from practice, *Institute for Security Studies, 2002, p 70*; Dawes, A and Donald, D (1994). *Childhood and Adversity*. Cape Town: David Philips; Boothby, N (1996), Mobilizing Communities to Meet the Psychosocial Needs of Children in War and Refugee Situations, In R Apfel and B Simon ,(Eds), *Minefields in their Hearts* (p. 52-74). New Haven: Yale University Press; Barber, B, (2001) Political Violence, Social Integration and Youth Functioning: Palestinian Youth from the Intifada. *Journal of Community Psychology*, 29 (3), 259-280; Rutter, M (1985) Resilience in the Face of Adversity: Protective Factors and Resistance to Psychological Disorder, *British Journal of Psychiatry*, 147, 598-611.**

Why Schools?

Traditionally a place of learning, now amidst an environment of violence, a school may provide safety and stability for displaced girls and boys. In addition to academic learning, refugee or IDP children may be able to play with their peers, trust adults, and envision a positive future. They may be reminded of their cultural identity, as teachers reinforce identification with their language, cultures and national or ethnic groups. In emergencies, schools may also offer children an escape from physical harm and other dangers. In some crisis settings, peace education and conflict resolution are perceived as essential aspects of psychological and social recovery.

A recent report by the Women's Commission emphasized the psychosocial benefits of keeping schools open during a crisis: "Education is an essential stabilizing force in all phases of an emergency, reestablishing a sense of normalcy and structure after destruction and chaos. Education also provides the opportunity to build self-esteem and confidence and to regain a sense of hope about the future."⁴ The Convention on the Rights of the Child, instituted in 1989, calls for primary education to be free and compulsory for all children at all times, and notes the important role of psychosocial support for children affected by armed conflict.⁵

In principle, a school may help to offset many of the risks and deprivations that commonly afflict children in war and refugee situations by simply continuing

⁴ US Women's Commission for Refugee Women and Children (2004). *Untapped Potential: Adolescents affected by armed conflict, a review of programs and policies*. New York. p. 12.

⁵ Nicholai, S & Triplehorn, C. (2003). *The Role of Education in Protecting Children in Conflict*. HPN Network Paper 42. Humanitarian Practice Network, Overseas Development Institute. March 2003. p. 2.

to be a school. In addition, schools offer a potential home-base for more specialized intervention programs to facilitate children's psychological recovery from violent upheaval. The additional challenge of scale—how to reach thousands of children in need, often in the midst of ongoing conflict, and usually with insufficient human and financial resources—is also why schools are seen as an appropriate mechanism to provide psychosocial support services to war-affected and displaced children.

Constraints

But it is difficult to keep schools going during war and refugee crisis, and ensure children can access them. According to the Institute for Reconstruction and International Security through Education, 82% of the 113 million out of school children are living in crisis and post-crisis countries.⁶ In refugee camps, only 1 in 4 school-aged children attend school; only 1 in 10 girls do so; and, only 1 in 100 15-17 year-old adolescents are engaged in any organized activity whatsoever.⁷ A child's access to education in a conflict zone can be compromised by a myriad of factors, including: damage to the school's infrastructure; lack of safety, security or and transport; breakdown of the family unit; necessity for the child to stay home and care for ailing parents or other relatives; poverty and inability to afford clothes or basic school materials; child labor is needed for household income; among others. Very vulnerable children—including orphans and separated children or girls exposed to sexual violence—

⁶ Baron, EV (2001) Institute for Reconstruction and International Security through Education. In, Smith, D & Vaux, (2002) Education, Conflict, and International Development. Department for International Development (DFID). United Kingdom.

⁷ UNHCR, (1996). *Evaluation of UNHCR's Response to the Care and Protection of Refugee Children and Adolescent*, Geneva: UNHCR.

may face an even more complex challenge in gaining and maintaining access to school.

Even when children are able to reach schools, they are not always safe and nurturing places. There are many conditions—from physical abuse from teachers to humiliation from peers—where the school environments actually can harm children. A recent report from the Christian Children’s Fund cites conditions in Bolivia, where 90% of children receive hateful taunts at school, while 50% are physically abused. The report observes that 50% of teachers surveyed in Bolivia believe physical punishment is an appropriate form of discipline.⁸ Furthermore, in conflict situations, schools have been used to serve political aims and flame ethnic hatred. Such politicization can be seen, for example, in Rwanda prior to the genocide, as the Hutu-dominated government increasing reserved education as an exclusive privilege of their ethnic group, a process which also determined who could and could not be employed as teachers. In West Bank and Gaza, Palestinian schools have been forcibly closed by Israeli soldiers and access impeded through the erection of checkpoints, walls and other boundaries. Indeed, education is often used as a weapon for furthering of political gain and the strengthening of inequalities.⁹

In failed states—defined here as a state where a governing body has either been unable or unwilling to provide for basic needs—educational services

⁸ (http://www.christianchildrensfund.org/uploadedFiles/Publications/7660_Poverty%20Pt%202.pdf)

⁹ Bush, Kenneth D and Saltarelli, Diana (2002) *The Two Faces of Education in Ethnic Conflict*, United Nations Children’s Fund, Innocenti Research Centre, Florence, Italy.). In, D Smith, & C Vaux, (eds) *Education, Conflict, and International Development*. Department for International Development (DFID). United Kingdom.

are disproportionately affected. While expenditures on military, transport and other sectors linked to the war effort increase dramatically, at-war countries usually do not have budgets to support adequate numbers of well-trained teachers. In Liberia, for example, 65% of the teachers do not meet state qualification requirements. In Angola, a chronic shortage of teachers has resulted in 50-1 student-teacher ratios in many parts of that war-torn country.¹⁰ In addition to severe human resource constraints, the quality of education is also adversely affected by the direct targeting of schools and teachers. This is the case in Nepal, for instance, where Maoists routinely bombed schools and threaten teachers with violence. To date, some 8,500 private schools across the country have been closed—swelling public school classroom to ratios that exceed 120 students per teacher.¹¹

What Have We Learned?

Nevertheless, in the midst of conflict-related dangers and constraints, national and international actors have experimented with the provision of psychosocial support to children through schools. Programs that helped to keep schools open and accessible have managed to ensure a measure, at least, of protection and positive life options for children under siege. Along with this basic psychosocial imperative, more tailored psychosocial support programs have ranged from the provision of structure recreation and play activities, on the one end, to more intensive individual and group counseling, on the other. To date,

¹⁰ Women's Commission for Refugee Women and Children (2003). *Global Survey on Education in Emergencies: Angola Country Report*. December 2003. New York. p. 28.

¹¹ http://www.unicef.org/infobycountry/media_26111.html; Save the Children (2004), field Report, Katmandu: Save the Children USA.

we are not able to comment of the efficacy of these different approaches: the type of research that would allow for comparative impact conclusions has not been undertaken. Nonetheless, there is emerging evidence in the form of case studies, program evaluations, a few impact studies, and other field-based findings that point to promising trends and lay the foundation for subsequent research and program learning opportunities. The remaining sections of this chapter will provide overviews on six different approaches to school-based psychosocial support programs, and discuss their comparative advantages in terms of feasible, scale and results. It will conclude with recommendations for subsequent learning.

Schools First

“Support for the re-establishment and continuity of education must be a priority strategy for donors and NGOs in conflict and post-conflict countries”

(Machel Report, Para. 88, 203)¹²

Boys and girls who go to school on a regular basis have accessed one of the most important forms of psychosocial support available to them in war or refugee situations. The child is a student. Intellectual stimulation and learning takes place on a daily basis. There is structure to the day, a beginning and an end to activities. There is social interaction and emotional stimulation. The child derives personal satisfaction and heightened sense of self-esteem when she does well in school. *I am a child who goes to school* also means this child is able to envision a future for himself. There is hope, a positive option pathway.

¹² <http://www.unesco.org/education/educprog/emergency/themes/situation.htm>

The positive psychosocial support roles schools may play in conflict zones is evident in Palestine. A representative study based on a representative sample of over 1200 Palestinian children growing up in West Bank and Gaza communities found that 93% of these boys and girls believe doing well in school is the best way to both support the Palestinian cause and to ensure a positive individual future.¹³ School children reported that despite the difficulty and uncertainty in their lives, they wanted to continue to in school because it was the best way to learn, socialize and to eventually obtain a job. They also saw improve themselves as the “best” way to resist the occupation. Only 7% of children in this study stated that violence was required to resolve political differences with Israel, or to secure a livelihood in the future.

Furthermore, schools were identified as one of the few remaining places where children could engage with their peers. More than 75% of this sample reported they did not consider their neighborhoods to be safe places to play or socialize with friends. It was mainly during school hours that boys and girls interacted with one another.

It is interesting to note children’s belief in schools as institutions of hope remains strong despite the fact that most teachers and schools surveyed in this study reported that the quality of education in these schools had declined significantly. Children, in contrast, rarely mentioned any change in quality of their curriculum or their instruction. Both children and parents reported observing and experiencing fear as they left for and returned from school. Nonetheless, going to

¹³ Arafat, C and Boothby, N, *Psychosocial Assessment of Palestinian Children* (2003), Washington DC: USAID.

school was the most meaningful day-to-day activity in most of these children's lives.

One of the most important psychosocial support functions a school can provide to war-affected and displaced children is simply to be one. While there are a number of important support programs that may be developed at schools—as the examples below attest—we should not lose sight of the most basic psychosocial function schools are able to provide. But to be a school in a war zone is not easy. Infrastructure is destroyed, materials are scarce and teacher-student ratios are so high that neither learning nor psychosocial healing is possible. In recognition of these difficulties, The Inter-Agency Network for Education in Emergencies (INEE) has recently developed a set of standards to guide educational efforts in war and refugee situations.¹⁴ This interagency collation also is lobbying major donors to provide the financial resources to implement these standards in each emergency setting.

Key guidelines include:

INEE Standards for Education in Emergencies:

- **Access and Learning Environment**
 - **Equal Access:**
All individuals have access to quality and relevant education opportunities
 - **Protection of Well-Being:**
Learning environments are secure, and promote the protection and mental and emotional well-being of learners
 - **Facilities:**
Educational facilities are conducive to the physical well-being of learners
- **Teaching and Learning**
 - **Curricula:**

¹⁴ INEE (2004) Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction. UNESCO. Paris.

Culturally socially and linguistically relevant curricula are used to provide formal and non formal education, appropriate to the particular emergency situation.

- **Training:**

Teachers and other education personnel receive periodic, relevant and structured training according to need and circumstances.

- **Instruction:**

Instruction is learner-centered, participatory and inclusive.

- **Assessment:**

Appropriate methods are used to evaluate and validate learning achievements.

- **Teachers and other Education Personnel**

- **Recruitment and Selection:**

A sufficient number of appropriately qualified teachers and other education personnel are recruited through a participatory and transparent process based on selection criteria that reflect diversity and equity.

- **Conditions of Work:**

Teachers and other education personnel have clearly defined conditions of work, follow a code of conduct and are appropriately compensated.

- **Support and Supervision:**

Supervision and support mechanisms are established for teachers and other education personnel, and are used on a regular basis.

- **Education Policy and Coordination**

- **Policy Formulation and Enactment:**

Education authorities prioritize free access to schooling for all, and enact flexible policies to promote inclusion and education quality, given the emergency context.

- **Planning and Implementation:**

Emergency education activities take into account national and international educational policies and standards and the learning needs of affected populations.

- **Coordination:**

There is a transparent coordination mechanism for emergency education activities, including effective information sharing between stakeholders.

INEE Process Standards for Education in Emergencies:

- **Community Participation:**

Emergency-affected community members actively participate in assessing, planning, implementing, monitoring and evaluating the education program

- **Local Resources:**

Local community resources are identified, mobilized, and used to implement education programs and other learning opportunities

- **Initial Assessment:**

A timely education assessment is conducted in a holistic and participatory manner

- **Response Strategy:**

A framework for an education response is developed, including a clear description of the problem and a documented strategy for action

- **Monitoring:**

All relevant stakeholders regularly monitor the activities of the education response and the evolving education needs of the affected population

- **Evaluation:**

There is a systematic and impartial evaluation of the education response in order to improve practice and enhance accountability

Source: UNESCO, Inter-Agency Network for Education in Emergencies (2004)

Safe Spaces

Often the first psychosocial support intervention in the midst of an emergency, a “Safe Space” (sometimes called “Child Friendly Spaces”) program provides children with a structured and protective environment. The concept is simple and replicable: locate play space; identify, orient and support community workers; mobilize groups of affected children; and, launch wide-scale play and recreation activities as soon as possible. Structured play and recreation helps to normalize children’s behavior at the very time they need it most. Safe Spaces are also readily scalable—using community resources, large numbers of children can be organized into these behavioral regulation programs in a short period of time. While recreational and play activities (cooperative games, drawing, social drama, among others) are at the heart of the Safe Space concept, some programs have evolved into multifaceted intervention initiatives that eventually included immunization campaigns, nutrition programs, life skills activities, and parental support supports.

The humanitarian response to refugees in the aftermath of Rwanda’s genocide provides an example of how Safe Space programs were taken to scale

and laid the foundation for refugee education and a wider range of community support programs. It is also a case study of how the absence of Safe Space Programs may undermine efforts to monitor child protection concerns.

In the spring of 1994, 250,000 Hutus fled to Tanzania in a single day to escape the repercussions of their leaders (and in many cases their own) involvement in the genocide in Rwanda. The humanitarian community responded to them as refugees in need of international assistance and protection. In a matter of weeks, 30-40,000 children were organized into Safe Space programs, with each group of children engaging in about 3 hours of structured activities per day. A “school-in-a-box” literary and numeracy program was added to this initial effort, providing children with a short-term learning opportunity, as well as more structure to their day. These two psychosocial first-phase emergency responses paved the way for a more “formal” refugee education program and other community-based psychosocial support efforts. Indeed, Safe Spaces are an important step towards establishing curriculum-based learning in refugee or IDP situations where schools do not already exist.

In contrast, in Goma (Zaire), a cholera epidemic and rocky, overcrowded terrain, impeded the provision of Safe Spaces for children. Moreover, UNHCR did not actively support education at all for refugee children. Many of Hutus who had orchestrated and participated in the genocide (including teachers, headmasters and ministers) had fled to Zaire. UNHCR believed that these Hutu Power members, who already dominated the refugee camps, would use education and structured activities programs to continue to flame ethnic hatred

and revenge. To be sure, Hutu Power leaders controlled civilian refugee populations Goma and other refugee camps in eastern Zaire, often through intimidation, beatings and killings. They had little regard for human rights, and perceived international relief agencies as their personal service providers. But it is now believed that the absence of Safe Space and education programs indirectly contributed to the large scale use of under-aged refugee boys to continue to kill Rwandan civilians. As early as the fall of 1994, UN security personnel observed large numbers of teenage boys leaving refugee camps in favor of military camps in nearby mountains where they were trained as guerrilla combatants and used in nightly raids back into Rwanda.¹⁵ Had Safe Space and education program existed, the recruitment of children from refugee camps could have been monitored, reported and (possibly) acted upon.

Like Goma, many of today's refugee and IDP camps are Darwinian universes where "survival of the fittest" realities expose girls and boys to exploitation and abuse. Safe Space programs can provide needed psychosocial support as well as structures to monitor day-to-day protection concerns. The importance of Safe Spaces has been noted in "post-conflict" re-development situations as well. In a report put forth by the Displaced Children's and Orphans Fund (USAID), for example, a lack of Safe Spaces was identified as an obstacle to an optimum path to psychosocial wellness among children in Afghanistan; the

¹⁵ UNHCR Security Advisor, (November 1994). Personal communication (Boothby).

report further noted that the presence of minefields, rubble, and pollution played a factor in the absence of such facilities.¹⁶

Relief workers have developed some basic guidelines for Safe Space programs in schools or other community locations:

- The Safe Space program must be accessible to all, including children with special needs.
- The Safe Space should be safe, and the facility (a tent will do) structurally and sound and able to protect children from the elements.
- The children must feel safe and secure from physical and/or sexual harassment, solicitation of drugs, weapons, and other dangerous materials
- The Safe Space must be located in appropriate proximity to clean water and sanitation facilities
- The Safe Space must be large enough to accommodate sports and recreation programs.¹⁷

Teacher Sensitization

Sensitization programs, a third form of school-based psychosocial support, aim to better equip teachers to respond to the psychological needs of war-affected or displaced children. Typically, workshops are organized at national, provincial and district levels where teachers receive information about the effects of war on children and on how psychological healing activities might be promoted in their classrooms. Teachers learn of the importance of active listening, and practice the use of empathy as a healing tool. Drawing, socio-drama, personal narratives, journal keeping, incorporation of traumatic events into traditional song and dance, are among the activities that have been

¹⁶ Displaced Children's and Orphans Fund (2003). Afghanistan Child Protection Consortium Report: Child Protection and Psychosocial Support for Afghan Children and Youth. Third Quarterly Report Oct – Dec 2003

¹⁷ <http://www.unicef.org/teachers/protection/instability.htm>

promoted in classrooms by teachers who have participated in psychosocial sensitization programs.

The success or failure of these programs appears to be highly dependent on the capacity of the educational system to support its teachers. In Bosnia, Croatia, Kosovo, and Palestine, for example, where the educational structures are advanced compared to those in most war-affected countries, research and evaluations found that teacher sensitization programs resulted in modest improvements in the psychosocial status of children¹⁸. Even so, observers noted that teacher sensitization programs are still highly dependent on an informed, competent, and committed administrative support.¹⁹ The demise of an earlier teacher sensitization effort in Mozambique further underscores the importance of educational systems and human resource capacities.

The 16-year civil war in Mozambique was especially brutal as RENAMO guerrillas targeted civilians in general and teachers in particular. Exposure to violence was widespread, and nearly 30% of children in war-affected zones participated in killing.²⁰ In 1988, in response to the RENAMO reign of terror, the Ministry of Education and UNICEF launched a nationwide training program to enable teachers to help children heal psychologically. Workshops, organized at the regional level, offered teachers insights into the impact of trauma and simple ways they as teachers could help to negate these effects. After initial workshops, teachers returned to their schools and practiced these simple techniques.

¹⁸ <http://www.unicef.org/teachers/protection/instability.htm>, Boothby, N (1996), Mobilizing Communities to Meet the Psychosocial Needs of Children in War and Refugee Situations, In R Apfel and B Simon (Eds), *Minefields in their Hearts* (p. 52-74). New Haven: Yale University Press.

¹⁹ <http://www.unicef.org/teachers/protection/instability.htm>.

²⁰ Boothby, N, Upton, P and Sultan, A (1992) "Boy Soldiers of Mozambique", in *Refugee Children* (Oxford: Refugee Studies Programme).

Refresher workshops and advanced courses were offered over the course of the year as well.

An end of the year evaluation founded the program was not impacting children.²¹ 75% of participating teachers either had not understood the basic curriculum provided or, misapplied it once they returned to their classrooms.

Other shortcomings included:

- Low teacher morale due to dangerous living situations and exhaustive work conditions
- Teachers psychological well-being was not considered; they, too, were in need of psychological care and support;
- Poor conceptual fit between western and local trauma concepts
- Overcrowded and undersupplied classrooms.

District level teachers in Mozambique had minimal education themselves (an average of about a 9th grade education). They were living in threatened communities and dealing with 40-50 children per classroom. School buildings were in ill repair, classes were often held under trees, classroom materials scarce, and it was not uncommon for teachers to go months on end without being paid.

The lack of government capacity and absence of attention to the lives of teachers undermined the Mozambique government's effort to provide psychosocial support to their children through schools. Unfortunately, these same deficits afflict the majority of today's conflict-ridden countries. This is why the International Rescue Committee's *Healing Classroom Initiative* is a promising new approach to psychosocial support provision in refugee camp and failed

²¹ Ministry of Education (1989). An Evaluation of the Ministry of Educations and UNICEF Psychosocial Program for War-Affected Children, Maputo, Mozambique: Ministry of Education.

states schools. The initiative focuses on establishing basic educational systems functionality first—including:

- Ensuring basic but safe school structures
- Maintaining reasonable student –teacher ratios
- Maintaining reasonable textbook and other material-student ratios
- Providing basic teacher training
- Ensuring regular pay or incentives

As these basic requirements are being met as best they can in a given situation, the initiative also focuses on the personal and professional lives of the teachers, most of whom have not completed college-based teacher training programs. In contrast to programs that provide psychosocial training to teachers, this initiative identifies and supports the emotional and social lives of teachers as a first step towards improving their abilities to provide psychosocial support to their students. It is founded on the belief that in order to “feed” another human being, one also must be “fed.” As described in a recent evaluation report, the program “aims to improve teacher development for student well-being through research into teachers’ and students’ experiences in school and their perceptions and beliefs about teaching and learning in selected pilot countries.”²² This recent assessment found, for example, that most teachers did not consider themselves to be “real teachers” decreasing their confidence in their abilities as a professional, as well as their effectiveness as healing agents for children. The evaluation further emphasized that the life experiences of teachers should be integrated in teacher development programs. By striving to ensure minimal standards for effective teaching, and strengthening human capital needs, the

²² Withrop R. & Kirk J (2004) Teacher development and student well-being. *Forced Migration Review*. 22:18-21.

Healing Classroom Initiative appears to be a promising approach to increasing teachers' capacities to provide psychosocial support to children in weak and field state scenarios.

Psychosocial Structured Activities Programs

A variety of psychosocial structured activity programs (PSSA) have been developed for classroom settings or as part of after school or summer camp programs. In contrast to recreation and social activities programs, PSSA programs incorporate explicit psychological components into their efforts to heal children. Save the Children (US) approach to PSSA programming looks particularly promising. Adapted from the work of community-minded mental health professionals²³, Save the Children's resilience-building programs have reached more than 80,000 children in Palestine, Nepal and Indonesia. Whether implemented as part of a school's regular curriculum, or as a core component of summer camps, this program seeks to meet five objectives:

- Reduction of the risk of maladaptation
- Facilitation of resiliency and a return to normalcy
- Facilitation of empowerment and mastery
- Use a natural learning environment
- Screening for high-risk youth²⁴

The program consists of 15-18 highly structured activity sessions which are used in a sequential process to address a range of psychosocial concerns, including security, self-esteem, personal life events, coping and resiliency and protection mapping. The structure of activities and their sequence remain

²³ Macy R. & Macy D. (2002) Advanced Training Manual for the 15 Session Camp & Classroom Based Psychosocial Intervention Program Targeting Palestinian Youth Survivors of Difficult Circumstances. The Center for Trauma Psychology. Boston.

²⁴ Ibid.

constant; what changes in each emergency situation are the cultural elements of the program, including music, dance, materials and elimination of inappropriate activities. This PSSA program is designed for the early stages after a disaster as well as during and following times of violent conflict. It operates under the premise that an immediate and short-term response to a sudden event can mitigate the impact of exposure and the potential onset of mood and anxiety disorders, including the onset of post-traumatic stress disorder (PTSD). Further, the approach holds that survivors of stressful events have the strength to express what has happened to them; when given the proper tools and supportive environment, children can best do this by engaging with their peers in dance, music, drawing, cooperative games and dramas that enable them to explore basic emotions such as fear, joy sadness and courage.

By implementing the structured activity program as a part of a school's curriculum, the potential stigma of receiving mental health support is reduced. Activity takes place with all of a child's class. Entire classrooms are selected for participation rather than individual students. Rather than being given only unstructured play or recreation time, students are engaged by the teacher in specific, highly structured activities, which are sequentially arranged over three to four weeks to achieve the desired outcomes.

To date, two impact evaluations have been initiated on Save the Children's PSSA programs. In Palestine, a university-based researcher employed a range of standardized questionnaires to discern the impact of this

program on children in the West Bank²⁵. Some 900 children who completed the program and 900 who were waiting to enroll in the program were included in the study. Results indicate significant differences between the two groups in terms of self-esteem, self-efficacy, pro-social behavior and post-traumatic stress symptoms. In tsunami-affected Aceh (Indonesia), Save the Children staff held focus groups discussions with more than 1200 parents whose children were in the program and some 400 parents whose children were waiting to be involved.²⁶ Parents in the first group were asked to comment on their children's attitudes and behaviors pre and post activities. The second group was asked to comment on changes based solely on time. Moreover, teachers were asked to record pre- and- post attitude and behavior changes in children who participated in the program. Marked improvements were noted in PSSA activity group, including reduction of traumatic stress symptom, improved motivation, concentration and school performance, increased playfulness, and reduced anti-social behavior. Reduction in post-traumatic stress symptoms was also noted amongst children in the control group; however, virtually no change was reported in terms of motivation, concentration, school performance or pro-social behavior.

Like teacher sensitization efforts, PSSA programs are also highly dependent on informed and supportive ministry administrators and school headmasters. The quality of the program is higher when PSSA facilitators are selected according to core competencies rather other institutional-oriented criteria. Moreover, the PSSA is not designed to help children suffering significant

²⁵ Save the Children, (2003), Preliminary Results: Classroom Based Initiative, E. Jursuslaem

²⁶ Melvin, C. *Preliminary Analysis of the Psychosocial Structured Activity Program Impact*, Aceh, Indonesia: Save the Children (2005).

psychosocial disorders, including full-blown PTSD. It is thus advantageous to develop a referral system for the minority of students who will benefit from intensive counseling or treatment. Finally, as a community based development organization, Save the Children has augmented the PSSA program with other forms of support, such as livelihoods, health, nutrition, housing, and basic education, in order to better ensure positive change over time. A three year study is underway to examine the impact of some of these different combinations of support.²⁷

Peer-to-Peer Dialogue

Many agencies organize peer dialogues, often called peer counseling, as a complement to other programmatic interventions. Peer dialogues can be arranged for a variety of purposes—to address day-to-day concerns of refugee children; as part of a broader program to reintegrate former child soldiers into communities; as an outreach component of a youth-community service initiative; or, as school-based program of psychosocial support. While peer dialogues may be tailored for different purposes, they generally include opportunities for girls or boys to express thoughts and feelings about their situation, explore the fairness of various rule or life constraints, work out disagreements amongst themselves through means other than fighting and, in some cases, to identify ways they can improve their situation individually or collectively. Although these interventions are not forms of psychotherapy, and the discussion leaders have too little training to be regarded as professional counselors, peer dialogues appear to be useful

²⁷ Program on Forced Migration and Health (2005), *Care and Protection of Children in Crisis: A Good Practice-Policy Change Initiative*, New York: Mailman School of Public Health, Columbia University.

psychosocial tools since they build important life skills of reflection, empathy, negotiation, and discussion that encourage personal growth and well-being.

Following another cycle of intensified violence in the Gaza region, UNICEF implemented the “We Care” peer counseling program in 2003.²⁸ Partnering with the Palestinian Youth Association for Leadership and Rights Activation, the program aimed to support university students to provide psychosocial counseling to adolescents in severely affected communities in Gaza. Group discussions focused on family relationships, romance, school difficulties, peer pressure, examinations, and other aspects of their day-to-day concerns. Given that schools were overburdened with other concerns, this peer-to-peer approach was one of the few ways psychosocial support could be organized in Gaza.

UNICEF’s evaluation found that adolescent participants developed stronger feels of trust, mutual respect and group affinity. They also reported reductions in fear and anxiety. In addition, university students benefited as the program allowed them to contribute to their community at a time of collective need. In the process, the university students reported that they not only experienced personal satisfaction, but that they were also able to practice important skills, such as active listening, empathetic understanding, and group facilitation.²⁹

School-Based Counselors

²⁸UNICEF (2003) Adolescent programming in conflict and post-conflict situation: Case Studies, p.45.

²⁹ Ibid, p. 45.

The use of trauma concepts and treatment centers and counseling programs in non-western cultures has come under criticism from a number of academics and practitioners.³⁰ Critics suggest that trauma approaches focus on children's deficits and portray them as suffering a form of pathology that can have life-long impacts. This depiction, in turn, does not fit a growing body of evidence that indicates that most war-affected children function reasonably well, exhibit complex moral reasoning, and defy stereotypes, such as "a lost generation." Perhaps, most important, trauma is only one of many issues that face war-affected and displaced children. Often, these children regard the loss of education, lack of job skills and income, and living in poverty as more significant threats to their well-being than trauma. It is further argued that western treatment approaches in non-western settings are ineffective if not harmful.

Nonetheless, there are numerous studies that point to wide-scale traumatic event symptoms amongst war-affected children around the world.³¹ Moreover, none of the psychosocial programs described above are designed to address the significant psychosocial disorders—and one of the major problems confronted by the staff of such programs is what to do with the comparatively small number of children and youth in need of more intervention. It is in this context, that a number of national and international efforts have been undertaken to support

³⁰ Bracken, P (1998). Hidden Agendas: Deconstructing Post-traumatic Stress Disorder. In P. Bracken and C Petty (eds), *Rethinking the Trauma of War*, pp38-59. London: Free Association Books; Dawes, A and Donald, D (1994). *Childhood and Adversity*. Cape Town: David Philips; Summerfield, D. (1996) *The Impact of War and Atrocity on Civilian Populations: Basic Principles for NGO Interventions and a Critique of Psychosocial Trauma Projects*. Relief and Rehabilitation Network. Paper No. 14. p.17.

³¹ Dyregov, A, Gjestad, R, and Raundalen, M (2002) Children Exposed to Warfare: A longitudinal Study, *Journal of Traumatic Stress*, 15, 59-68; Mollica, R, Pole, C, Son, L, Murray, C and Tor, S (1997) Effects of War Trauma on Cambodian Refugee Adolescents' Functional Health and Mental Health Status, *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 1098-1106; Boothby, N, Upton, P and Sultan, A (1992) "Boy Soldiers of Mozambique", in *Refugee Children*. Oxford: Refugee Studies Programme.

counseling and treatment programs in schools. Our review of these efforts found that a number of internationally subsidized school-based treatment or counseling programs have proven to be an effective way to addressing more severely affected children or youth—but only when these have been implemented in cultures that traditionally use mental health services to address and in schools which are part of functional education systems. In Bosnia, for example, UNICEF supported the training of school counselors to implement a school-based treatment program for at-risk adolescents who had been exposed to significant levels of violence.³² Prior to this effort, the role of school counselors was largely to address disciplinarian concerns. Now, these school-based counselors, supervised by outside mental health professionals, were supported to engage with war-affected youth in supportive group therapy. The program involved about 20 sessions of group work which aimed to address grief and trauma, and promote resiliency and active coping. An evaluation reported the following benefits.³³

- The program was eventually integrated into their overall work plan at the school, thereby increasing opportunities to reach additional students
- Participation in the program had expanded their professional role in the school from a “disciplinarian” to a provider of mental health services;
- Human capacity to address war-related trauma was expanded as through the development of a network of school counselors and mental health professionals;
- Students participants reported acquiring effective coping and problem-solving skills
- Quantitative analysis indicated a reduction in stress and anxiety among program participants.

³² Layne, C., Davies, R., Burlingame G., Saltzman W., Thomas N., Pynoos R. (2001) Evaluation of the UNICEF School-Based Psychosocial Program for War-Exposed Adolescents as Implemented During the 2000-2001 School Year. Technical Report.

³³ Ibid.

Our analysis of school counselor programs in other countries suggests the following common problems:

- Training sessions tend to be overly theoretical and trauma only focused
- Insufficient time is spent teaching or acquiring skills
- Insufficient follow-up support to counselors when they return to their schools
- Uneven and low quality work due to insufficient monitoring
- Lack of support from school administrators
- Insufficient out-reach to students parents and families

What We Need to Know Next

As described above, there have been some exemplary pioneering efforts to provide psychosocial support to children affected by conflict and mass population movements. But as a field of practice, the provision of psychosocial care to children in crises is still in its infancy. Widely differing conceptual approaches—from addressing PTSD to reinforcing social support networks--have been adopted to justify interventions, but little evidence actually exists to support the efficacy of these approaches, nor how they might be employed to better reinforce one another. The international community is still largely unable to identify sufficient consensus regarding psychosocial goals, strategies or outcomes. This lack of an evidence base for effective interventions undermines donor countries' confidence in psychosocial investments, and leaves humanitarian workers wondering if their efforts made a difference.

Professionalizing this field of practice requires a stronger evidence base for good practice be developed—and this means that donors must support program evaluations as part of their humanitarian response policy. International organizations, in turn, would benefit from cross agency, country and regional

learning. Agreed upon outcomes, indicators and impact measures need to be established to examine the efficacy of different approaches to psychosocial programming across efforts. Common program principles –such as scalability, gender equality, and community empowerment---also should be employed to examine efficaciousness from a humanitarian response perspective.

Methodologically, impact evaluations need to maintain higher standards of evidence than in the past, and be able to take counterfactuals (including what would have happened had the project never taken place?) into account.

Determining counterfactuals needs to be at the core of future evaluation design.

There are different ways to do this—ranging from experimental designs (randomization) to non-and-quasi-experimental design (non-randomization). In addition, issues such as selection bias and integration of quantitative and qualitative methods for evaluating program impact need to be better addressed.

Consistent and rigorous program impact evaluations will be at the heart of efforts to professionalize this field of practice. In addition, children affected by conflict and displacement also would benefit from further insights into the follow:

- How might the application of epidemiological assessment approaches result in more timely and accurate identification of at-risk groups of children?
- What are the essential elements of effective programs to address PTSD, depression and anti-social behavior?
- What are the most efficacious ways to address the psychological and social needs of child soldiers and other groups of exploited girls and boys?
- Which social support mechanisms are instrumental in strengthening resilience and psychological well-being?
- Which psychosocial approaches are able to go to scale?

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