

Chapter 3.5

PSYCHOSOCIAL SUPPORT TO LEARNERS

MAIN OBJECTIVE

- To provide educational, psychological and social opportunities which support the well-being of children affected by the trauma of conflict or natural disaster.

CONTEXT AND CHALLENGES

Defining psychosocial support

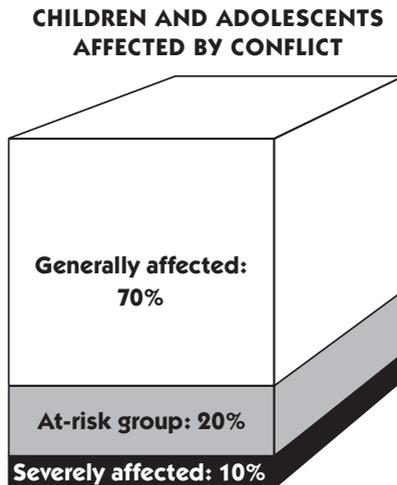
The impact of conflict or disaster on individuals depends upon their natural resiliency, exposure to disturbing events and the type of support they receive following the experience. The word ‘psychosocial’ is a combination of the concepts of the individual ‘psyche’ and the ‘social’ community in which the person lives and interacts. “Psychosocial support recognizes the importance of the social context in addressing the psychological impact of stressful events experienced in emergencies. In practice, this means facilitating the reconstruction of local social

structures (family, community groups, schools) which may have been destroyed or weakened by an emergency, so that they can give appropriate and effective support to those suffering severe stress related to their experiences” (Nicolai, 2003a: 117).

Target population

Children and families who are part of the same community (and have endured the same sequence of events) will nevertheless have different experiences and responses. It is possible to distinguish between three groups, according to the degree of risk:

- **Generally affected group.** The largest proportion of the population consists of individuals who may not have been directly affected by crisis events and whose families may



Source: Duncan and Artson (2004)

be largely intact. Children and adults in this group may be suffering from physical and mental exhaustion, for example, but are not experiencing the level of distress felt by those in the severely affected or at-risk groups.

- **At-risk group.** Individuals in this group may have experienced severe losses and disruption, be significantly distressed, and may be experiencing despair and hopelessness. However, their social and psychological capacity to function has not yet been overwhelmed, although they are at particular risk of psychological and social deterioration if their needs are not addressed through timely support mechanisms.
- **Severely affected group.** The psychological and social functioning of children and adults in this group may be severely compromised. Children, such as former child soldiers, who may have been forced to watch and/or commit violent acts, are likely to fall into this group. They require intensive, individual psychological attention to address the more severe traumatic and/or depression disorders.

Source: Adapted from [Duncan and Arntson \(2004\)](#)

Coping mechanisms

It is important to emphasize that what people in crisis are experiencing after a traumatic event is a normal reaction to very abnormal events. Those affected should be assured that their situation over time will improve; most people will recover. Giving people this simple explanation helps them understand and address their stress. ‘Normal patterns’ of daily life such as going to school, social interaction, and play are known to mitigate the impact of the conflict. The re-establishment of weekly, monthly

and yearly events, such as the school year, and religious, cultural and social events, provides hope, as people are able to plan for the future. In addition, when children go to school, their parents and caregivers, who are also under enormous pressure, can focus on daily survival tasks without worrying about the well-being of their children. This also serves to reduce stress levels within families.

In recent years, research into what elements increase a child's ability to survive, cope and thrive following a traumatic experience has clearly demonstrated the important role that teachers, other educators and school routine can play. Several key characteristics (assets or resources of individuals who are able to best deal with stressful experiences) have been identified:

- Cognitive competence – a reasonable level of intelligence, skills in communication, or realistic planning.
- A positive sense of self-esteem, self-confidence and self-control.
- An active coping style rather than a passive approach – a tendency to look to the future rather than to the past.
- A sense of structure and meaning in the individual's life.

Teachers and educators are in a good position to encourage and nurture all these elements. It has also been shown that several aspects of a child's immediate social environment can play a key role in their ability to cope:

- Good and consistent support and guidance from parents or other caregivers.
- Support from extended family and friendship/community networks and teachers and the re-establishment of a normal pattern of life.

- An educational climate that is emotionally positive, open and supportive.
- Appropriate role models, which encourage constructive coping.

Source: Adapted from [Nicolai \(2003a\)](#)

Best practices in providing psychosocial support

For education professionals, psychosocial work is nothing new – as good teaching and learning practices are good psychosocial practices. Educators should strive to create a comfortable and supportive learning environment where learners feel safe, and should recognize that learners affected by conflict may especially need frequent breaks and a nurturing atmosphere to help them recover from the conflict. In emergencies (and during early reconstruction), all education personnel should be provided with a basic understanding of the psychosocial impact of conflict (see also [point 2](#) in the ‘Tools and resources’ section of this chapter.) However, it should also be remembered that, in conflict situations, or following natural disaster, educators also have their own physical and psychosocial needs. In many cases, these needs add additional stress to an educator’s life and may lead to absenteeism, burnout and leaving the profession. In natural disasters, additional sources of stress, for both education personnel and children, may include: physical injury; loss of home and public services; loss of parent or other relatives; heightened poverty and a sense of vulnerability.

People experience extraordinary stress when their communities are divided by conflict: Families face long-term separation, they must live as refugees or IDPs, they are exposed to violence as

WHY PSYCHOSOCIAL SUPPORT AS PART OF EDUCATION?

- Teachers can provide a stable, affectionate relationship for a child.
- Education staff can be aware of those having special difficulties in coping.
- Time can be dedicated to better understanding the crisis and its impact.
- Successes in learning will increase the self-confidence of a child.
- Local sports and art, such as drama and dance, help children relax, develop, value their cultural identity and build a sense of belonging.
- Schools and structured activities reinforce the social web of community.

Source: [Nicolai \(2003a\)](#)

either a witness or a victim, participate in conflict and experience broken-down trust in society. Refugees and IDPs may not have access to traditional coping mechanisms as a result of the breakdown in society that occurs following conflict. Severely traumatized refugees and IDPs may also not have access to qualified mental health professionals and people living in areas of conflict may have been impacted by multiple disturbing events. The psychosocial role that educators can play, in situations such as these, is vital.

SUGGESTED STRATEGIES

In emergencies and during early reconstruction, children and young people often experience multiple sources of distress. Some suggested strategies for addressing their psychosocial needs are indicated below.



Summary of suggested strategies

Psychosocial support to learners

- 1. Train teachers to monitor children and identify those who may be experiencing special difficulties when they are in school.**
- 2. Provide necessary support to teachers so that they can support distressed children.**
- 3. Begin structured education activities as soon as possible in order to mitigate the psychosocial impact of the emergency on children and youth.**
- 4. In protracted emergencies, support parents, families and communities with activities to address stress.**
- 5. Establish programmes that focus on longer-term concepts of justice, peace and democracy.**
- 6. Support good teaching and learning practices.**

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- 7. Incorporate training in the psychosocial impact of the conflict with pedagogical training.**
 - 8. Put a referral system into place.**
 - 9. Support the physical and psychosocial needs of educators and learners.**
 - 10. Monitor the success of any psychosocial programmes.**

Guidance notes

- 1. Train teachers to monitor children and identify those who may be experiencing special difficulties when they are in school.**
 - Basic ways of understanding distress include:
 - Observe children's behaviour and interaction with others for signs of distress. (See '[Symptoms of distress](#)' in the 'Tools and resources' section of this chapter.)
 - Listen to children. In order to help children talk and share their feelings, create a supportive educational environment where teachers regularly interact with children on an individual level.
 - Recognize and build on the experience and potential of children who have been affected by the emergency. Valuing and emphasizing their skills, personal resources, resilience and capacity to overcome challenges can help children to build self-esteem and confidence, and take a positive attitude to their future.



PSYCHOSOCIAL SUPPORT SHOULD BE CULTURALLY APPROPRIATE

The cause and meaning of the symptoms of psychosocial impact vary between cultures and affect how and where those affected seek treatment. In Angola, some people felt that recurrent bad dreams were caused by spirits of family members who were not properly buried during the war. Organizations assisted those affected to perform the proper burial rituals to appease the spirits. In other parts of the world, people, and especially children, seek traditional assistance and charms to ward off bad spirits. These traditional perceptions and cures are just as valid as Western mental-health practices. Learners should be encouraged to seek whatever is effective as long as it does not cause physical harm.

2. Provide necessary support to teachers so that they can support distressed children.

- In teacher training, emphasize that an individual teacher cannot do everything or solve all the children's problems.
- Whenever possible, provide regular breaks for teachers.
- Regularly rotate responsibilities among teachers, so that one or a few teachers do not bear the burden of all that needs to be done.
- Schedule regular staff meetings and in-service training.
- Encourage peer support.
- Provide opportunities for teachers to improve their skills, which, in turn, will increase their sense of professionalism, self-esteem and motivation.

3. Begin structured educational activities as soon as possible in order to mitigate the psychosocial impact of the emergency on children and youth.

- Provide a safe place for educational and recreational activities and ensure that these activities are available for everyone in the community, especially girls and minority groups.
- Take steps to re-establish regular patterns of life for the learners.

4. In protracted emergencies, support parents, families and communities with activities to address stress.

- Support community efforts to re-establish schools.
- Consider providing cultural, social and sporting activities.

5. Establish programmes that focus on longer-term concepts of justice, peace and democracy.

(See also the [Guidebook, Chapter 4.6](#), 'Education for life skills: peace, human rights and citizenship'.)

6. Support good teaching and learning practices.

(See also the [Guidebook, Chapter 3.4](#), 'Teacher training: teaching and learning methods'.)

- Encourage educators to plan lessons with clear learning objectives.
- Provide students with frequent breaks.
- Instruct teachers not to beat or punish the learners.
- Provide training in and encourage teachers to use teaching aids and participatory teaching methods.

7. Incorporate training in the psychosocial impact of the conflict with pedagogical training.

- Provide pedagogical training for teachers.
 - In some instances, trained teachers may be hesitant to attend pedagogical training as they feel they have already



PSYCHOSOCIAL TRAINING IN TIMOR-LESTE

In Timor-Leste, experts from UNICEF, Community and Family Services International, the University of Indonesia and the Child Protection Institute produced a training package and manual on basic psychosocial support. Training included information on the importance of psychosocial support for children, discussion on the culture of East Timor and psychosocial implications, as well as skill development on identification of children with special needs. Additionally, topics such as communication with children, helping children in need of protection and the process of mourning were included (Jiyono, 2000: 8). There was little effort to address teachers' psychosocial needs and, according to one NGO worker there at the time, "teachers' emotional trauma sometimes interfered with their ability to provide a safe emotional and physical space for teaching and relationships with children". Teachers in the camp schools received introductory training in psychosocial counselling, and were supported to better identify students who may have had mental problems due to the crisis.

Source: Nicolai (2004: 65-66)

been sufficiently trained. In this case, training on the impact of conflict can be structured as a new subject to attract their attendance.

- Include participatory teaching methods, such as questioning strategies, and group work.
- Emphasize why using good teaching methods is particularly important in areas of conflict.
- Train educators to identify psychosocial stress and trauma, and provide them with strategies to assist the learners. Teachers, however, should not be overburdened with responsibility in this area, as they themselves may also be traumatized. They should not be expected to assume responsibility, beyond the identification of troubled children, for an area in which they are not specialized, or qualified.

- Provide educators, parents and community leaders with an orientation to the possible impacts of conflict, and how to identify them.

8. Put a referral system into place.

- Some learners may need support and assistance from mental health professionals.
- Train educators to screen learners so that they can refer specific learners for more assistance.
- Provide referral mechanisms for students who need individual assistance and clearly communicate these to educators. Possible referrals include:
 - School counsellors.
 - Traditional healers.
 - Mental health professionals.
 - Existing local mental health and social services.
- Ensure that system(s) have been put in place to respect the privacy of the individual who is referred.
 - Are specialized services or times available for women, girls, and youth to access services confidentially?
 - Are services offered in the appropriate languages by professionals of the appropriate gender and ethnicity?
- Determine what hinders access to local services.
 - Distance?
 - Lack of money?
 - IDP or refugee status?
- The implementation of a three-stage system of referral may be useful:
 - Teachers are trained in trauma-symptom recognition. Confidential reports may go to the head-teacher of the school.

- The head-teacher should then take responsibility for the referral of at-risk children to a context in which play and social interaction can take place, animated, supervised and observed by trained, experienced psychologists.
- The psychologists may initiate referral of very severely traumatized children for therapy with psychiatrists if necessary.

9. Support the physical and psychosocial needs of educators and learners.

- Encourage teachers to support each other and to discuss among themselves strategies for assisting students.
- Determine the causes of stress for educators and learners. Educational authorities should either address these causes of stress or find organizations that are willing to assist.
 - Security?
 - Lack of basic needs such as food, shelter, clothing?
- Determine whether educators feel confident in providing psychosocial support.
 - Are regular meetings held so that educators can discuss how psychosocial support is given within the schools?
- Are communities supported to re-establish schools? Cultural and social activities? Sports?

10. Monitor the success of any psychosocial programmes.

Establish methods for measuring the ‘success’ of psychosocial programmes, e.g. decrease in symptoms, etc. For details of approaches that may be adopted, see Duncan and Arntson (2004).

TOOLS AND RESOURCES

1. Symptoms of distress

Children from different age groups react to stressful experiences in different ways. Generally speaking, symptoms of distress can include the following:

AGE GROUP	POSSIBLE SYMPTOMS
<p>VERY YOUNG CHILDREN (0-5 years)</p> <p><i>Not able to rationalize what is happening around them and not able to understand the concept of death, equating it with separation.</i></p>	<ul style="list-style-type: none"> • Anxious clinging to caregivers • Temper tantrums • Regression, e.g. in speech development • Fear of going to sleep • Nightmares and night terrors • Excessive fear of real or imagined things, e.g., thunder, monsters
<p>YOUNG CHILDREN (6-12 years)</p> <p><i>Can recall and rationalize events in a more logical way. They will often use fantasy to deal with a stressful event, e.g. re-enacting or imagining a different outcome. They are more prone to feelings of guilt that they have not prevented bad things from happening.</i></p>	<ul style="list-style-type: none"> • Poor concentration, restlessness or bad behaviour in school • Anxious behaviour including hyperactivity, stuttering and eating problems • Psychosomatic complaints, e.g. headaches, stomach pains • Behavioural change, becoming aggressive or withdrawn and passive • Sleeping problems • Regression – acting like a younger child
<p>ADOLESCENTS (13-16 years)</p> <p><i>Have a good understanding of what has happened and also what the consequences might be. They are dealing with the emotional and physical changes of adolescence as well as coping with events and experiences related to the emergency.</i></p>	<ul style="list-style-type: none"> • Self-destructiveness and rebelliousness, e.g. drug taking, stealing • Withdrawal – cautious of others and fearful of the future • Anxiety, nervousness • Psychosomatic complaints

Source: Nicolai (2003b), adapted from Macksoud (1993)

2. Best practices in providing psychosocial support

The best practices in providing psychosocial support to children through education are often reminiscent of effective classroom practices in general.

CHILDREN'S NEEDS	POSSIBLE PSYCHOSOCIAL INTERVENTIONS
A SENSE OF BELONGING	<ul style="list-style-type: none"> • Establish an educational structure where children feel included. • Promote the restoration of cultural, traditional practices of childcare.
RELATIONSHIPS WITH PEERS	<ul style="list-style-type: none"> • Provide a dependable, interactive routine, through school or other organized educational activity. • Offer group and team activities (i.e. sports, drama, etc.) that require cooperation and dependence on one another.
PERSONAL ATTACHMENTS	<ul style="list-style-type: none"> • Enlist teachers who can bond with children. • Provide opportunities for social integration and unity by teaching and showing respect for all cultural values, regardless of difference.
INTELLECTUAL STIMULATION	<ul style="list-style-type: none"> • Enhance child development by providing a variety of experiences.
PHYSICAL STIMULATION	<ul style="list-style-type: none"> • Encourage recreational and creative activities, both traditional and new, through games, sports, music, dance, etc.
TO FEEL VALUED	<ul style="list-style-type: none"> • Create opportunities for expression through group discussions, drawing, writing, drama, etc., which promote self-confidence. • Recognize, encourage and praise children.

Source: [International Rescue Committee \(2003\)](#)

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