


2014

INGOs in the Mirror: Critical Reflections of Practitioners Implementing Psychosocial Support Programs

Stephen M. Richardson
University of Massachusetts Amherst

Follow this and additional works at: https://scholarworks.umass.edu/cie_capstones

 Part of the [Bilingual, Multilingual, and Multicultural Education Commons](#), [Clinical Psychology Commons](#), [Counseling Psychology Commons](#), [Educational Assessment, Evaluation, and Research Commons](#), [Education Economics Commons](#), [Health Psychology Commons](#), [International and Comparative Education Commons](#), [Multicultural Psychology Commons](#), and the [Social Work Commons](#)

Richardson, Stephen M., "INGOs in the Mirror: Critical Reflections of Practitioners Implementing Psychosocial Support Programs" (2014). *Master's Capstone Projects*. 32.

Retrieved from https://scholarworks.umass.edu/cie_capstones/32

This Open Access Capstone is brought to you for free and open access by the Center for International Education at ScholarWorks@UMass Amherst. It has been accepted for inclusion in Master's Capstone Projects by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact scholarworks@library.umass.edu.

**INGOs IN THE MIRROR: CRITICAL REFLECTIONS OF PRACTITIONERS
IMPLEMENTING PSYCHOSOCIAL SUPPORT PROGRAMS**

A Master's Project Presented

by

© Copyright by Stephen M. Richardson 2014

All Rights Reserved

ABSTRACT

The purpose of this qualitative research is to learn from the professional wisdom of practitioners involved in implementing school-based psychosocial support in conflict-affected contexts. Practitioners from four different International Non-governmental Organizations (INGO) working in three different contexts—the Congo Basin region, the South Asia region, and the Sudan region—reflect on the concepts and realities of the psychosocial support models that their organizations use. A common theme emerging from these interviews is that the approach to psychosocial support has the potential to do harm. The practitioners provide real examples of the ways in which harm may occur and their possible causes. These causes include the lack of a formal venue for critical reflection within their organizations, internal disagreements between Child Protection and Education departments, an aid architecture that can foster competition between INGOs for funding, and the lack of commitment or organizational capacity to valorize local knowledge. I conclude with considerations for INGOs to reduce the potential harm produced by school-based psychosocial support programs in conflict-affected contexts.

Keywords: Psychosocial Support, Education in Emergencies, Conflict, Do No Harm, Well-being, Child Protection, Mental Health and Psychosocial Support

INGOs IN THE MIRROR: CRITICAL REFLECTIONS OF PRACTITIONERS IMPLEMENTING PSYCHOSOCIAL SUPPORT PROGRAMS

MAY 9, 2014

STEPHEN M. RICHARDSON, B.Sc., MIDDLE TENNESSEE STATE UNIVERSITY

M.Ed., UNIVERSITY OF MASSACHUSETTS AMHERST

Directed by: Dr. Cristine Smith

ACRONYMS AND ABBREVIATIONS

CASEL	Collaborative for Academic, Social, and Emotional Learning
CBO	Community-Based Organizations
CRC	Convention on the Rights of the Child
EiE	Education in Emergencies
GEC	Global Education Cluster
IASC	Inter-Agency Standing Committee
INEE	Inter-Agency Network for Education in Emergencies
INGO	International Non-governmental Organization
IRC	International Rescue Committee
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental Organization
PRCS	Palestine Red Crescent Society
PSS	Psychosocial Support
PSSA	Psychosocial Structured Activities
PTSD	Post-traumatic Stress Disorder
SBPSP	School-Based Psychosocial Program
SEL	Social and Emotional Learning
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

TABLE OF CONTENTS

ABSTRACT.....	v
ACRONYMS AND ABBREVIATIONS	vi
INTRODUCTION.....	1
LITERATURE REVIEW	3
Definition and Conceptualization of Psychosocial Support	3
The Effects of Conflict	3
Efforts to Address the Effects of Conflict on Children	4
Schools as PSS	8
Overview of PSS Programs in Schools	9
Models of PSS at Schools	10
Examples of Research on Effectiveness of PSS Activities at Schools	11
What does PSS Look Like from a Practitioner’s Perspective?	12
METHODS	14
Sampling Strategy.....	14
Identity Protection	16
Description of Participants	16
Description of Contexts.....	18
Data Collection.....	19
Data Analysis	20
Limitations	21
FINDINGS	22
Explaining the Rationale for Providing PSS	22
Mapping Models of PSS at Schools.....	25

Negotiating Culturally Appropriate PSS	26
Applying the <i>Do No Harm</i> Principle to PSS	29
Reporting Outcomes of PSS Programs	41
Evaluating Well-Being.....	44
Coordinating Humanitarian Assistance.....	47
Understanding the Limits of PSS Programs at Schools.....	50
CONSIDERATIONS, FUTURE RESEARCH, AND CONCLUSION.....	52
Implementation Considerations.....	52
Aid Architecture and Critical Reflection	57
Future Research	58
Conclusion	58
REFERENCES	60
APPENDIX A	65
APPENDIX B	66

INTRODUCTION

The dynamics of conflicts are fluid and their root causes complex. International and local actors lead initiatives to provide assistance to conflict-affected communities, including unfortunate bystanders exposed to events such as severe injuries, rape, torture, or enslavement; loss and/or separation from loved ones; witnessing extreme acts of war and violence; the destruction of physical infrastructure and homes; and forced migration without a return date.

Local communities do not sit idly by and bear witness to such events without action. However, since these communities might not always have the capacity to prevent conflicts, nor immediately deal with all of their ramifications, humanitarian assistance efforts exist to provide vital basic physical needs such security, food, shelter, water, and health care. The resumption of education, either in temporary spaces or schools, is also a critical step in helping people resume a semblance of normalcy. In addition, humanitarian assistance efforts include mental health and psychosocial support, which organizations provide through initiatives that reunite children with their parents, deliver real-time information for safety and security, foster resiliency, teach coping strategies, and provide specialized services for those that may need them.

Such external assistance is, however, complex and challenging. Even the simple example of providing food raises questions such as: How long will international organizations provide food? Where will it come from? If not locally, what will providing this food do to the local economy once it starts recovering? Do international organizations also provide food for rebel militias that are inflicting harm in order to access innocent communities?

Providing education, internationally accepted as the fourth pillar of humanitarian assistance, is even more complex as it has the power to shape perceptions which can lead to future conflict. This generates more questions for humanitarian assistance, such as: What type of education is a priority? In which language(s) should governments and/or international organizations provide education? Which curricula are appropriate? Do education materials already exist? Who is paying for additional or new materials, and who is developing the materials? Will the content reinforce ethnic, religious, and ideological divides present before the conflict erupted? Are local teachers present? Do teachers have the capacity and well-being to instruct students with different education levels, experiences, and languages, some of whom may be displaced from other areas of the country? Can the government or international entities pay teachers? How long will funding last for teacher compensation? Do students feel safe? Can they learn in their new schooling environments?

Beyond education, there may be a need for mental health and psychosocial support, the concept of which is abstract and depending on who is providing it, can have ontological assumptions about the affects of conflict. Questions for organizations providing this support include: How do local communities understand mental health and psychosocial support? Who is providing the support? If the provider is not from the local area and culture, what assumptions do implementing organizations make about how conflict affects people and communities? How do these assumptions influence the way these organizations deliver mental health and psychosocial support?

The questions that shape humanitarian assistance in conflict-affected contexts can be just as important as the support, as there is often a power imbalance between the organizations providing support and the communities receiving it. Further complicating these initiatives are donors' desires for evidence-based practices that "work", but collecting evidence on mental health and psychosocial support is challenging. With

all of these considerations, how can international entities provide effective support to improve the lives of children and communities in conflict-affected contexts?

For this research, I collected information about the perceptions of practitioners working for international entities, specifically International Non-governmental Organizations that provide psychosocial support programs for students at schools. The goal is that the findings from this research that focuses on practitioners' experiences improve the delivery of psychosocial support. While this does not provide the quantitative evidence about successful interventions that donors may desire, these practitioners' professional wisdom can spur critical reflection on psychosocial support. As collecting data in conflict-affect contexts is rife with complications, the perceptions of practitioners working in such environments is crucial to ameliorating practice and reducing harm.

LITERATURE REVIEW

The goal of this research is to collect and analyze the perceptions of International Non-governmental Organizations (INGO) practitioners implementing psychosocial support (PSS) at schools in conflict-affected contexts. As a background to this new data, in this chapter I review the literature that discusses the concept of PSS; the variety of activities used in PSS; the outcomes of PSS; the role of schools and teachers as providers of PSS; and the methods for studying PSS.

Definition and Conceptualization of Psychosocial Support

The term *psychosocial* “is a combination of the concepts of the individual ‘psyche’ and the ‘social’ community in which the person lives and interacts” (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2006, p. 1). Loughry and Eyber (2003) describe the concept as the:

Very close relationship between psychological and social factors. Psychological factors include emotions and cognitive development—the capacity to learn, perceive, and remember. Social factors are concerned with the capacity to form relationships with other people and to learn and follow culturally appropriate social codes. (p. 14)

This interdependency between the individual and the social community influences the activities that PSS uses. Nicolai (2003) provides a clear description of PSS implementation:

In practice, this [PSS] 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. (p. 117)

Inherent in these definitions is the need to support people after having experienced conflict or emergencies. The section below reviews the literature on the effects of conflict.

The Effects of Conflict

How does a conflict affect individuals and communities? Much of the body of knowledge about the psychological and social effects of children who experience conflict comes from the research and therapy conducted for children during and after World War II, where children were displaced, separated from their families, and lost loved ones (Loughry & Eyber, 2003). Researchers have documented that the effects vary, based both on the nature of the events people experience and their subjective response to these events. Macksoud, Aber, and Cohn (1996) describe a continuum of impacts of conflict on children, depending upon children’s “subjective understanding of the experience and in part by their [the child’s] level of cognitive development” (p. 219). Machel’s (1996) comprehensive study on the impact of armed conflict on children for the United Nation’s General Assembly described varying effects of conflict:

The ways in which children respond to the stress of armed conflict will depend on their own particular circumstances. These include individual factors such as age, sex, personality type, personal and cultural background. Other factors will be linked to the nature of the traumatic events, including their frequency and the length of the exposure. (p. 39-40)

Thus, a person or child’s background as well as the events in the emergency or conflict to which they are exposed indicates that those offering PSS should not treat everyone the same (Wessells & Monteiro, 2000).

Conflict may produce a range of physiological and cognitive symptoms in children, which might be due to high levels of stress related to the situations that conflict produces such as separation from or loss of loved ones, witnessing acts of violence, etc.

Physiological Symptoms

Physiological symptoms are those reactions understood through a biological lens. Arroyo and Eth's (1996) synthesis of the literature on stress-related disorders focuses on how conflict affects children through the lens of psychopathology; in their review they find a relationship between children's psychological stress and physiological symptoms, including Post-traumatic Stress Disorder (PTSD), with a "dose-response" relationship between the amount of psychological stress and the physiological symptoms. UNESCO (2006) outlines the types of symptoms that children may demonstrate, which can vary based on their ages; for younger children, 6-12 years old, symptoms might be poor concentration, anxiety, headaches, stomach aches, aggression or withdrawal, sleeping problems, or regression; for adolescents, 13-16 years old, symptoms might include self-destruction or rebelliousness, withdrawal, anxiety, headaches, or stomach aches. In addition, children may relive violent events in their heads, which can lead to the outward expression of physiological symptoms (Global Education Cluster [GEC], 2012). These unfortunate symptoms negatively affect children's daily lives and their ability to learn.

Cognitive Symptoms

Garbarino and Kostelny's (1996) framework for child development based on their own experiences working with children in war-torn areas and theoretical approaches of human development explicitly describe children affected by conflict as having "difficulty concentrating in school" and "learning and behavioral problems in the classroom" (p. 37). Such problems can emerge long after the exposure to conflict or emergency as the United Nations Children's Fund (UNICEF) (2009) notes, "the accumulation of stress over time and the long-term consequences of distressing events can have an intensely disturbing and potentially far-reaching impact on children's social, emotional, cognitive and spiritual well-being and development" (p. 20). With an understanding both physiological and cognitive effects of conflict may have on children, there is an international impetus to support communities in need.

Efforts to Address the Effects of Conflict on Children

The knowledge about the serious and long-term effects of conflict has prompted the international community to provide support for children, which can include PSS. At a policy level, in 1989 the United Nations set an agenda that aims to support children affected by conflict through international law. The United Nations General Assembly Resolution 44/25 (1989) Convention on the Rights of the Child (CRC) states:

Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child. (Article 39)

This policy provides an impetus and funding from international donors to support children affected by conflict, and funding for Mental Health and Psychosocial Support (MHPSS) interventions and programs for

children that organizations and entities across a variety of fields implement, including mental health, public health, child protection, and education.

The ways that organizations provide support differs based on the organization's conception of the effects of conflict can fall along a spectrum with the 1) trauma paradigm on one end, and the 2) resiliency paradigm on the other. In a review of the research on mental health interventions, Betancourt and Williams (2009) support that there is paradigm divide between clinical interventions that seek to treat individuals with trauma-related mental disorders and PSS for communities. This is important when understanding the ways in which organizations that receive funding to support communities affected by conflict as the approaches have inherent ontological assumptions about the needs of individuals and communities.

The Trauma Paradigm: A Deficit Approach

In their overview of the field of mental health and PSS, Miller and Rasmussen (2010) assert that the field of mental health applies the Western construct of PTSD to children and communities affected by conflict, based on the similarities between the traumatic experiences of people in conflict-affected areas and the violence experienced by American Vietnam Veterans.¹ Under this paradigm, mental health interventions such as counseling are common, whether they are group or individual based.

Applying a Western mental health approach to non-Western communities affected by conflict is a topic of contention. Is the utilization of this Western construct culturally appropriate for other conflict-affected contexts? Apfel and Simon (1996) describe how mental health labels can cause harm:

Survivors understandably may resent being designated patients. Most survivors are not sick, and attempts to categorize them can recapitulate oppressive situations in which they were classified, numbered, and (literally) stamped as inferior, subhuman creatures. (p. 13)

Jensen (1996) also worries about labeling populations, and cites a letter written to him from a mental health professional working with refugee children in Bosnia and Herzegovina:

Generalizations like, 'Generations of children will suffer all their life from the psychological sequelae of war...' are not only unscientific but are also morally unfair toward children. They can influence in a negative way their self-image and raise anxiety in their parents. (p. 208)

These authors assert that the very act of diagnosing communities can be harmful. Bracken (1998) also questions whether applying PTSD as a construct to non-Western populations constitutes a deficit assumption made about conflict-affected communities.

Boothby (1996) posits that the mental health model is "too narrow and too expensive" (p. 151) to realistically address the well-being of entire communities. Machel (1996) agrees, citing the wide variety of experiences shaping how conflict affects children and communities. While some children might exhibit PTSD-like symptoms, other children may be negatively affected yet do not such symptoms; thus, one overall mental health diagnosis of "trauma" is a limited approach (Barenbaum, Ruchkin, & Schwab-Stone, 2004). UNESCO (2006) supports this in its position that people are affected along a spectrum of severity, depending on the type and length of conflict and on the individual's experiences and perceptions. Those in need of

¹ It is important to note that the concept of PTSD was developed based on the clinical work and research with veterans of the Vietnam War (Miller & Rasmussen, 2010).

specialized support—which can be in the form of mental health counseling—may only be 10 percent of the population or less.

There are still other problems with this paradigm, according to practitioners and researchers. Organizations using only the Western mental health paradigm may be reproducing asymmetrical power arrangements through the very act of providing support to communities, based on their view of trauma. For example, Chase (2002) cautions against the tendency of humanitarian organizations to commodify trauma and children through fundraising campaigns in donor countries, which may not reflect children's actual experiences or address necessary long-term healing efforts. Chase (2002) bases his reflection on his experience with the Butterfly Garden, a creative community-driven healing space for children in Sri Lanka's Eastern Province. Finally, Wessells (2009) cautions that without attention to local cultural practices that may help communities heal, Western "psychology may become a tool of neocolonialism" (p. 850), whereby psychologists may promote their own methods of support that may not be locally relevant.

Given the problems with the Western mental health paradigm, is there an alternative? Another group within the field advocate for a paradigm based on the concept of "resiliency", which provides a different conceptualization of how children are affected by conflict. This in turn shapes what organizations do to provide support for communities.

The Resiliency Paradigm: An Asset Approach

The roots of the resiliency paradigm as it relates to children in conflict settings began in the late 1970s and early 1980s, led by Garnezy and Rutter (1983) who questioned the assumptions made by the trauma/deficit approach to working with conflict-affected children. In their examination of stress on the development of children, including the effects of war on children, Garnezy and Rutter (1983) claim that children have innate and differing levels of resiliency to overcome adversity. Children can adapt to stressful circumstances depending on their disposition and support from their families and communities. However, a nuanced understanding of resiliency is necessary. Specifically, while children are resilient and some of them may not require specialized support, this does not mean that they do not need some form of support to bolster their innate levels of resilience (Kostelny & Wessells, 2013).

But what does the term resiliency actually mean? Masten (2011) defines resiliency as, "the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (p. 494). Thus, both individuals and entire communities—as systems—can be resilient. The concept of resiliency is important to organizations providing PSS, for two reasons: first, it does not assume trauma, with the concomitant problems discussed above and, second, it is a concept that can inform how organizations provide support for communities. Aligning with Masten's (2011) perspective on systemic resiliency is Henley's (2010) assertion that while youth might have natural resilience, social resilience from multiple sources, such as family, organizations, and community can foster more coping and resilience strategies and behaviors. The concept of resiliency aligns very with the term *psychosocial*, conveying the interdependency between the individual and the social environment.

An ecological model of resiliency has implications for the ways in which organizations can support it, as working within the children's ecologies is a more holistic approach to PSS (Macksoud, Aber, & Cohn, 1996). Miller and Affolter (2002) maintain that an ecological approach is necessary for PSS; supporting only the individual children does not consider their relationships with their peers, parents, community members, and social environments. Jordans et al. (2013) relate the concept of holistic support for resiliency explicitly to

schooling; while school is—in and of itself—a form of PSS, it is also an opportune site for PSS programs. However, these initiatives should be part of a multi-tiered approach, be culturally and contextually adapted, work in collaboration with governments, and draw on existing community resources (Jordans et al., 2013; Kelcey, 2013).

Tol, Jordans, Kohrt, Betancourt, and Komproe (2013) agree with the resilience paradigm for PSS and advocate for the application of Bronfenbrenner's (1994) ecological approach of working at the individual, micro, meso, and macro level. The resilience paradigm, with its holistic, ecological approach to understanding the effects of conflict at different levels, gives organizations a more nuanced perspective of the Western versus non-Western discourse than the trauma paradigm allows. The resiliency model builds on local cultural traditions and existing resources, but—unlike the trauma paradigm—does not advocate for providing support to only some of those who are affected by conflict.

Tol et al. (2013) advocate the use of existing cultural practices, but caution against reliance on “non-Western worldviews without strong ethnographic data” (p. 22). In other words, if cultural factors of resilience are not deeply and contextually understood, the interventions and programs can possibly do harm. Tol et al. (2013) provide examples where existing traditional resilience and support practices may be rooted in patriarchy and discrimination, which can in turn reinforce stigma or marginalization with specific populations, especially girls.

In summary, the resiliency paradigm is closely aligned with the philosophies underlying PSS, which are that PSS should:

- Happen in many ways and in many venues concurrently,
- Use existing community resources, and
- Be culturally relevant and well informed, while not reinforcing traditions that can cause harm to communities already affected by conflict.

Bridging the Ideological Divide between Trauma and Resiliency Paradigms

Actors working to provide support to people who have experienced conflict may fall anywhere on a philosophical continuum between a trauma/mental health approach at one end and a resiliency approach on the other. Those in the middle may feel that it is inappropriate to believe that all people are traumatized, while still questioning whether communities possess natural resiliency to bounce back. The philosophy by which a practitioner or organization will drive the interventions or programs they implement. In an effort to move from the ideological debates to action and informed practices, the Inter-Agency Standing Committee (IASC) stepped in (Wessells & van Ommeran, 2008).

The United Nations established the IASC to strengthen humanitarian coordination and assistance (United Nations General Assembly Resolution 46/182, 1991). In 2004, the IASC formed a task force comprised of researchers, consultants, multilaterals, NGOs, and universities that worked for three years to build consensus and formalize core principles and good practices for the field of MHPSS, post-emergency. This resulted in the publication entitled *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Wessells & van Ommeran, 2008; IASC, 2007). The IASC (2007), provides a salient perspective on the use of the term *psychosocial* across sectors and agencies:

Aid agencies outside the health sector tend to speak of supporting psychosocial well-being. Health sector agencies tend to speak of mental health, yet historically have also used the terms psychosocial rehabilitation and psychosocial treatment to describe non-biological interventions for people with

mental disorders. Exact definitions of these terms vary between and within aid organisations, disciplines and countries. (p. 1)

The IASC (2007) outlines the various types of support that communities in and after emergencies might need, including security and specialized support. The publication also presents comprehensive guiding principles for good practice, e.g., do no harm; and it provides “action sheets” for minimum responses in emergency settings, including the establishment of formal and non-formal education activities to support teachers and students’ well-being (IASC, 2007). These guidelines provide a helpful portrait of how schools exist within a larger ecological multi-layered system of PSS. I will now turn to the literature relating to school itself being a form of PSS.

Schools as PSS

In their overview of school-based PSS programming, Boothby and Melvin (2007) describe how the very act of returning to school can be a form of PSS, in three ways:

1. Schooling can help students recover a sense of normalcy;
2. Schooling can provide a safe, protected environment for students; and
3. Schooling can set up an environment where students get support from their peers.

Schools can provide PSS for children affected by conflict by opening their doors and the return to school can help students regain a sense of normalcy (Barenbaum et al., 2004; GEC, 2012; Winthrop & Kirk, 2008).

Schooling—if it actually is a safe, protected environment where learning can occur—can provide an

infrastructure for students to engage with peers in a stable and supportive environment (Barenbaum et al., 2004), where students may return to activities that are similar to how things were before the conflict. Nicolai and Triplehorn (2003) and UNESCO (2006) describe how engagement with their peers provides students a sense of normalcy, since the social support that peers provide can contribute to psychosocial well-being.

Getting children back in school also provides an opportunity for parents, while their children are at school, to attend to their own well-being and rebuild their homes. Even where schools have been destroyed or the physical infrastructure may not be safe for returning to school, or the personnel or funding may not exist for schooling to resume as normal, GEC (2012) suggests setting up temporary non-formal learning spaces while schools are being rebuilt. This can provide a safe space for children to engage with their peers.

Protection goes hand-in-hand with learning and PSS. In conflict settings, safety and protection are often the first things that schools can provide. Alexander, Boothby, and Wessells (2010) find that schools can be an opportune site for PSS, if they offer:

1. Psychological protection through the return to a normal routine;
2. Physical protection;
3. A platform to deliver vital information;
4. Ways for children in need to get focused and specialized support;
5. Community benefits in allowing parents to return to a routine while their children are at school;
6. A healing process for children to learn life skills such as listening, problem-solving, and conflict resolution; and
7. A hope for the future.

These protective elements are challenging to deliver, but should be a goal if schools are to be a form of PSS. Beyond the act of attending school as a form of PSS, the venue can be ideal to deliver PSS specific activities.

Schools have the potential to do more than just provide stability, normalcy and support from peers. They can actually provide a supportive, healing environment. Wheaton (2008) suggests that an absence of education can have drastic consequences; “failing to provide education may lead children astray into delinquent or dangerous activity” (p. 9). Kirk (2011) asserts that lack of educational opportunities can mean that psychosocial effects of conflict are not addressed, and thereby “inhibit learning processes for how to manage and resolve conflict peacefully and how to co-exist peacefully with other religions and ethnic groups, thus perpetuating conflictual intergroup relations” (p. 21). Thus, conceptualizing schools as PSS is not just good practice; it should be a donor’s priority. Unfortunately, UNESCO (2011) reports that less than 2 percent of all humanitarian aid goes to the education sector. Without this funding, schools cannot serve as the basic PSS that students may need.

However, just reestablishing schools for students in order to offer normalcy might not serve as effective PSS. Practitioners and organizations who re-establish schools must also take a critical stance and examine whether post-conflict educational opportunities should replicate what students had before the conflict. Education can indirectly contribute more to conflict than peace if it indoctrinates students with ideologies that can exacerbate conflict (Davies, 2004). Davies and Talbot (2008) argue for a nuanced understanding of the schooling to which students would be returning, especially if curriculum would actually develop identities and interactions that reflect or contribute to conflict.² Who actually receives education is important to PSS as GEC (2012) suggests that governments and organizations provide education to all ethnic, religious, and other groups, otherwise the disproportion allocation can create tension. The Inter-Agency Network for Education in Emergencies (INEE) (2013) and the United States Agency for International Development (USAID) (2013a) provide guidance and tools to assess whether education programs are conflict sensitive, with an emphasis on the *do no harm* principle. If these actions occur, school can be a form of PSS.

Overview of PSS Programs in Schools

Beyond simply opening their doors, schools can play a more intentional role by providing specific PSS services to students. The specific activities that students do and learn in school can also contribute to the sense of normalcy that is important for PSS. Betancourt, Winthrop, Smith, and Dunn (2002), in their work for displaced Chechen youth in Ingushetia, found that simply engaging in PSS activities were not enough for the students to feel a sense of normalcy; these students wanted regular schooling activities. UNICEF (2008) too maintains that such “Child Friendly Spaces”³ are not part of students’ previous normal routine, so these activities and venues may not always provide the sense of normalcy that is important for students as a form of PSS.

² Bush and Saltarelli (2000) challenge the assumption that education is always positive in the conflict settings, and assert that education can contribute to either conflict or peacebuilding. The dialogue about education in conflict has become more nuanced with the INEE’s (2010) description of multiple faces of education—instead of two as Bush and Saltarelli (2000) argue—with a call for policy makers, governments, and organizations to understand the complexities of the drivers and dynamics of education in conflict settings. Similarly, Davies’ (2011) work also breaks free of the bifurcation of education in conflict with her argument that it actually exists within a spectrum.

³ For more information on Child Friendly Spaces see UNICEF (2011a).

Thus, Winthrop and Kirk (2008) argue that education should not just be a return to the normalcy of a school day; it should also include learning as a goal, which is not always explicit in the rationale for the return to schooling. In their study of how students view schooling in Ethiopia, Afghanistan, and Sierra Leone as a part of the International Rescue Committee's (IRC) Healing Classroom initiative, Winthrop and Kirk (2008) found that learning is what the students most enjoyed about schooling; they viewed it as essential to their future. The emphasis on learning outcomes and well-being is important if schools are going to provide a supportive environment for PSS. Winthrop (2011) therefore argues that education programs should not focus solely on PSS activities but on learning activities integrated with PSS.

Models of PSS at Schools

Schools can provide a space to implement PSS activities and programs, but the ways in which organizations actually do this varies. This section will review the literature on models of PSS at schools, the types of activities considered to be PSS, good practices of PSS, and implementation challenges. Boothby and Melvin (2007) identify five models of PSS at schools:

1. **Child Friendly Spaces:** Structured play and recreation activities, e.g., games, drawing, drama, etc.
2. **Teacher sensitization:** Teachers receive training on the importance of child-centered pedagogy, listening, and various activities that can promote healing, e.g., games, drawing, drama, etc.
3. **Psychosocial structured activity programs:** A series of highly structured activities that incorporate explicit psychological components for healing, and all students in the class participate.
4. **Peer-to-peer dialogue:** Sessions are tailored to the specific needs of the students, but generally include opportunities for girls or boys to express thoughts and feelings about their situation, explore the fairness of various rules or life constraints, work out disagreements amongst themselves through means other than fighting and, in some cases, identify ways they can improve their situation individually or collectively.
5. **School-based counselors:** School-based counselors provide group and one-on-one treatment for individual students who may need more help than is provided by the four models above; counseling typically works well in contexts that have existing mental health professionals and are part of functioning educational systems. (pp. 13-26)

For the first four models of PSS at schools that Boothby and Melvin (2007) describe, there are activities that are common amongst the field of MHPSS and Education in Emergencies (EiE).

PSS Activities in Schools

Schools can be an opportune site for PSS interventions and programs, with activities varying from non-formal play and expressive activities to counselors providing one-on-one mental health support at schools. The majority of PSS involves some sort of play, expressive arts, or sport activities designed to address specific psychosocial needs of children affected by conflict. Garbarino and Kostelny (1996) argue that any PSS activity must allow children to process their experiences through the use of expression that allows them to give meaning to their situation; such processing helps mitigate physiological development delays that can occur in children living in conflict-affected contexts. Activities can include drawing, music, dance, drama, storytelling, games, and sports, to name a few (UNICEF, 2008; GEC, 2012).

However, organizations should implement these activities carefully. For example, providers of PSS should not prompt children to draw a picture of a traumatic event, since drawing alone may not provide

sufficient therapy and could retraumatize them unless facilitated by a mental health professional (Barenbaum et al., 2004; UNICEF, 2008). GEC (2012) cautions that PSS facilitators should not attempt to provide counseling services if they are not trained professionals. Organizations should also consider providing PSS for teachers, as they have similar exposures to conflict (UNESCO, 2006; GEC, 2012). With all of these considerations of PSS activities at schools, it is imperative for implementing organizations and practitioners to understand the context and adapt the PSS activities accordingly (Barenbaum et al., 2004).

Examples of Research on Effectiveness of PSS Activities at Schools

The empirical evidence of whether and how PSS increases psychosocial well-being is thin (IASC, 2007), and many of the PSS programs have little emphasis on evidence-based practices (Tol et al., 2011). While there may be a need for research on the effectiveness of PSS there are many challenges to gathering this data. First, the research might not be a priority and funding for it may be lacking. Other challenges include the lack of participant access, overburdening the practitioners implementing the PSS, and the distrust from the community (Jensen, 1996). Ager et al. (2011) describe that researchers may have little control on whether or not schools actually implement activities and there is difficulty collecting data as student attendance is infrequent or students may drop-outs due to marriage or taking on work. Due to these obstacles, there are not many studies in peer-reviewed journals published recently that analyze the outcomes of PSS activities at schools in conflict-affected contexts. I found two recent examples, one in northern Uganda and one in Palestine. Both research if a certain PSS intervention at schools increase psychosocial well-being in students positively. One study analyzes the effectiveness of a short-term intervention in northern Uganda, whilst the other does a comparative analysis across cohorts of a long-term program in Palestine.

In northern Uganda, Ager et al. (2011) conducted research on the impact of school-based Psychosocial Structured Activities (PSSA) implemented in collaboration between the government of Uganda's education authorities and Save the Children. The project trained select teachers to deliver:

15 progressively structured sessions leading from themes of safety and control, through those of awareness and self-esteem, to personal narratives, coping skills, and future planning. These sessions incorporate play therapy, drama, art and movement in an effort to enhance children's resilience and feelings of stability and security after trauma as they progress emotionally and cognitively over the course of the program. (Ager et al., 2011, p. 1125)

The study reviews the perceived change in well-being as a result of the program through self-defined indicators of well-being from three different groups: students, parents, and teachers. The study employs a randomized sampling strategy with an experimental design: a treatment group that receive the PSSAs and a comparison group comprised of the students that are on the wait-list for the program. The research found that the program increased the perception of well-being by the students and parents with statistical significance, but not the teachers. Ager et al. (2011) identify three limitations to their analysis:

1. There was little funding to track the students who had migrated or dropped out of school and the post-assessment had a smaller number of students.
2. There was no way of knowing whether or not the teachers actually implemented the intervention correctly.

3. The teachers that evaluated the well-being of the students in the base-line were different than the teachers that evaluated the students in the 12-month follow-up as the teachers teach the same grade as opposed to following the students to the next grade.

This provides one snapshot at the limitations of measuring the effectiveness of a PSS intervention at schools in a conflict-affected context.

Constandinides, Kamens, Marshoud, and Flefel (2011) provide the other example of research on the effectiveness of a long-term PSS program in Palestinian schools. The research is a comparison of four cohorts that were part of the Palestine Red Crescent Society (PRCS) School-Based Psychosocial Program (SBPSP) between 2005-2009 as a result of the ongoing conflict in the West Bank and Gaza Strip between Palestine and Israel. Constandinides et al. (2011) specifically wanted to find out if the program had a long-term affect on the psychosocial well-being of youth participants after their involvement in the program. The researchers found that the SBPSP program increased well-being, operationally defined as playfulness, trust, and tolerance, of a treatment group ($n = 399$) as opposed to a control group ($n = 349$) in three of the four cohorts (Constandinides et al., 2011).

With an understanding of how a small number of researchers are analyzing the effectiveness of PSS programs at school, I will now delineate how my area of inquiry differs from the other studies that employ qualitative methods to understand the perceptions of practitioners working in the field of EiE, which as I describe, closely relates to PSS at schools.

What does PSS Look Like from a Practitioner's Perspective?

Schools are a form of PSS and an opportune site for organizations to implement PSS interventions and programs in conflict-affected contexts. However, researching the effectiveness of a PSS interventions and programs can be fraught with complications that are indicative of the level of uncertainty that describe conflict-affected contexts. Funding may not exist for emergency education. Schools may not be open. If they are, students may migrate or dropout. Teachers may not be receiving compensation, and if they are, they may not have the capacity or well-being to facilitate PSS activities. A curriculum may not be conflict sensitive, causing more harm to the students actually attending school, limiting the positive outcomes of PSS when existing. These are just a few of the examples where education and PSS in schools are difficult. However, when schools exist and PSS programs present, the lack of evidence for informed practice is thin (IASC, 2007).

How can the fields of EiE and MHPSS inform good practices of PSS at schools? Even if the challenges to collecting data in conflict settings are overcome in an attempt to prove the effectiveness of a PSS at schools, are these findings applicable to other contexts dealing with different uncertainties? My response is that the fields of EiE and MHPSS can learn from what they know are relatively stable: the practitioners implementing PSS at schools. While these perspectives will not provide practices that are statistically significant to ameliorate psychosocial well-being of students, they can provide a nuanced understanding of the space between PSS program intentions and reality. This is important as there are quite a few guidelines, toolkits, and handbooks on PSS (e.g., IASC, 2007; World Health Organization [WHO], 2012; UNICEF, 2008; UNESCO, 2006; International Federation of the Red Cross and Societies & Save the Children Denmark, 2014; IRC, 2011), but the intention of these is to provide guidance for practitioners. As

this is an iterative process, I hope that practitioners with experience implementing PSS at schools can then inform practice through the ability to speak freely without judgment from their respective organizations.

There is precedent for research studying the perceptions of practitioners that can foster a deeper understanding of EiE and organizational guidelines. First is Sommers' (2004) desk study on emergency education coordination that utilizes interviews with practitioners as the "specific documentation on the subject-matter is thin, and usually integrated within larger discussions" (p. 20). Provided the complexity and difficulty in collecting outcome data from children participating in PSS programs in schools in conflict-affected contexts, drawing on practitioners professional wisdom may be the next best attempt to better inform practice. Adding to this precedent is Burde, Kapit-Spitalny, Wahl, and Guven (2011) research the perceptions of practitioners working in EiE to inform the USAID's program interventions that focus on the bilateral's strategic goal of increasing access to education in crisis and conflict settings.

The challenge lies in how organizations conceptualize what PSS actual is and purport the role it can play to support communities. But there can be assumptions about how conflict actually affects communities, and these can inform practice to the detriment of the communities. The debates and conversations between the paradigms of MHPSS interventions that still exist today—although IASC (2007) provides salient insight—can have high stakes in implementation, e.g., implementing a Western model of mental health one-on-one counseling in a non-Western context. PSS at schools is just one of many types of interventions for these communities, but the fact that organizations implement them at schools is non-trivial. Organizations and practitioners should also have an understanding of how school that might be an opportune site for PSS programs, can also contribute to conflict through reinforcing ethnic, religious, and ideological divides present before the conflict erupted. In addition, the models and activities that the fields of EiE and MHPSS consider to be PSS, e.g., arts activities with prompts that facilitate self-expression without retraumatizing youth, are just as critical for practice. Building upon all of these conversations in the literature, I now turn to my research question: How do INGO practitioners perceive the space between program intentions and implementation reality when implementing PSS at schools in conflict-affected contexts? This research aims to draw off the literature on MHPSS and EiE as a starting point for inquiry with practitioners implementing PSS programs at schools.

METHODS

How do INGO practitioners perceive the difference between their organization's PSS programs intention and implementation reality at schools in conflict-affected contexts? In an attempt to understand the variety of the multiple answers to this question I employed a qualitative approach. The power of qualitative methods is that it lends itself to understanding perspectives and what shapes them by allowing the researcher to probe deeper (Rossman & Rallis, 2012). Specifically, dialogic inquiry allowed me to understand why a practitioner has a certain perspective, and how s/he reached this point of view.

Sampling Strategy

In order to understand the perspectives of practitioners, I had to first identify INGOs that provide PSS at schools to support students in the aftermath of conflict. These INGOs and their PSS programs have six commonalities:

1. The PSS programs are in response to conflict or violence.
2. The PSS programs are implemented at schools due to the fact that they provide existing infrastructures for implementation.
3. The PSS programs fall within the second layer of the IASC (2007) intervention pyramid, community and family supports, which the IASC (2007) defines as, “the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports” (p. 12) (see Figure 1 on p. 17).
4. The PSS programs exist within the resiliency paradigm (see Literature Review), where PSS fosters and builds innate levels of resiliency that the students have.
5. The INGOs might have psychiatrists and psychologists on staff, but these specialized personnel are not part of the school-based models of implementation, although they may inform the PSS program theory.
6. The INGOs have headquarters and funding external to the contexts in which they are working.

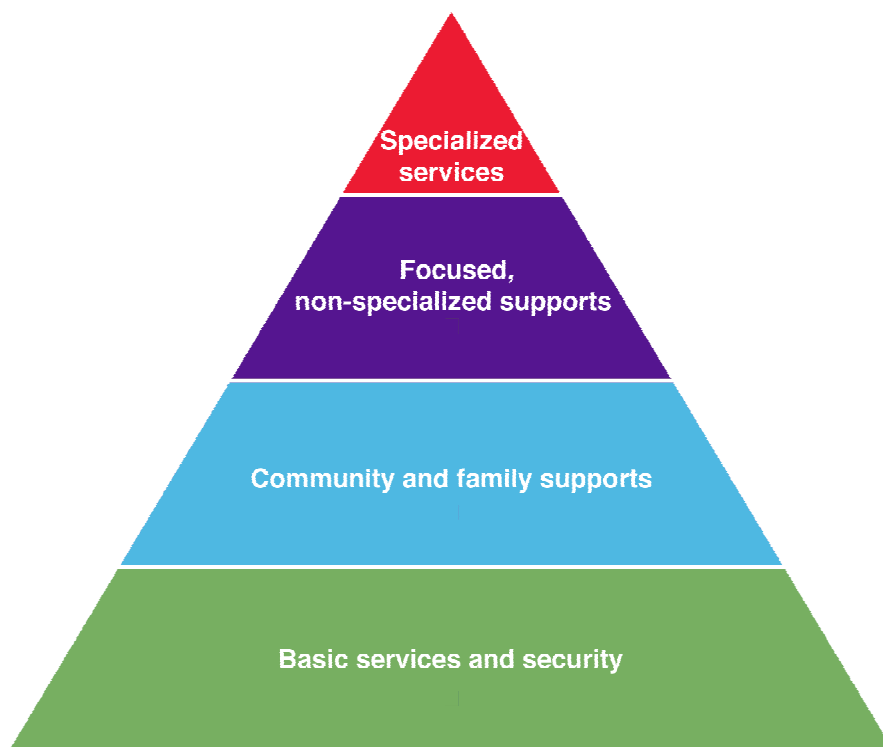


Figure 1: Intervention pyramid for mental health and psychosocial support (adapted from IASC, 2007)

After I identified a number of INGOs through gray literature, Internet searches, and referrals from researchers and practitioners in the fields of MHPSS and EiE, I contacted practitioners working at these INGOs. As this is a relatively small population of practitioners, my sampling strategy was purposeful (Rossman & Rallis, 2012).

Once I identified INGOs and practitioners, I decided that I needed more than one perspective per organization for a more nuanced understanding of the INGO and its PSS programs. Adding another layer to the sampling strategy, I sought out practitioners that have different professional responsibilities, specifically technical advisors and program managers. I define technical advisors as practitioners that are responsible for developing curricula and providing guidance on achieving the PSS program's outcomes. Program managers are more responsible for hiring and communicating with staff, budgeting, and logistics of implementing the PSS program. In reality, the INGO practitioners that are a part of this study do not always neatly fit into these categories, but each one's responsibilities lean to one role more than the other.

Ten practitioners from four INGOs are a part of this study. A table of the number of practitioners per organization and their roles are as follows:

INGO 1	3 Practitioners	Technical Advisor Program Manager Program Manager
INGO 2	3 Practitioners	Program Manager Technical Advisor Technical Advisor
INGO 3	2 Practitioners	Technical Advisor Technical Advisor
INGO 4	2 Practitioners	Program Manager Technical Advisor

Because I used a convenient sample, only those identified within the purposeful sampling strategy who had the capacity and willingness to participate were a part of the study. With the practitioners' availability not always known, I decided it was more important to have two practitioners per organization even if they had similar responsibilities for a diversity of perspectives within INGOs. The fact that INGO 3 has two technical advisors reflects this. Additionally, if I identified more than two practitioners at an INGO, I asked more than two practitioners to participate not knowing their availability. This is the reason that INGO 1 and INGO 2 have more than two practitioners.

As PSS programs at schools in conflict-affected contexts is a very complex topic with contestations of conceptualizations of what PSS actually is, I felt the need to have additional participants who have extensive experience in the area of inquiry, but were not working for an INGO. I identified two participants based on these criteria who served as 'critical friends' (Rossman & Rallis, 2012). In the role of a formal research participant, the critical friends responded to the phenomena I felt were emerging from my interviews with the INGO practitioners.

Identity Protection

Each participant signed or verbally agreed to the informed consent form (see Appendix A). If the participant did not feel comfortable signing or did not have the technological capacity to digitally sign a document and email it to me from afar, a recorded verbal agreement exists. In order to protect their identities, I conceal their names by coding the participants by titles, e.g., Technical Advisor 1, Critical Friend 2, or Program Manager 3. I also do not disclose the names of the INGOs for which the participants are working. This is both to conceal the identities of the participants as well as remove the potential bias the reader might have about an INGO. These methods are also an attempt to highlight what I as the researcher feels is the most important component of the research: the perspectives of the practitioners. However, these insights are only possible with extensive knowledge and experience in the fields of education, child protection, and PSS.

Description of Participants

Research that draws on professional wisdom from its participants, in this case INGO practitioners and critical friends, is only as good as the professional experiences that the participants have. After I

interviewed all the participants, I conducted a survey to find out more about their professional backgrounds. Their years of professional experience in education, child protection, and/or PSS is extensive as Figure 2 indicates:

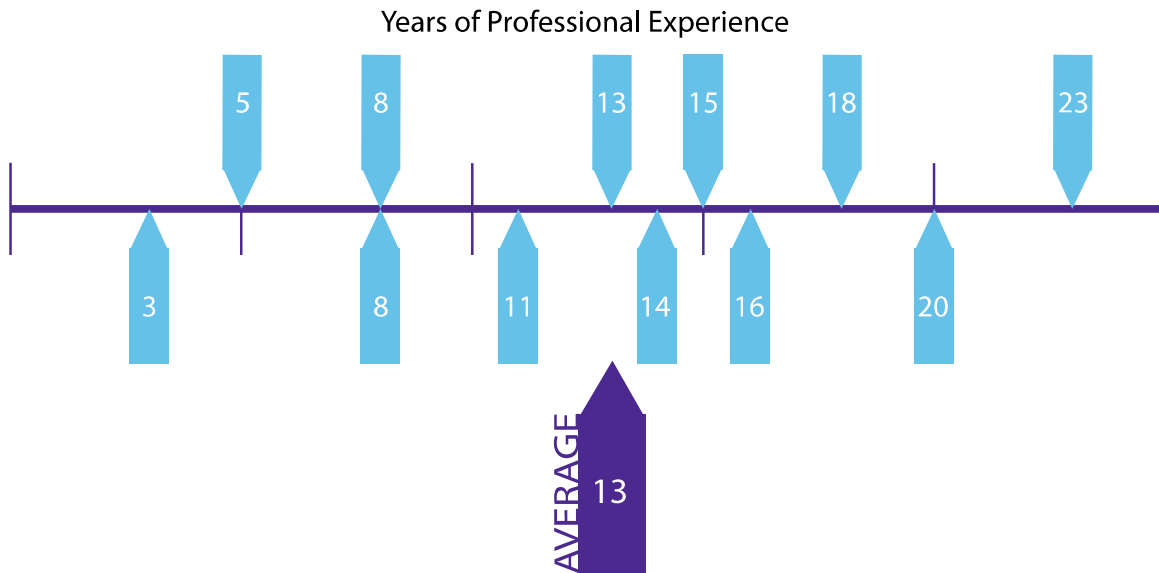


Figure 2: Years of professional experience by participant.

The participants also have a wide variety of geographic experience that informs their perspectives. Combined, the participants have experience in over 40 countries across the globe. There are quite a few countries in which the participants have professional experience, which Figure 3 illustrates:

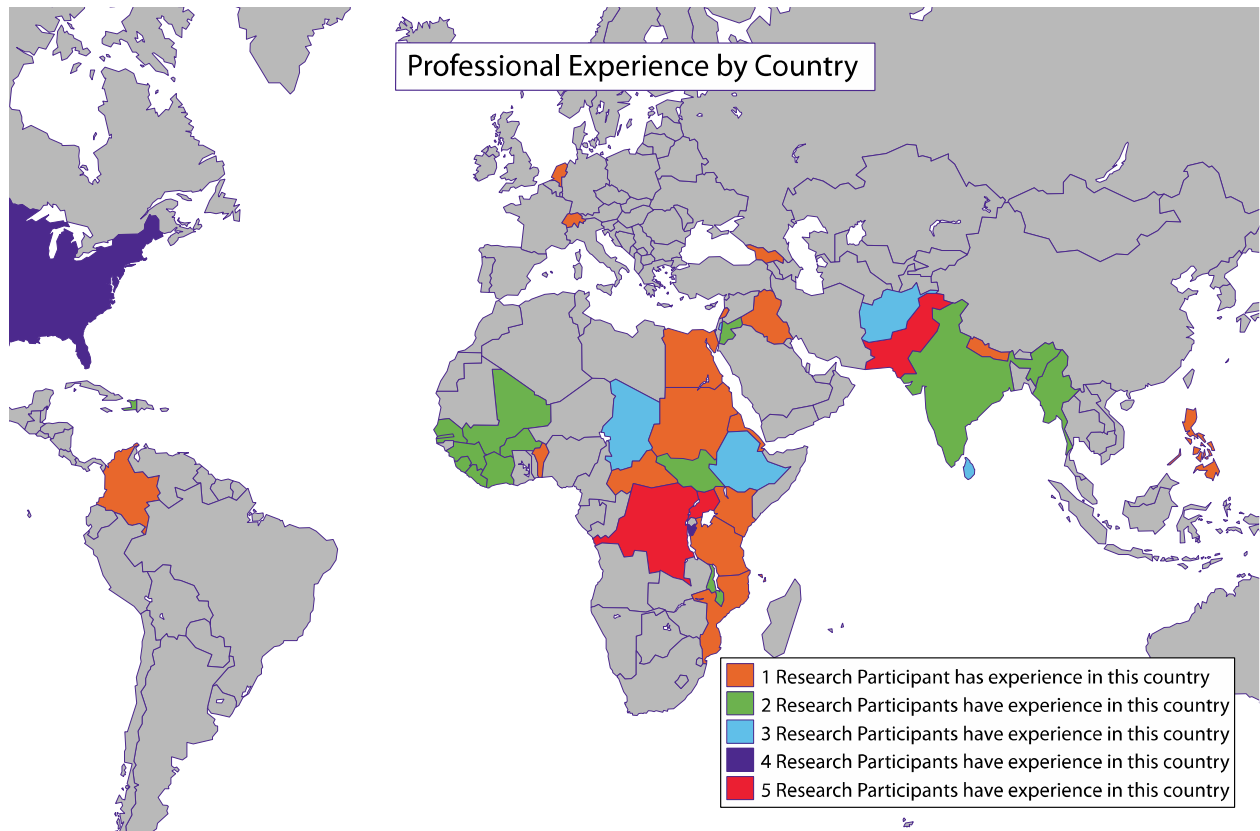


Figure 3: Research participant professional experience by country

In addition to professional experience, where the participants are from plays a role in how they understand the world and the context in which they are working. Five of the 12 participants are from the region of PSS program implementation, and seven of the 12 participants live in the region in which their INGO works—meaning that two of the seven working in the conflict-affected contexts are expatriates. Beyond the description of the participants, the contexts in which they are implementing PSS programming is essential to the purposeful sampling of practitioners working in such complex contexts.

Description of Contexts

Whilst there are four INGOs that are a part of this study, the research primarily focuses on three conflict-affected contexts: the Congo Basin region, the Sudan region, and the South Asia region. As there are a limited number of INGOs implementing PSS at schools working at schools in these contexts, I conceal the countries and local areas of program implementation to protect the participants’ identities. This is a difficult as I cannot describe all of the nuances that may shape the participants’ perspectives. However, being purposeful about the sample still provides commonalities for comparison, i.e., practitioners working for an INGO implementing PSS programs at schools in conflict-affected contexts. Following is a description of the three regions.

Congo Basin Region

The Congo Basin region is the basin of the Congo River which includes the Republic of the Congo, the Democratic Republic of the Congo, and the Central African Republic; as well as parts of Zambia, Angola,

Cameroon, and Tanzania. What is important to note about this context is that two INGOs are implementing PSS programs at schools in a post-conflict environment. Here, tensions from previous conflicts are still existing and have the possibility to relapse into violence. Participants consider the conflict protracted indicating that it is never completely resolved and armed militias continue to challenge the nation state. Cycles of violence exist in the schools of PSS program implementation where some teachers inflict egregious corporal punishment, sexual exploitation, and gender-based violence on students.

Sudan Region

The Sudan region is a primarily grassland region which includes Eritrea, Ethiopia, Sudan, South Sudan, Chad, Niger, Mali, Burkina Faso, Senegal, Gambia, and Mauritania. What is important to note about this context is that one INGO is implementing PSS programs at schools in an area of continuing instability. Here, communities have endured decades of conflict and currently three challenges exist: rebel groups within the country continue to challenge security by attempting to annex part of the state, there is a recent history of conflicts over cattle raiding, and food insecurity.

South Asia Region

The South Asia region includes Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. What is important to note about this context is that one INGO is implementing PSS programs at schools in a post-conflict environment. Ideological divides over the role and extent to which religion should play in the government and schools were targets of attack that did not align with conservative religious ideals. The issues are ever present are not resolved causing a climate of instability amongst the communities.

Data Collection

I collected data via interviews over Skype, phone, and in-person interviews, each lasting approximately an hour. In order to allow for follow-up questions and clarifications, I used a semi-structured interview format (see Appendix B for the interview protocol) which provided a platform for the participants to speak at length. If needed, I emailed participants with additional questions or clarifications. To ensure I represented the participants' perspectives accurately, I shared a draft of the Findings chapter via email with them with a request to correspond with me for adjustments and amendments. Because most of the interviews were over the phone or Skype, I met significant challenges when collecting the data.

Challenges

As I conducted most of my interviews with participants from a distance, successfully interviewing them was a challenge. In many of the contexts the participants' electricity was irregular causing their Internet connection to go out during the interview. However, if the electricity was working and there was an Internet connection, the quality of connection was not always ideal due to intermittent disruptions, rain storms, or other background noises.

Scheduling was another challenge with the majority of the participants living in time zones with eight or more hours different than my own. In order to interview the participants when it was convenient for them, the interviews were typically during work hours where they had an Internet connection. This meant that often I woke up around 3:30 a.m. in order to be alert for a 4:00 a.m. interview. Unfortunately there were quite a few

instances where the practitioners' schedules changed due to the nature of the dynamic environments in which they work. I rescheduled all of these interviews, which resulted in more early mornings.

Data Analysis

Once I conducted all twelve interviews, I went through an iterative and physical process of analyzing the data. The actual analysis consisted of five stages:

1. **Transcription:** I transcribed all of the interviews resulting in 150 pages of raw data.
2. **Reading and preliminary theming:** I read all of the raw data many times making notes and grouped different themes that emerged.
3. **Data chunking:** I collated and condensed all preliminary themes and corresponding data into one long document.
4. **Data cutting:** With a pair of scissors and tape in hand, I chunked data, reread it, and selected the most descriptive quotes. I then cut and taped these selections on the wall of my home for further organizing.
5. **Theming and categorizing:** I physically put all selected data into eight themes with subcategories allowing for further reflection and analysis.

After I categorized all the data, I drafted outlines of the connections between the themes and the findings emerged.

In order to facilitate a deeper understanding of the findings and their relevancy to the fields of education, child protection, and PSS, I communicated with some of the researchers and practitioners that I corresponded with during the participant search. A selection of these individuals served as a community of practice—separate from my critical friends—that helped me conceptualize the findings and their implications through dialogue.

Bias and Positionality

I am a middle-class white male from the United States. While I have experience living and working overseas, I have no exposure to the levels of conflict in which the participants are working. My knowledge on this topic consists of my graduate studies in International Education, the literature review for this research project, and my interpretations of the participants' perspectives. My worldview often questions asymmetrical power arrangements, which influences how I interpreted the data and the themes I discovered. As it relates to the field of MHPSS, this perspective takes on a critical psychology lens which analyzes how the field of psychology can overemphasize the individual to the detriment of community and has the potential to disproportionately harm marginalized groups and reproduce oppressive institutions (Fox, Prilleltensky, & Austin, 2009).

In order to mitigate how much my bias affects the findings I identified, I used three techniques:

1. I was consciously aware of my bias throughout the research process, drawing on Thomas' (2006) caution: "inevitably, the findings are shaped by the assumptions and experiences of the evaluators conducting the study and carrying out the data analyses" (p. 240).
2. I attempted to be a reflexive researcher which Guillemin and Gillam (2004) describe as a research that "does not merely report the 'facts' of the research but also actively constructs interpretations ('What do I know?'), while at the same time questioning how those interpretations came about ('How do I know what I know?')" (p. 274).

3. I received feedback from the members of my community of practice.

These are no easy tasks and require constant attention as a qualitative researcher. Even though I cannot completely eliminate my own bias and positionality, awareness of them with the attempt to reduce their impact is important.

Limitations

This research has two significant limitations. First, the research does not describe all PSS programs at schools in conflict-affected contexts, just those that the INGO participants detail. The intention of my area of inquiry is to understand if there are commonalities within the perspectives of the participants working for a diverse group of INGOs and different settings. Even if there are, I do not espouse them to describe all INGO practitioners' perspectives working in this field. Second, if schools are existing in these contexts, students attending schools are often the most well off as UNESCO (2011) reports that “in conflicted-affected poor countries, 28 million children of primary school age are out of school – 42% of the world total” (p. 2). PSS at schools does not begin to address the needs of the larger communities in these contexts.

FINDINGS

This qualitative research aims to understand the models, program fidelity, and implementation reality as perceived by the INGO participants involved in their organization's PSS programming. According to my interpretation of the participants' interpretations of this area of inquiry, I identify eight themes from the data:

1. Explaining the rationale for providing PSS,
2. Mapping models of PSS at schools,
3. Negotiating culturally appropriate PSS,
4. Applying the *do no harm* principle to PSS,
5. Reporting outcomes of PSS programs,
6. Evaluating well-being,
7. Coordinating humanitarian assistance, and
8. Understanding the limits of PSS programs at schools.

The first six themes fall naturally within the various stages of the program cycle: design, implementation, and evaluation. After reflecting on the PSS program models, participants identify challenges of implementing PSS programs at schools including humanitarian assistance coordination within complicated aid architecture and the limitations of PSS at schools. First, I begin with why INGOs provide PSS for students to provide a foundation for all of the following themes.

Explaining the Rationale for Providing PSS

The participants mirrored the literature in explaining their rationale for providing PSS to children, citing the elements of 1) **normalcy**, 2) **context**, and 3) **organizational mission**.

Normalcy, as discussed in the literature review, covers the rationale of giving children in post-conflict settings a sense of normalcy by allowing students to engage with peers in a stable and supportive environment (Barenbaum et al., 2004; GEC, 2012; Davies, 2004; Winthrop & Kirk, 2008). Participants support this:

One of the best forms of creating a sense of normalcy is to make sure that children go to school. So, we also put a lot of emphasis starting school at the earliest. (Critical Friend 2)

In the situation of... let's say, conflict, for example, most of the time what happens is that people have to leave from the place that they are living, and they are facing a lot of unnecessary violence. Most of the time, children are suffering *more* than others. And, in order to help them regain a sense of normalcy, it is necessary to provide this [PSS] support. (Technical Advisor 1)

Some of the organizations conceptualize normalcy within the schools as students being protected, which can create a climate for learning and is a critical basis for infusing the principles of psychosocial well-being into the curriculum. Two participants expand on how the goal of well-being is important to learning in their rationale for providing PSS:

So this idea that children are safe, free from abuse, and that really means that they're in the school and the climate is such that they feel cared for and supported by their teachers, that they feel like they are in a predictable cooperative learning environment. Predictable meaning the routines are the same, teachers arrive when they are supposed to, learning objectives are clear to them, it's predictable. Cooperative meaning the peer engagement feels safe; they're not marginalized, they're not feeling picked on, there's no older kids versus younger kids, all that; there's no bullying in the classroom. And then, feeling safe, meaning safe relationships with the teacher, that they feel comfortable raising their hand. They feel comfortable talking to the teacher if there's a problem, they feel like the teacher knows about them and cares about them and knows their name. (Technical Advisor 6)

If kids' physical, social, and emotional needs aren't taken into account and...they're not promoted, then the ability to learn is probably not as possible as when...[these] needs are met. Then they're more able to learn. So it's kind of like readiness to learn, and it also promotes a learning environment. In simple terms, I say, and a lot of my colleagues and I say, in order for students to learn well they have to be well. (Technical Advisor 4)

This program theory—that safe environments can lead to an increased readiness to learn by the participants—was consistent throughout all of the interviews.

Organizations tailor the content to the **context** of the PSS program, making PSS content relevant to the needs of the students. In the South Asia region, one PSS program responded to and addressed the presence of conservative religious militant forces and their attacks on schools in the region:

Conflict...affects the minds of the people... There are people [in this community] that do not understand this, but we have actually *seen* it: children, they were playing with toy guns, they were shooting each other with toys, they were playing the role of the militants and the army... The children [in the PSS program] are in 5th and 6th [grade], their age is mostly from nine to 13, and this is the basic age when children can either go to the good side or bad side. (Technical Advisor 3)

Participants reported adapting both the content and the delivery of PSS to the context. For example, in the South Asia context the INGO designed the PSS program for a specific age range of children due to the perceived vulnerability of the students being recruited by conservative religious militant forces. This aligns with Davies' (2011) assertion that education can foster a child's resistance to recruitment. In the following example, the content changed to be immediately relevant to the participants:

What people do in psychosocial programs *for* schools is they give a sense of, what is it that the children need to know *now* about where they're at and what's happened to them. And so some of that content may be very simply that there are mines surrounding the camp and the children need to be aware of this so that they know how to navigate around the camp without getting blown up by a mine, or there's a cholera outbreak at a nearby camp and these survival messages where you have very specific content that needs to be delivered to the students themselves. (Critical Friend 1)

Alexander et al. (2010) also supports the role of PSS programs at schools to provide information about students' immediate environment to keep them safe. But who decides on the information and activities? Who decides what is relevant?

The **organizational mission** of PSS plays a role in shaping the PSS activities. While local staff plays a role, and the PSS program may be part of a global package that organizations use in many contexts. As mentioned, all the INGOs involved in this study have headquarters and funding external to the contexts in which they are working, and there is a need to strike a balance between what is contextual and what aligns with the organization's mission and vision. One participant reflects on this process:

There's of course the constant balance that we're trying to find between, well, standardizing things, to be able to communicate about it, be accountable for it, study it, etc., spread it, upscale, reach many children; and then on the other hand, contextualizing it, making sure it's culturally relevant, etc. I think for me the key is having a framework, and even more than a framework and having practical concrete step-by-step tools and methods to use, and then from there contextualizing them. For me the key is the local staff. If you can work with local people who actually understand the purpose of your work and then think along with you in contextualizing it, either be it making small changes, just in wording or in a specific exercise, or being *big* changes, just telling you, 'Listen, this is not working, and it's not working because these and these reasons,' and *then* thinking along with them, still the purpose can be reached, the goal can be reached. (Technical Advisor 5)

Now that I explored the various rationales for PSS as expressed by the research participants—which includes the interrelationship between normalcy, context, and organizational mission—I will briefly describe the models of the PSS programs that are a part of this study.

Mapping Models of PSS at Schools

There are two broad approaches and three delivery mechanisms for implementing PSS at schools, as gleaned from the activities implemented by the INGOs who participated in this study, which Figure 4 depicts:

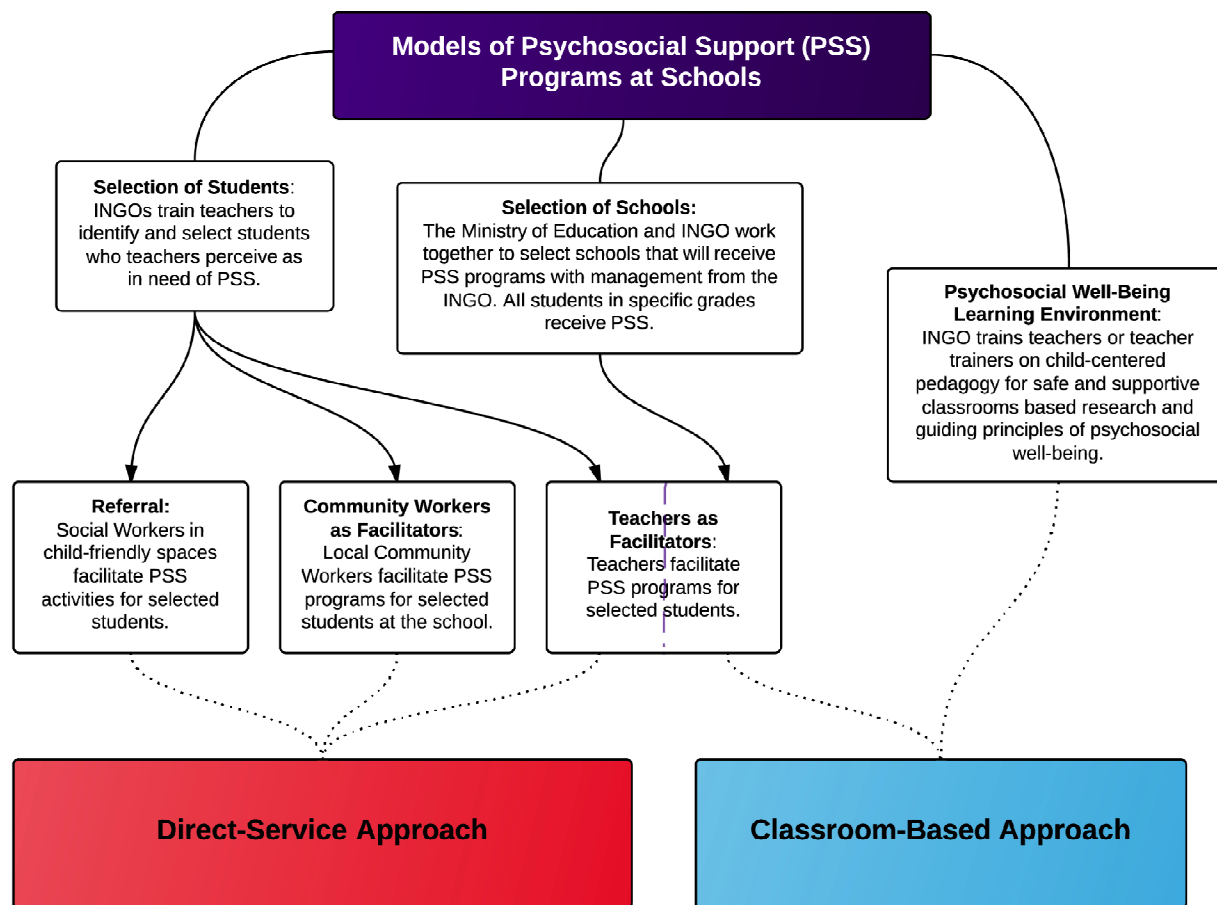


Figure 4: Models of PSS at Schools

The two broad approaches refer to the venue and student population served. In the **Direct-Service Approach**, not all students in a class receive PSS, only those that the teachers select. In the **Classroom-Based Approach**, all students in a specific class receive PSS. Within these two broad approaches, there are various delivery mechanisms.

Direct-Service Approach

The different facilitators of PSS programs in the Direct-Service Approach: 1) social workers, 2) community workers, and 3) teachers, determine how the INGOs will delivery PSS. All of the Direct-Service Approaches begin with teachers selecting students they feel are in need of PSS. In order to support this selection process, INGOs train teachers to identify contextually relevant behaviors indicating the need for PSS, e.g., acting out or being shy and removed.

Once selected, social workers in child-friendly spaces may delivery PSS; here, the referred students speak individually with social workers and participate in PSS activities with other students. These social workers do not always work for the INGOs that provide teacher with training on identifying students in need of PSS. The second model within the Direct-Service Approach employs community workers who facilitate

PSS activities for referred students in venues at the school when available. The INGO trains community workers on specific PSS methods; this particular model has 16 facilitated PSS sessions. The third model within the Direct-Service Approach trains teachers to facilitate the PSS activities with selected students at the school but not during class. The teachers that facilitate these activities may at times be the very ones who selected the students. The INGO that provides the selection training for the teachers might be the same ones that train the teachers on a specific method of PSS, or if existing qualified trainers do not exist, the INGO may hire another organization to provide the training. All of the Direct-Service Approach models serve students selected by their teachers to attend the PSS program outside of the classroom and without their other classmates. The next PSS approach is the Classroom-Based Approach, which provides PSS to all students in chosen schools or classes, without selecting specific students.

Classroom-Based Approach

In the Classroom-Based Approach, the teacher is the sole source of PSS. However, there are two different ways in which teachers provide PSS: 1) specific PSS activities during school, or 2) providing a healing space with a child-centered pedagogical approach rooted in the principles of psychosocial well-being. In the first more direct way of providing PSS, INGO's train teachers in its PSS program methods, and facilitate two 90-minute PSS sessions each week over the course of 14 weeks. Here, the INGO works with a Ministry of Education office to decide which schools need PSS the most. In the second model of the Classroom-Based Approach, trained teachers apply a child-centered pedagogical approach to literacy and numeracy curriculum with the rationale that students need a supportive environment in all contexts, especially those affected by conflicts and crises, and psychosocial well-being is essential to learning. While this approach is different from the other models as the INGO infuses PSS in the curriculum, the INGO still considers itself delivering PSS.

Negotiating Culturally Appropriate PSS

Eleven of the 12 research participants describe the process of negotiating what is culturally appropriate PSS as essential to the process. As such, explaining the concept or eliciting input from communities to understand their needs within the framework of PSS is an important part of this negotiation. The first challenge is that some communities in the contexts that many of the participants are working can associate the term with mental illness:

In some places when you introduce this topic, there will be skepticism about, 'What is this? What does psychosocial support mean?' Right? So, the concept itself can be a bit of a challenge, and in many these places don't have a culture of psychological well-being, or you know, they're not used to having psychologist around. So even if you don't deploy psychologist, still talking about psychosocial well-being can be seen to be quite abstract. (Critical Friend 2)

Generally, people when we use the term *psycho-*, it's very complicated here, people always compare it to some mental problem. (Technical Advisor 3)

Talking about psychosocial, or psycho-, or mental, or whatever it is very often other cultures think, you think they are mentally sick. Psychosocial that word is a very difficult to use in very, very many contexts. (Program Manager 4)

INGOs attempt to address the needs of those affected by conflict is complex, and the ways that organizations explain the concept of PSS to communities can be confusing, and at times, culturally inappropriate (Wessells & Monteiro, 2000; Wessells, 2008; 2009). This theme was consistent with all participants, no matter where they are from or their professional role within their organization. However, even if defining PSS is a big issue, where does the definition come from? One participant reflected on the roots of this issue, which was how the prefix *psycho-* of psychosocial, frames how various communities feel uncomfortable with the ontological diagnosis:

[With] psychological support, there's a huge stigma attached, the world over, and particularly in Africa. So this idea that people in your community *need* that can sound derogatory. It can be interpreted as, 'you need help, your kids need help; psychological help.' (Program Manager 2)

This supports the argument that some MHPSS service providers make assumptions about a person's or community's current lack of well-being, and it is precisely why the IASC (2007) guidelines include the resiliency framework. With this hurdle to actually providing PSS, participants describe two methods for garnering community support for PSS programs: 1) explaining the existing terminology of PSS with a contextual lens, or 2) eliciting input from the communities on the areas they identify for assistance. I will explore both approaches, drawing on my participants' perceptions.

Two Approaches: Community Education and Eliciting Input

There are challenges to getting community support for any initiative let alone the construct of PSS, but how do INGOs garner this support? Of the two approaches participants outline, the first is to actually educate the community on what PSS is, and what it means for a particular context. Some of the participants reflect on this process:

What we firstly do is to talk to the parents of the children, talk to the community leaders, talk to the teachers, and ask for them to understand. Because if they don't understand, they won't allow the children to come and participate, but once they understand the program, then they normally allow the children to participate, so we normally bring them [the parents] on board. (Program Manager 3)

We educate the community, and to explain to them that this is far important than anything else...the wounds are not physical, like the destruction of homes for example...but it also takes *far* longer to recover from emotional distress than to recover from material things...So we try to make them [the community] not agree, but at least understand and say, 'Yes, now I realize that it's really important.' (Program Manager 1)

Here, the participants understand the necessity for the community to approve the program, as well as how important it is to educate the community on the role of PSS after a conflict or crisis. While there is a conversation, in these cases it is clear the INGO is educating the community members. With this approach, when the answer is already known, it can be a one-way learning process.

The other way that INGOs can address culturally appropriate PSS is through eliciting input from community members in order to understand the day-to-day realities and tailor the PSS programs to the needs of the community without using the term *psychosocial support*. One participant summarizes this process:

There's some *real* experts out there and some good work around how to elicit feedback, meanings, values, and understandings from people without imposing any preconceived notions and technical terms that may not fly in particular communities. So, I think ways in which some people can go about talking about whether or not the community understands psychosocial support or *has* psychosocial support, is *really* getting down to the basics of: What is it, or where is it that people go in times of need? Where are people seeking help and support when they're feeling either distress, or in situations of need, who do they go to? Who do they talk to? Who within the community or within the schools or within the family are there to provide support, both psychological and then socially? And then what types of things and then activities *happen*, to help then these individuals overcome those situations?
(Critical Friend 1)

This is a very different approach to community education. The INGOs might not provide much flexibility to elicit input in this way for two reasons: 1) the INGO can have a distinct PSS method that it is adapting, or 2) the INGO might not be able to provide the type of support that the community members identify in the eliciting input process. It is clear that there may be more of a power dynamic when an INGO employs the first method, community education, as the community members need to learn and understand the concepts of PSS as opposed to the organization learning how it can support the community.

In disagreement with the assertion that PSS is a novel concept associated with mental illness, one participant expressed how this is not an issue in the context in which the participant's INGO works:

In [the Congo Basin region], this is something [the concept of psychosocial support] that has been done for some time...talking about psychosocial support is not very difficult here, because we can see, sometimes in our projects, we are obliged to work in some other organizations who specialize in psychosocial support. (Technical Advisor 1)

The Congo Basin has faced years of conflict, and various Non-governmental Organizations (NGO) and INGOs provide PSS in a variety of ways and venues, so there is no reason to educate the community of its importance. Even so, the point that the conceptualization of PSS has roots in Western psychology (Loughry & Eyber, 2003) is worth noting, and even though PSS is now accepted in this context, this historical construct is important to keep in mind as it provides a foundation for what PSS is. With this understanding of the possible issues when negotiating culturally appropriate PSS, I now move to some examples of PSS implementation practices at schools that can actually do harm to individuals and communities.

Applying the *Do No Harm* Principle to PSS

The Latin phrase *primum non nocere* which translates to “first, do harm” is a principle that has guided the ethical practices of medicine since the early 20th century (Smith, 2005). As it relates to PSS, *do no harm* is the third core principle of the IASC (2007) guidelines that states, “work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues” (p. 10). Wessells (2008; 2009) describes mistakes made by practitioners and organizations that actually cause harm when providing PSS including culturally inappropriate practices.

Within this theme, I address how the various processes and models of PSS implementation violates the do no harm principle to the detriment of the beneficiaries receiving PSS, which includes selection of the students, stigmatization of the beneficiaries, facilitator capacity and well-being, the security of the school environment, referral systems, and conflicting systems of care. For all of these issues, many participants from different organizations reflect on how their PSS programs may be doing harm, the first of which starts with the selection of who actually receives PSS.

Selection of Students

In the various models of the Direct Service Approach of PSS, the INGO trains teachers to select students that the teachers feel can benefit from the PSS. Two participants discuss the purpose of this training:

We are training teachers to identify children who are facing some trouble. You know, sometimes after having maybe seen some violence, having also experienced some violence, if you are not really looking very well, if you have been traumatized, you *may* not know what is going on. So it's important to train the teachers to be able to identify children who are in need of support of this kind. (Technical Advisor 1)

Basically what we were doing...was training teachers to identify children who were exhibiting signs who were in need of psychosocial support. So identifying what those kinds of symptoms look like, a lot of times it's acting out...but others it's being extra shy and quiet. Training them on how to respond to that, you know the typical teacher responds as often just to get angry and shout at the kid—but that's not appropriate for someone who's suffered trauma—and to refer them to specialized services. (Program Manager 2)

Here teachers select students out of their classrooms that fit a certain criteria, but who informs this criteria and how is it contextually relevant? One practitioner discusses how the INGO attempts to draw on the experiences of teachers to identify students exhibiting certain behaviors that can help the teachers identify which students to select:

Teachers are asked what kinds of behaviors children show when they're upset. So, some of that does happen, it's sort of a fake way, because the indicators have already been set, and we're assuming that they're going to say the same things as what we've said. And usually that works out, but not always. (Program Manager 2)

In this instance, teachers provide input on what is culturally relevant, but the INGO has already created the indicators. This might not always be wrong as there might not be enough time to identify the culturally-relevant behaviors and then train the teachers to look for them in students, as well as this INGO has been working in this field for a long time and is building upon its professional wisdom and the literature on what are the characteristics of students that in need of PSS are. However, the selection of the students can be problematic in practice. How do the teachers differentiate a student in need of PSS? One participant reflects:

The idea was that the teachers after the training would be able to distinguish between a kid who was just having a bad day and somebody who really needed additional support. I don't know for sure that actually happens. I don't know, it's hard to assess the quality of the training...how do you know if a teacher is really doing a very good job or identifying people or not? So much of this is subjective. (Program Manager 2)

In another INGO, the selection criteria that teachers sometimes employ is the perception of whether or not the student is “naughty”:

And we also look at children who in difficulties, children who are in school, especially in school who teachers consider to be naughty...children who teachers have difficulties with, always we pick them, and so we say, ‘Ok, if you have these children, we can put them on board, and in this program.’ (Program Manager 3)

Being disruptive or naughty might in fact be the correct assessment of students in need of PSS as exhibiting anger and acting out is a sign of those that are distress (UNESCO, 2006). However, this selection can cause harm to the students as the teachers label them as the ones in need of PSS or the naughty students. Strained relationships could exist between the students and the teachers, and the teachers select students because of this dynamic and not for exhibiting behaviors that indicate the students could benefit from receiving PSS. On the other hand, the teacher might select the students that are the best in class as the teachers could perceive the PSS program as a fun. With all of these issues of selection it is clear that the Direct Service Approach can be problematic in practice, and the biggest harm it can do is cause stigmatization.

Stigmatization

When discussing stigmatization violating the do no harm core principle, it is important first to think of what could be a result of stigmatization. One participant reflects on this issue:

We are trying to fight against stigmatization...because we know that once a child is stigmatized, he can leave the school. And, this is not what we are looking for. (Technical Advisor 1)

If the selection of a student for a PSS program stigmatizes the student who in turn leaves school because it, this is an example of an INGO's approach to providing PSS doing harm as opposed to supporting the student. And to complicate things, if some community members consider PSS associated with mental illness, it can do significant harm outside of the school setting.

The process of student selection, which can cause stigmatization, is difficult to manage as it is difficult to know whether or not teacher can or actually selects the students in a way that aligns with the

intention of the PSS program. One INGO trains teachers on how to select the students in this way, but questions whether or not this is feasible:

The teachers were reminded of the stigma and of the importance of *never* embarrassing children and encouraged to speak to them one-to-one rather than in front of the class or to wait until the end of the day—this kind of thing. But...even really highly-trained, highly-skilled teachers [can not always] singling a child out without making them feel stigmatized. (Program Manager 2)

So the selection in and of itself, no matter how much care is placed—if at all—by the teachers has the potential to make a student feel stigmatized. This is not a new revelation as Lykes and Coquillon (2009) explicitly discuss how PSS embedded in development projects, similar to those that are a part of this study, can stigmatize the participants of PSS programs. In describing how students may feel about themselves as a result of the process of being selected, it is also important to understand how their peers may view them that substantiate this feeling of stigmatization.

In the Direct Service Model teachers separate the selected students from their peers to participant in the INGO's PSS program, and one practitioner accounts for this issue:

If you just select those children with some symptoms of distress of psychosocial problems, how do you avoid stigmatization? Either it's stigmatizing because it's 'Oh the children with problems have to do this program.' Or, it's being seen as this privilege, 'Ooo, they get to do this nice program; we don't.' So selection is definitely challenging. (Technical Advisor 5)

So the peers associate the selected students as having issues or the peers are jealous of the selected students. Neither of these stigmatizations is useful for rebuilding the social fabric of communities—one of the purposes of PSS in the aftermath of conflict or crisis—especially amongst peers as these programs focus on students in schools. This is another indication of how PSS can do harm amongst peers through stigmatization, but what about the community, how do community members view selected students of PSS programs? In this research, I find that the venue of the PSS program can cause the community members to stigmatize the selected students.

The Venue of PSS Contributing to Stigmatization

In many contexts of my research, there is not a private venue for the implementation of PSS programs. As they all take place at schools, at times these venues are open and the public can interact with the PSS program. One practitioner describes the typical venue for PSS program in the Sudan region:

Sometimes I find it challenging in terms of implementation in this context [the Sudan region]. The methodology designed in the [PSS program] may not suit the context. For instance, you need 20 children go through a [PSS] program that runs for 16 days, in a venue that isn't suitable. But if you look at [the Sudan region], you get 20 children in one place; there are high chances that these children can get disrupted from the environment. Because there are interferences from parents, there are interferences from peers, so for 16 weeks they may learn *very* little. That is why I say it may not work well in [the Sudan region] context. (Program Manager 3)

What is important about this is the issue that the venue for the program is open to the community members, which then lead to the stigmatization as it easy for the community members to find out who is participating. This practitioner continues:

Because in most cases the children who are not selected can begin calling this group by name, calling them...[name of PSS program]ers, or all sort of...a stigmatization. (Program Manager 3)

So the very act of selecting in this context can lead to children and community members to stigmatize the student participants by association with the program. With this Direct Service Model and critical awareness of the issues of stigmatization, there are strategies two of the INGOs employ to address these issues.

Strategies to Mitigate Stigmatization

Knowing that the stigmatization can cause harm to students selected to participate in the PSS programs, participants from two different INGOs attempt to address this issue as a component of their programs. The participants describe these strategies:

At the same time we also talk to the *whole* school, we explain what the [PSS] program is all about, how it's benefiting the children, and if we have a chance, we are coming back to give the same program to the other children who have not benefited. So in most cases those who are interested, they tell us, they feel they've not benefited and who had caused problem, will benefit in another time later on. (Program Manager 3)

When you are talking about stigmatization, sometimes you just need to have a talk with the class and explain what is being done, why this child needs to be supported, and so the *other* child can understand, because in fact, they are facing the *same* problem, the *same* issues in their communities. And they know that they also have a role to play. Children know that they also have to support their mates, and this is something that we are doing with everywhere we are working. (Technical Advisor 1)

Both strategies focus on describing the purposes of the PSS program to the whole school and then explain the rationale for those that the teachers select. This is similar to the community education approach to negotiating culturally appropriate PSS, but here the INGO educates the entire school on PSS and its role in assisting students that are in need. Whether or not all the students understand this and do not participate in

judging the selected students is not an area that the INGOs measure, even if that were feasible. Within the Direct Service Model, this is an attempt that coincides one of the purposes of PSS, to rebuild social fabric, and if the peers of the selected students support them outside of the program, it is beneficial. However, there are always issues with selecting students as well as the teachers doing the selection, which can cause harm. Regardless of the approach, once selected students attend PSS programs, the personnel implementing PSS is another issue that can cause harm.

Facilitator Capacity and Well-Being

The experiences, capacity, and well-being of the facilitators, whether they are social workers, community workers, or teachers is another instance where PSS programs can do harm. As the PSS programs can evoke the expression of emotions that students may be processing, are the facilitators of PSS equipped to handle these discussions? One participant reflects on their perception of who can actually facilitate PSS programming:

I don't think everyone can do this kind of conversations or facilitate this kind of [PSS] orientations and I don't, because you need kind of an experience in life yourself. (Program Manager 4)

While this is one participant's perspective, it raises important questions: can the facilitator of PSS do this work if s/he has not had similar experiences? Can the facilitator connect with the participants in a way that is engaging and supportive? If the facilitator does not have the lived experience, this practitioner argues that s/he might not be able to fully understand the participants, and therefore might not be able to provide the necessary support. While this perspective is important, training might not provide experiences, but it can prepare facilitators to be aware of emotions and topics that may arise from facilitated discussions and how to handle them appropriately. However, it is important to examine the type and level of training that an INGO provides its facilitators—if its part of their model—to prepare them for such discussions.

Within the analysis of the do no harm principle, the level of training a facilitator receives may not be enough. One practitioner whose INGO employs community workers to facilitate the PSS programs describes how this can be an issue:

Just imagine that we get somebody from the community, we give this person five days training, and we take this person to the community to implement this program. Five days training is *not* enough. It may not make somebody an expert in managing a group, in managing society, and so on. (Program Manager 3)

Aside from the fact that everyone might not be able to provide PSS depending on their ability facilitate a group, the training that an INGO provides might not be enough. But, what are the ramifications of such personnel issues? If facilitators are not trained enough to provide the necessary support to the participants, can it do more harm? These are important considerations for models of implementation and can be in tension with amount of funding available to provide such support. Specifically, if the organization has funds for this support, how much training is necessary to meet the intended goals of the program? I do not have an answer to this, but we can begin to see the issues that the various models of PSS programs at schools can have. Beyond qualification limitations, do the teachers that are facilitators have the capacity to deliver quality

PSS? This is an important issue as it relates to any intervention that requires teachers to implement PSS, which accounts for half of the models of PSS in this study.

Teachers' Capacity and Well-Being

In many of the models of PSS programs at schools, teachers are the ones who select students they deem are in need of PSS—which can be problematic—and actually facilitate PSS activities. The first question that arises from this model is do the teachers actually have the capacity to facilitate such programs? One participant reflects:

We're just kind of treating teachers as robots that are just to implement, and well, we also need to better understand teacher's realities, and if that's even feasible. And if teachers just don't have the ability at that moment in specific crisis-related context to provide that type of social and emotional support to children, then, what's the point? (Technical Advisor 4)

This participant highlights that both the capacity of teachers to implement PSS program, but also well-being of teacher. Caregiver well-being, in this case teachers, is not a new insight as a lot of the literature highlights this need (Davies, 2004; UNESCO, 2006; IASC, 2007; UNESCO, 2010; GEC, 2012; Frisoli, 2014), and participants overwhelmingly felt this was an issue:

And particularly in conflict, what is affecting teachers? The relationship between teacher's own mental health and their ability to teach and promote student health and student learning? What the relationship between their *own*, they've been affected by the conflict? (Technical Advisor 6)

If we don't really know the experience that teachers are going through, and if teachers aren't well, then how can we assume that they're teaching well? So then, because that has a direct implication on student learning, in the way that students are treated. So, it has a direct implication on student well-being. If teachers are well themselves; and we're not taking that into consideration. (Technical Advisor 4)

A *huge* gap in our programming, and I think of programming of NGOs *generally*, at least the programming *I've* seen is that we spend all this time working with teachers on how to support children, but we often forget that the teachers *themselves* have suffered through quite a lot and they need psychosocial support. (Program Manager 2)

If teachers are not well, how can INGOs expect them to select students that are not well, or even, facilitate psychosocial activities or even provide a learning environment that is conducive to learning? This is a major issue in all of the PSS programs that utilize teachers as the selectors and/or the facilitators. The findings indicate that teachers might need to receive PSS, or, if that is not feasible given the funding constraints of the program, implementing organizations should scrutinize the model of delivery with a consideration for what teachers themselves are going through. If not, the PSS program can do harm to the teachers by expecting them to do more than they have to capacity to do, as well as the students who may receive PSS from teachers who are in need of PSS themselves. Separately, teachers have power over the treatment of the students in the

classroom. In some cases the teachers that are the selectors and/or facilitators of PSS actual inflict harm on the students at times under the guise of discipline, can be another alarming issue that violates the do no harm principle.

Safe Schools?

The IASC (2007) guidelines indicate that the first level of PSS is basic services and security which it defines as, “the well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases)” (p. 11). As it relates to PSS programs at schools, a necessary first step for PSS is the establishment of security. According IASC’s (2007) guidelines the establishment of security is first; otherwise other efforts may be ineffective. Confounding this issue is in one region, teachers may be the ones from which students need protection.

Inside Schools

In the Congo Basin region particularly, some teachers providing PSS are also the ones causing physical harm to students through egregious corporal punishment, sexual exploitation, and gender-based violence. This is a do no harm issue as the teachers inflicting the violence are the ones providing PSS:

A fair amount of psychosocial support in [the Congo Basin region] was related to sexual violence or other forms of violence, and teachers are often the perpetrators of that violence. So then convincing them to provide psychosocial support for violence that they’ve perpetrated. You know, it’s a bit of a tricky situation. (Program Manager 2)

One participant describes various acts of violence that some teachers commit in this context:

There are so many risks to children. It's really, really disheartening when you think about it. You know one of the arguments for sending kids to school, especially in conflict-affected areas is that they'll be safe, but it's just not true at all. So there's so many different kinds of physical and emotional violence that happened in the classroom, and some of it is teachers versus student, but quite a lot of it is also student on student. And sometimes that's incited by the teacher, like sometimes the teacher designates someone in the room to be in charge and gives that person a stick and that person is allowed to hit people with the stick. And sometimes it's more like bullying, but frequently, at least in [the Congo Basin region], frequently that bullying can be of sexual nature and can become sexually violent as well... And then of course there's all the teacher stuff where teachers insult students and hit them and send them out to sit on their knees in the gravel. The worst, *the worst* I ever heard was in [a town in the Congo Basin region] the kids told us that for punishment...so you know these termite hills, these huge termite ant hills, sometimes they're taller than I am, so the kids said that as a punishment the teachers would make them knock them down with their hands and those termite ants bite, so they crawl all over you and bite you while doing it. Just torturous...that's pretty nasty, that's pretty evil. You've got to be *really*—but that wasn't one teacher, that was common throughout the schools that was a punishment they used. So, to keep the kids safe— (Program Manager 2)

Is school the appropriate venue for PSS programs in this instance? Are teachers the appropriate selectors or facilitators if they are the perpetrators of violence? It is clear that in this instance that the teacher may not be the most appropriate to provide such support and that child protection initiatives should provide some security from this violence in order for PSS programs to be effective.

The blending of child protection in this context and PSS is important and many INGOs working in the Congo Basin region are working on this as a participant explains:

There is really a link between education and protection. For protection we are talking about psychosocial support as an education tool or a protection tool. In all of the schools that we are supporting, one thing that we are doing everywhere...is providing training on children's rights, children's protection to *all* the stakeholders, education stakeholders, not only the teacher...It's necessary for one to be trained to know what are children's rights, how should a child be protected. And of course, in most of our interventions in emergency situations what we need to do is to work with communities to also identify *all* of the bad history of education. And most of the time, these areas need development of risk reduction plan of the community. It is something we do most of the time in emergency situations. It is very important. And then, what we also do is to help the school community to develop code of conduct, for teachers, for children, and for parents. They all have to sign the code of conduct and it's hanging on the wall and it's published and *all* of the community must know that they have signed it and they have to respect children's rights. This is *very* important for us. Of course, in addition, teachers are training—how do you call it—positive discipline, to avoid corporal punishment at school. So these are some of the activities that we have that are really linked to our education program because we used to say here, that education is a protection tool, so we are trying to have an integrated approach, education protection, and most of the times in emergency situations we have psychosocial support. (Technical Advisor 1)

It is clear in some of the areas of the Congo Basin region where two of the INGOs are working, a blended model of education and protection seeks to address egregious corporal punishment practices by teachers. With this understanding, who the facilitators of PSS programs are in this context is of high importance when attempting to do no harm. Addressing the larger issue of security of students receiving PSS does not end inside the school, but also includes the environment in which the school operates. This directly relates to questioning whether or not the school is in fact safe—the first level of PSS according to the IASC (2007) guidelines—in the context. This is another instance in the Congo Basin region.

Outside of Schools

Conflict affects entire communities and while schools can provide a sense of normalcy, PSS programs at schools in conflict settings face many external hurdles. For this study, one instance of security is clearly outlined by one participant working in the Congo Basin region, and that is the location of the national army or rebel militia camp in relation to the school:

You know the very problem you have is that sometimes, most often violence in some areas *are* the result of some soldiers. I mean coming from armed groups, rebel groups, but also from the national army. And you know this is something very difficult to resolve. Because most of the time it's very difficult to see the authorities accept what we are asking. For example, we have a school, where you have a military camp just 200 meters from the school. Each year the school is reporting a lot of violence, a lot issues children have with the soldiers. And we have done a lot of sensitization with the leader of the authorities in order of them to talk to the military or to *move* the military camp from the school. That is very difficult. So, if any time, violence involving soldiers from the national army or the rebel groups, this is very difficult to solve. You may bring in psychosocial support, but you need to make it stop. If it continues, what *is* the support that you are bringing? For example, if there is a girl on the way to school she may be harassed, would she go to the school? You know, your psychosocial support is useless, because the danger *is* on the *way* to school. Which is something that you need to be assessing, and it is very important to the community. (Technical Advisor 1)

Kostelny and Wessells (2013) support the participant's assertion:

Without safety and protection, there can be no psychosocial well-being. In fact, the creation of a protective environment is a cornerstone of psychosocial well-being since it decreases children's exposure to risk and strengthens protective factors. (p. 123)

This issue of safety on the way to school in the Congo Basin region does not come from just the participant, the Global Coalition to Protect Education from Attack (2014) publication reports similar incidents in the region. This important insight speaks to the issue of a violent environment limiting the ability of a PSS program to actually provide the support.

If there is on-going conflict then security should be addressed before or along with PSS programs. This is a bigger issue that the INGOs might not actually be able to resolve depending upon the army or rebel group authority's political will or desire to move the camp. This issue falls into the concept of do no harm in terms of relevancy and effectiveness of PSS within a context that is still violent. But, what if the implementation of PSS programming does not violate the do no harm principle? Does it still have the potential to do harm? In the next category, I describe how even if a PSS program is working effectively, the referral system, or lack thereof, for students to receive focused, non-specialized support, or even specialized support might also cause harm.

Referral Systems

The IASC (2007) guidelines calls for a multi-layered "system of complementary supports that meets the needs of different groups" (p. 11) which includes: 1) basic services and security, 2) community and family supports, 3) focused, non-specialized supports, and 4) specialized services, that should exist concurrently. A do no harm violation that occurs when an INGO implements the PSS program with the Direct-Service Approach.

Within PSS at Schools Direct-Service Approach

Within the Direct-Service Approach, one specific model (see Figure 4 on p. 27) relies on teachers to select students for the PSS program, and then refer these students to a social worker in the school or a Child-Friendly Space. The INGO participant discusses this model:

So in these places, because they had dedicated social workers, the school took advantage of the dedicated social workers. In *some* of the schools, the social workers actually came to the school once or twice a week, to check in and see if there was anyone that was in need of a referral, but that wasn't in every school. So, for one-to-one attention they would get it from social workers, but the social workers ran once or twice a week some kinds of discussion groups. They call them kind of *chats* and they were supposed to be group session type deals where people could explain the problems they were having, whether the kids from the schools that got referred participated in both or the other, I'm not really sure. (Program Manager 2)

So sometimes when the teacher refers the student to a social worker, there is no way to knowing whether or not the selected student actually receives PSS. This model of implementation could do harm by not fulfilling a promise of PSS to the selected students. But what about the students that the INGOs perceive as needing focused, non-specialized supports, or, specialized services? To whom and how are they referred? This is another referral system issue that has the potential to cause harm.

Need for Specialized Support

In the South Asia region, the participants reflect on the lack of existing infrastructure to refer students that are a part of the PSS program to specialized services:

We have identified those who are most affected and then to identify that we have a mechanism in place, but unfortunately the health care department we don't have in the most extremely vulnerable places, like while there is a mechanism there is a big vacuum... we don't have *any* psychiatrists, government, you know working at the government hospital, so then it's only a paperwork, we had regular follow-ups with them, but unfortunately nothing is being done. So in most of the cases it's extremely vulnerable, so it's very, very difficult, however, in some cases to provide to get sorts the material items from the [government department that would provide specialized support] and from child protection unit in the form of clothes for the children, and there's been some other NGOs, and International Development organizations they have psychiatrists to do some sessions, so but it's in very rare cases, because it's not in a regular things. So it's very challenging, it's a big vacuum, it's only paperwork, but we use the forms and the government officials say, 'Ok, we're going to do something about that,' but then it doesn't happen. (Program Manager 1)

Frankly speaking, in the last meeting I discussed with the [government department that would provide specialized support] said that there is no psychologist in the whole district, even in the whole province, to whom we can refer if we find some other mentally disordered case, but there is no one in the district who we can refer the case. We can do nothing...It's [the government referral system] very weak. (Technical Advisor 3)

Can providing an in-depth regular PSS program at schools do harm if it allows for students to express their feelings as it relates to the conflict or crisis affecting their areas, without the availability of a specialized services to refer students that facilitators feel are in need? Yes, it can, and the issue here is that the existing infrastructure does not exist to provide such specialized support. There can be two considerations for level of support: 1) how to assess whether or not a participant of PSS needs specialized services, and 2) what the specialized services actually entails, which one participant explains:

I think that identification is in itself a pretty technical process, so you have to be pretty skilled to even identify the need for specialized services...If we take off our Western vision and we look a little bit more local and what tends to happen is, there are combinations of rituals that may exist that one has to be very careful of, because in fact some traditional practices can cause extreme harm, and so there's a real importance that that has to be looked at an analyzed before delving into it, but a mixing of approaches from the West and these traditional practices might be worth exploring...you look local and you try to mix—and again it's true that it's difficult to take it to the level of specialized services that we expect from a Western perspective, because very often that even referencing or requesting that kind of service might cause a bit of harm and a dependency on drugs or a treatment system that is unsustainable or misunderstood, etc. (Critical Friend 1)

Beyond the qualifications it takes to assess whether or not a student participating in a PSS at school requires specialized support, the consideration remains as the program can cause harm if this support does not exist. Further, the type of specialized support does not have to be a Western model of psychology or psychiatry as the participant indicates. This is another issue where the type of support can be from a Western construct and do harm by not valorizing local traditions and conceptualizations of support (Wessells & Monteiro, 2000). This relates to the final action by INGOs that can cause harm, creating a system of care that conflicts with the local context.

Conflicting Systems of Care

There is the importance of PSS programs being culturally and contextually relevant. This is essential not only in the indicators of who should receive PSS—if a selection process occurs—as well as the specific PSS program activities. In the context of the Sudan region, one participant highlights that the INGO providing PSS might actual conflict and undermine the existing, culturally-rooted system of care:

Culturally here we have elders. We have aunties, we have uncles, and these people are considered paramount. They are the ones with wisdom and are supposed to talk to young people with problems...but, when psychosocial programming comes in the community, the fact that an NGO is now providing some of that support can be a challenge—which I think can undermine their [the elders] role in the community. (Program Manager 3)

If INGOs can create conflicting systems of care by simply providing culturally relevant activities facilitated by local staff, what actually should the INGOs do to provide PSS programs for students? What then is the role of the INGO if their work has the potential to do harm to the communities? Wessells (2009) points to his own professional experiences where even when organizations elicit input from the communities on the existing systems of care, the local community advisor denies the existence of traditional systems of care for fear that the community will not receive the resources. With this example, it is clear that the perception of power of the organization unbeknownst to the organization's Western staff has the ability to do unintended harm. Needless to say, this process of ensuring INGOs does no harm is a difficult and at times unclear.

All of the ways in which PSS programs at schools can actually do no harm including the selection of the students, stigmatization of the beneficiaries, facilitator capacity and well-being, the security of the school environment, referral systems, and conflicting systems of care, come directly from the participants. I am not critiquing the INGOs as drawing only from the perceptions of the participants would not allow for a complete picture of the programs, but the do no harm principle is of utmost importance considering that the intention of the PSS programs is to help students regain a sense of normalcy, develop coping strategies, and hopefully learn something at school. PSS can provide the students a pathway to learning, but the approach that does no harm is crucial. Not all of the themes that I identify had negative implications, and some are positive.

Reporting Outcomes of PSS Programs

I label this theme Reporting Outcomes of PSS Programs to indicate that the outcomes here as the participants are the only ones reporting these outcomes for this study. This is not to indicate that these outcomes do not exist, but rather, validating such outcomes would entail an actual in-depth evaluation of each program, which is not the purpose of this study. Still, these self-reported outcomes are an important inclusion in the findings as participants from different INGOs report similar outcomes. The first I explore is the way in which PSS programs can actually change the pedagogical techniques teachers trained to facilitate the PSS use.

Teacher Change

In all of the contexts that are a part of this study, the South Asia region, the Congo Basin region, and the Sudan region, participants report that the teacher-centered approach is typical. So what happens when INGOs train teachers to facilitate PSS activities, which are themselves child-centered in nature, requires the teacher/facilitator to provide the opportunity for the students to actively engage and express themselves within the PSS program? How could this change the way in which teachers teach? In the South Asia region, the PSS program trains the teachers to be the facilitators in the Classroom-Based Approach, and report very interesting outcomes:

Teachers would come and say, 'Please we want to learn it too. We can see that our colleagues have changed the way of relating to the children. I want to be a part of that.' So what happens is that, teachers learn to relate to children and to respect them, which I would say they don't usually. Not generally, of course you'll find teachers that do in [the South Asia region], but in general it's like rote learning; it's not about listening; it's not about developing and bringing out the individual, and having the child unfold his potential. So this is what you can *do*, sometimes the teachers will see other sides, that's the impressive thing. (Technical Advisor 2)

This is not the only context in which teacher change could be a result of teachers receiving PSS facilitation training and implementing the program. While this study focused on three geographic regions and four INGOs, the participants, some of which are Technical Advisors for similar programs in other parts of the world, drew on their experiences in other contexts. As it relates to teacher change, in the Northwest coast of South America, one participant from a different INGO mentions something very similar to the teacher change in the South Asia context:

So within the psychosocial program, [it] actually influences the way they [the teachers] teach during the day, they can see different sides of the pupil. They can get to know their pupils a bit better. And that also makes them relate in a more positive way, so that in itself can also be an advantage. (Technical Advisor 5)

This brings up an important question: can PSS facilitation training actually change the way in which teachers teach by the type of activities inherent to PSS? Or, is it something else? Some other participants respond to this phenomenon:

I wouldn't say that the content itself, the nature of the content, does that and is causing that necessarily. I think it's probably just the introduction of new technique and new content more generally that maybe, and the salaries, and the support, and the training, and the camaraderie across teachers and the ways in which many of these programs are delivered really bring together teachers and have them troubleshoot and work together and lesson plan and train in-service and pre-service, there's so many aspects that come in with programming, that in and of itself, I think does more of the changing of the pedagogical techniques and it's less of a direct result of the psychosocial content per say. (Critical Friend 1)

Teachers being more student-centered in terms of providing different types of activities in the class instead of just doing a call and response type of class...many of those teachers seemed to be the least experienced teachers that are implementing those types of practices, which in the literature is explained as, these are the teachers that feel they need more support and more help, so, they're more likely implement new types of approaches than teachers who have been trained to do a certain thing. (Technical Advisor 4)

While both participants agree that the training certainly does help, the experience of the teacher and context in which the teachers are operating, e.g., support from other teacher, consistent pay, etc., also plays a role. As it relates to this research the important point is that regardless of what causes the teachers to change their pedagogical techniques, the PSS program could provide the necessary support that enables teachers to change to a child-centered approach. But what could be the larger outcome of this change?

In the context of the PSS program in the South Asia region, teachers that are a part of this program are transferred out of the select schools due to standard Ministry of Education procedures in this context. This has detrimental effects on the INGO's budget for the PSS program as the organization has to train new teachers monthly. However, what happens to the teachers that receive the PSS facilitation training that transfer to other schools? Do they use the child-centered approach at their new school? There's no way of completely knowing as it relates to the area of inquiry for this study, but the participants note that the teachers are still using the PSS activities in their newly assigned schools:

We are only training those teachers who are with us, who got the trainings, so they are registered with us, we are contacting them, we are in touch with them, even those teachers who are transferred to other schools, so they are doing these...activities, we have given them the modules, the printed materials, so they get help from that, and they also do these activities in *other* schools where they have transferred. (Technical Advisor 3)

This is an interesting way of understanding how teachers might change their approach, or, if anything, they might include PSS for students outside of the selected schools which inadvertently expands the reach of the PSS program. But what about the outcomes of the intended beneficiaries? Are the students that attend PSS programs benefiting? This was not the focus of this study, but the participants did explore this topic with a variety of outcomes.

Student Change

Within the realm of student change as a result of the PSS programs, one participant represents student behavior change reported by teachers:

The psychosocial support brings confidence in the students. In the past, the concepts of presentation, and the involvement of each and every student in the activity, to give them a chance to speak, it was not present in the school. But after the intervention of the psychosocial support program, all the children are participating in the activity, they are taking part, they have time to speak, now they are participating in *other* school activities, and then the teachers, they agree with feedback that the students of the fifth and sixth [grade] are different than the other students of the school. (Technical Advisor 3)

Self-confidence can occur not only from the PSS activities, but simply from the approach of allowing the students to express themselves on a regular basis. This depends on the context and the nature of the program. In the Sudan region, some of the teachers select students because the students are naughty in class. This directly relates to the outcomes of this particular program:

In my experience in talking to teachers, and talking to children, teachers have conversed that children who have participated in our psychosocial programs perform better, seem to perform better than the children who have not participated in our [PSS] program. There are children whom teachers consider naughty, teachers consider those students stubborn, but after taking our program, they seem to improve in their behavior, they behave better, they seem to improve discipline, and teachers appreciate the behavior of those children. They have indicated, though it has not been researched and there's no proof, but the teachers tend to think that they children even perform better in class that they improve in academic performance. (Program Manager 3)

This interpretation of behavior from naughty to discipline can be culturally-rooted, but the anecdote of student academic performance improving is part of the rationale for providing PSS: if students are well, then they will learn well. But what does “well” actually mean, and how can INGOs go about measuring the “well-being” of a student that participates in a PSS program at school? This is no easy task and is the next theme.

Evaluating Well-Being

The increase of positive well-being is one of the goals for PSS programs in general, let alone those INGOs implement in schools. For the students that participate in PSS programs, INGOs hope that the student involvement can increase their well-being which may in turn increase their ability to learn. Actually measuring the construct of well-being is no easy task as one participant explains:

One key challenge, one key issue that we are all grappling with is, how do you measure? All of these other aspects of intervention you can measure what you do, but when it comes to psychosocial well-being, how do you measure? Are we doing something right? Are we making a difference? By doing certain activities, do children feel different? This is a challenge not only within schools and outside schools, and that's the key gap. I mean, we need an M&E framework, and we need to see, we need to demonstrate that psychosocial well-being can be measured. There are attempts being made at different corners of the world right now as we speak, but, we are a long way from claiming that we have tools for that. (Critical Friend 2)

Some participants reflect on how the field can measure well-being, and one speaks to the level of subjectivity of evaluating well-being as an outcome of PSS:

They're not objective [the indicators of well-being]...I mean, they can't be, they're...always perceptions of people and you're basically looking into those, so what I'm saying is that we ask people not about *their* relation with their parents, but what do you think does a child or person like *you*, or however you phrase it needs to develop well, apart from enough food and shelter. So what else does a person need people will give you answers that provide you with information with how they actually *perceive* psychosocial well-being or how they view it... it's really hard to find; to have objective indicators for psychosocial well-being, you always get to either qualitative data, so perceptions of people, ratings, maybe observation checklists, maybe a facilitator can make some observations on behavior of children. You can test knowledge and skills a little bit and that's about all you can do. There's no [definitive indicator of well-being]; and actually it's quite interesting how the international field is collectively trying to come up with more satisfactory answers to this question. (Technical Advisor 5)

This is really testing the limits of what an organization can measure as the conceptualizations of what well-being is can be cultural and contextual. How INGOs measure, track, and provide evidence to describe the well-being outcome of a PSS program is difficult. There is significant work on evaluation, including UNICEF's (2011b) *Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises*, which outlines three domains of how PPS programs can affect the lives of children:

1. Skills and knowledge: e.g., knowing how to communicate, knowing how to make decisions, using culturally appropriate coping mechanisms, vocational skills, conflict management, knowing who to go to for information.
2. Emotional well-being: e.g., feeling safe, trust in others, self-worth, hopeful for the future with realistic goals, not worrying about being hungry or sick.
3. Social well-being: e.g., attachment with caregivers, relationships with peers, sense of belonging to a community, resuming cultural activities and traditions, willing and respectful participation in appropriate household responsibilities and livelihood support. (p. 21-23)

While INGOs can measure skills and knowledge, social and emotional well-being can be subjective and temporal (White, 2010). One participant provides insight into measuring these components:

Being able to say that psychosocial support programs, and then I'll try to put it in schools, had an impact on children if they were able to exhibit improved functioning, if they self-reported increases in their own well-being, if they engaged more extensively in associative live and peers and friendships, etc. If they were more active and engaged in activities, and it was really sort of a few self-reported emotional changes, some indicators of social change among their peers but also within families within the community, and then some of the socio-emotional competencies from the West that they're using now, help a little bit to kind of catch or frame some of these indicators. (Critical Friend 1)

Better ways to measure well being are beyond the scope of this study, but this finding illustrates the struggle INGOs experience in measuring well-being through self-reported emotional change. As this participant mentions, the field of Social and Emotional Learning (SEL) in the United States through scholars, practitioners, and the Collaborative for Academic, Social, and Emotional Learning (CASEL) is helping to frame the indicators of well-being for PSS programs. Durlak, Weissber, Dymnicki, Taylor, and Schellinger (2011) illustrate the rationale for including SEL into curriculum:

Emotions can facilitate or impede children’s academic engagement, work ethic, commitment, and ultimate school success. Because relationships and emotional processes affect how and what we learn, schools and families must effectively address these aspects of the educational process for the benefit of all students. (p. 405)

This rationale connects to the program theory held by the INGOs in this study: if students are well, they will learn well. Organizations are adapting SEL from the Western framework into other contexts internationally through the guidance materials of multilaterals (see Varela, Kelcey, Reyes, Gould, & Sklar, 2013), bilaterals (see USAID, 2013b), and INGOs. Yet there is concern with such adaptation:

I feel that some of the social emotional stuff is very Western and is very subjective...And, some of those concepts I don't I think haven't been thought out, for different contexts. And, I wonder if it's really telling our real story, or if it's telling kind of like a story the donors want to hear...but there's this trend for data-driven decision making for learning outcomes too, that's the trend for well-being, that we want to have well-being outcomes, indicators, and I'm not sure we're really there yet...Some of the stuff that we do that it's very structural in nature, so where do you move away from structural to allow for different interpretations in different ways of thinking and knowing, but also having it being programmatic? Having it be part of a program, having it be part of a practitioner's tool belt, toolkit, if that's even possible? Because when I said toolkit, that may be structural. What other types of tools can we create that more context specific? (Technical Advisor 4)

This reflects White’s (2010) work about the ways that conceptualization of well-being depends on the context, as an interplay between the objective—what is externally observable and verifiable in people’s lives—and subjective—the individual’s or community’s perceptions of these circumstances. White (2010) remarks:

Wellbeing is more usefully understood as a process that comprises material, relational, and subjective dimensions. The constellations of these and the dynamics between them vary with history and geography, life-cycles, and different ways in which time is managed and space is organized.

Wellbeing may be assessed at both individual and collective levels, but its grounding is in the links between them: wellbeing happens in relationship. (pp. 170-171)

Thus, there is a gap between the need for evidence-based practices and the lack of clear and rigorous indicators of well-being. Practitioners need outcome data on which to base program improvements, but well-being as an outcome is ambiguous and difficult to measure, because it is subjective in nature, influenced by history, culture, and time. To give a tangible example of how measuring well-being can be difficult, I now turn to the Congo Basin region in which two of the INGOs part of this study are working and look at the conceptualization of well-being through evaluative measures.

What Happens When Violence is Normative?

In contexts like the Congo Basin region where cycles of violence are older than the students, how the students then conceptualize well-being can provide an opportunity to understand the subjectivity of well-being:

In these contexts they've had *decades* of civil war, so what's their reference point of being 'well'. So that comes to—we had *observed* incredible corporal punishment, we have a *huge* gender-based violence program that reports *incredibly* high incidents of sexual abuse, we have protection coming in and saying, 'there's *huge* issues of protection and trauma and exhibits signs of distress,' and so it was like the way that you *measure* well-being in these contexts, because it's so *hard* logistically to do an impact evaluation is to self-report. And then so it's very subjective like...so for these kids; you know what? If you ask parents and teachers, being beaten is normal! They might, it could be possible, parents have told me—teachers have told me, 'How else would a kid learn?' And in fact, if they don't use corporal punishment, they're sacrificing learning. (Technical Advisor 6)

This reflection is an entry point to understand the context and the level of violence that students receive from their parents and teachers, which could have an impact on how students conceptualize well-being.

Complicating the roots of the issue of normative violence and gender inequity, Davies (2011) asserts that schools can be mere reflections of social norms. This participant continues:

If you're used to—if you're growing up in a context of violence, what is your...idea of what well is, and their [the students] idea is just, 'Yea, my teachers beat me, and occasionally have sex with the teacher, but that's normal.' (Technical Advisor 6)

So if INGOs collect data on PSS program participants' perception of their well-being, and violence is normative, and the student report being relatively well, how then can PSS address the systemic and structural issues of violence that is a part of the students' everyday life? While the participants do not report that their INGOs can actually do this, the PSS programs at schools in collaboration with child protection must look critically at the context which can inform the data they can collect and level of change the INGOs hope to see from their work. This strategic direction can outline the ways in which departments within INGOs work together, e.g., the infusion of child protection and PSS in the context of the Congo Basin region, and coordinate with ministries and other organizations. This relates to the next theme, how INGOs coordinate to provide PSS programs at schools.

Coordinating Humanitarian Assistance

Coordination within and across sectors is necessary for conflict-affected contexts and crisis, which is why the United Nations General Assembly Resolution 46/182 (1991) established the IASC that provides leadership on how governments, multilaterals, bilaterals, INGOs, NGOs, and Community-Based Organizations (CBO) organize and support communities. This is good in theory, but as it relates to PSS programs—which is a standard practice in emergencies (UNICEF, 2011b)—coordination can be difficult considering the internal sectorial divides within INGOs that one participant illuminates:

I think the two closest sectors in education in emergency is child protection and education and we don't work well together. And that's really odd because, ideally the two sides of the coin where children are protected from abuse, exploitation and violence, and also from a child development perspective, getting education and skills to protect themselves, seem like they should be a beautiful compliment to each other. But, it's surprising, there are two separate sectors and they don't interact that much, so, I find that a particularly odd, especially in education in emergency it would be interesting to explore that division. (Technical Advisor 6).

This is important to consider when organizations design and implement PSS programs that serves the interest of both the education and child protection sectors. The question here remains, if different departments within an INGO are not working together, can we expect INGOs to work with each other? Here, the competition for humanitarian assistance funding can be a detriment to this collaboration as one participant admits:

It's [harmonization] done really badly so often, this sort of competing for funding, positioning, sometimes impact evaluations themselves, when you're trying to isolate [the impact of the INGO], you don't want, even though it may be good for the school, you don't want a lot of that noise [other INGOs working in the school]. These kinds of considerations mean that there's a lot of incentives despite your good intentions, there's so many incentives for you to do the wrong thing and not coordinate. (Technical Advisor 6)

From this perspective, even if harmonization can be good for a community and in this case for the benefit of the students, competition for funding and the desire to isolate whether or not a program is effective in impact evaluation, has to potential to underserve communities for the financial gain of the INGO. This is why Education Clusters and Child Protection Sub-Clusters are important for harmonization amongst the organizations working within a community as another participant explains:

It's true that you have a lot of disparate activities that didn't relate to one another, they didn't know each other were working, they didn't know that they were actually in the village next door, they did very different things. The whole idea is to bring them together and get a sense of who is doing what, where, and why. And how can we share resources and poll things and make sure technically that we're synergistic, we're making sense, and that we're a little bit more powerful than our approach. But to take that even more broader that goes beyond the education sector and includes the child protection sub-cluster, the gender-based violence prevention sub-cluster, all of which are very child-focused and usually schools are the main venue to access children, and tend to intersect with the school-aged population and school-going children within any context...so it gets *very* complex...a key challenge is to find again the right people who can navigate that reality and make those synergies happen in a very smooth—as smooth as possible—but in a way that actually helps as opposed to having a very competitive environment of trying to maybe do more than you need, or trying to not work with the people that you *do* need to. (Critical Friend 1)

This is good practice and exemplifies the ways in which organizations can work together to provide the type of coordinated support that a community deserves, and it is possible. However, there can be ideological divides working within an existing cluster that can also be to the detriment of the community as another participant reflects:

When there *is* an active cluster, the cluster can *relatively easily* hold a one-day workshop where everyone brings in their module, they sit down with the Ministry, you choose the parts you like with each and then everyone does the same thing. NGOs don't like that very much, because everyone wants to sell *their* model as the best one and that helps get funding. Ultimately, we're not there for our own benefit. (Program Manager 2)

Who benefits from these disputes? An example could be what PSS program model to use and who should implement it? These conversations are very real as one INGO practitioner might feel as if another INGO's model of PSS has the potential to do harm.

A key to coordination in emergencies is having the right leadership within the cluster and actually eliciting input from the community members in community meetings, which is non-trivial in order to accurately inform what the community needs and shape the INGO activities and programs. One participant draws on experience of the important process in working with community members in these environments, including the selection of who to actually work with:

Who within the community is valued? Who within the community is trusted? Who are the community members choosing as people who should be part of *anything* to do with children, and in particularly working to support children? So you have this exchange where you're again eliciting community-led decisions around who they believe to be best placed and best trusted to work or be part of these initiatives. (Critical Friend 1)

All of this to say that within coordination of INGO programming, including PSS at schools, there are good practices, guidelines, and mandated structures in place, but there are many challenges to this and communities may suffer for these obstacles for community-informed support. If INGOs do not engage the right community members in a way that is respectful and informs the services and programs the INGOs provide, the community that has already experienced conflicts out of their control can receive unnecessary harm by the organizations that are purportedly there to assist.

These are a much larger INGO coordination issues within which PSS programs at schools exist that can begin to illuminate how and why INGOs make PSS program design decisions given the lack of coordination within INGOs and with other INGOs working in a certain area, the funding competition that is present in the aid architecture, and the systems of community feedback that should be in place to inform the model and relevancy of PSS. PSS programs at schools is just one small piece of the larger puzzle within education in emergencies, child protection, and humanitarian assistance, and it is important to note the limitations of PSS support in conflict-affected contexts.

Understanding the Limits of PSS Programs at Schools

Another finding is the limitations of PSS programs at schools. Since PSS is usually one small initiative of many within conflict-affected contexts, what can INGOs actually expect from PSS programs at school? What are the changes in student well-being that an INGO can report as a result of a PSS program, given the challenges of evaluating well-being itself? One participant reflects on this reach within the context of the Congo Basin region:

The drop-in-the-bucket is violence; we're dealing with children while they're in school, but that's only in our context four hours a day usually. The rest of the time they're in their home, and they're in their community, and they're exposed to a lot of violence, and a lot of behavior, so there's that general question of, 'Is it enough?' If a kid is on a particular trajectory so if they've been exposed to violence, if they're experiencing violence in different realms, what is enough to change their trajectory? So, if they're sort of heading towards some trouble what is enough of an intervention to change that trajectory, in terms of their mental health, but also their skills, ability to cope and recover from these experiences and to prevent violence, and so is what we're doing enough? How do you link this to across time? So a child is not like frozen in a moment of time, they have their own life. They're certainly moving in space. They are interacting with *a lot* of different people, and so if there's inconsistent messaging how do you—is what we're doing enough? (Technical Advisor 6)

Can an INGO do enough to change the trajectory of a student who faces significant violence in her/his life and is only in school four hours a day? Can an INGO really provide PSS programs at schools and then expect the programs to actually bring about the transformative change the INGO is seeking? Can INGOs own the fact that their programming may have little impact on the lives of the students? These questions argue for critically reflective practitioners, INGOs, and donors, in order to provide school-based PSS programs in a thoughtful and effective way. I end with this recommendation for critical reflection, which I carry into the Considerations, Future Research, and Conclusion chapter.

CONSIDERATIONS, FUTURE RESEARCH, AND CONCLUSION

In this chapter, I will outline key issues that INGOs implementing school-based PSS programs in conflict-affected contexts should consider, built on the perceptions of practitioners who implement such programs. Participants were able to speak candidly—in ways they might not ordinarily feel comfortable doing within their own organizations—knowing that I would protect their identities, organizations, and specific contexts. Their perspectives can hopefully inform practice, bringing to light issues with aid architecture and the challenges involved in doing no harm to students and communities receiving PSS, and help us state research questions for further study. I begin with recommendations and considerations for implementation of PSS at schools.

Implementation Considerations

The first challenge that INGOs face is the negative connotations associated with the prefix *psycho-* of psychosocial support, since people may associate the term with mental illness. Many organizations try to educate communities affected by conflict on the role of PSS; however, the use of the term can ultimately end by stigmatizing those receiving it. Certainly INGOs include PSS as part their global crisis response packages—which INGOs adapt—based on years of experience in humanitarian assistance. However, this does not mean that communities need to be taught the concept. I side with one participant who suggests eliciting input from communities about their understanding of the concept of PSS, so the organization can support and facilitate the mobilization of local resources where they already exist. If there are already words that communities use to describe the concept of PSS and its benefits, there is no need to introduce a new word.

The challenge with eliciting input is that it can take more time. In addition, there is the issue of who should provide the input. First, who are these community members that organizations are eliciting input from? How can practitioners select them without tokenization and respecting local cultures while at the same time not reproducing harmful relationships within the communities? This is a significant challenge and takes a special skill set, but it is worth doing compared to the negative consequences that may arise when an INGO educates communities on the type of support they believe that community needs. Needs assessments can also create ambiguity in what services communities need, which INGOs might not always be able to provide.

Education and PSS can be very important in providing students the support they need while also delivering information that can save their lives, e.g., a description of what the land mines in an area look like and how to avoid them. Cultural and contextual understandings shape the types of support and information organizations provide in their education and PSS initiatives, and thus the global package that INGOs can provide should be malleable. While this adaptation is standard practice, the extent to which an INGO changes the types of support and services they provide can conflict with organizational capacity and mission. For example, an INGO could receive funds to provide certain types of support but the communities may need a different type of support. If the INGOs elicits input, organizations should critically examine the information that they receive due to the asymmetrical power distribution of being the organization providing support versus being the community receiving it in conflict-affected contexts.

The power imbalance that exists in this relationship may lead to an incorrect needs assessment. Communities may provide inaccurate information for fear that if they do not conform to what the

organizations provide, they will not receive assistance. To address this organization should valorize local knowledge and cultural practices which can themselves be forms of PSS. However, a nuanced awareness is necessary and INGOs should not romanticize the non-Western either as these practices can also be harmful. Suffice it to say, it is a complex task to align the INGO's mission with the right approach to providing PSS.

Facilitators of PSS Programs

The second layer of the IASC (2007) guidelines, community and family support, can take place at schools with non-formal education activities. Facilitation of PSS requires a special skillset, as the activities employ a child-centered approach. The events that children experience in conflict require thoughtful facilitation of PSS. No one disagrees with the need to train facilitators adequately. In one context of this research, Community Workers received only five days of training and then had to facilitate a 16-week PSS program. My recommendation for INGOs that use facilitators from any background is to build in additional support for facilitators beyond the one-off training. This can be expensive as part of their PSS program model, as the cost of training will go up. INGOs may have to pay the facilitators for more hours, pay master trainers for their time, and cover other logistics for training, e.g., venue, food, transportation, etc. To ensure that follow-up training does not dramatically increase the PSS program budget, I also recommend INGOs consider adding facilitator peer-support groups to their model, where facilitators share techniques and navigate challenges with each other. This would provide a support network, and also be another form of PSS for facilitators, who might have some of the same exposures to conflict experienced by the children they are supporting. All types of facilitators need ongoing support, but teachers who facilitate PSS need particularly strong support.

In many models of school-based PSS (see Figure 4 on p. 27), teachers are the facilitators of PSS. Asking teachers to take on the PSS facilitator's role should be approached carefully and with several safeguards in place. First, since teachers can sometimes be the very people who inflict harm on students through egregious corporal punishment, sexual exploitation, and gender-based violence, INGOs should vet the teachers before they deliver PSS activities. Such vetting is especially important in the Congo Basin region, so that the same individuals facilitating PSS are not the perpetrators of violence that PSS programs seek to address—this is of course not representative of all teachers in this region. Second, I recommend that INGOs also consider the capacity of teachers to deliver PSS. The amount of work that teachers have might not allow them to deliver PSS in a meaningful way, if at all. Additionally, teachers might not have the skillset to change from a traditional teacher-centered approach to a student-centered approach needed for facilitating PSS activities. However, when an INGO trains and supports teachers to use a child-centered approach to PSS, there is the possibility that they may also change their overall pedagogical approach to one that is child-centered. Further research should investigate whether it is the facilitation of PSS activities, or the INGO providing an environment of continuous support, that enables teacher change. Finally, INGOs should consider whether and when teachers themselves may need PSS. Teachers facilitating PSS are not immune to the effects of conflict. Can INGOs expect facilitators to implement PSS programs appropriately if they are also in need of it themselves? INGOs can address the well-being of facilitators by including PSS activities—adapted to their age group—in the training. Here, facilitators not only receive PSS, but INGOs train them on PSS activities through experiential learning.

Approach to PSS

This study revealed two main approaches to delivering PSS: the Direct-Service Approach and the Classroom-Based Approach. In the Direct Service Approach, teachers select students in their classes who they feel need PSS. While this approach attempts to provide PSS to those in most need, the selection process is subjective and can cause harm through stigmatization. Instead, I recommend that INGOs consider using the Classroom-Based Approach, where all students of a specific grade receive PSS, based on the recognition that everyone can benefit from the non-specialized community and family support. This approach has two benefits:

1. Students cannot stigmatize their peers for attending PSS programs when all students in a specific grade receive it.
2. Having all students in a grade or school receive PSS enables facilitators to delineate who might need focused, non-specialized support or specialized support as PSS activities can allow for students to express their experiences of conflict.

Even using the Classroom-based Approach, facilitators need places to send students who need such specialized support. Facilitation of PSS can bring up sensitive topics related to the conflict, and students can become more vulnerable and relive experiences. Children can experience more harm when there is no additional help where the student can receive focused or specialized support. Thus, referral systems are an important component of PSS programs at schools. The IASC (2007) guidelines suggest that PSS should exist in a multi-layered system with support, where PSS programs at schools are only one small part of a larger MHPSS ecosystem, because INGOs may not have the capacity or personnel to provide additional forms of support. These referral systems do not need to be based on the Western construct of psychological counseling or psychiatry, as there can be other cultural and traditional practices for the type of nuanced contextual support that is necessary. Having places for children to go to receive such support, beyond the school itself, and ensuring that the referral system actually works is another consideration for INGOs offering PSS.

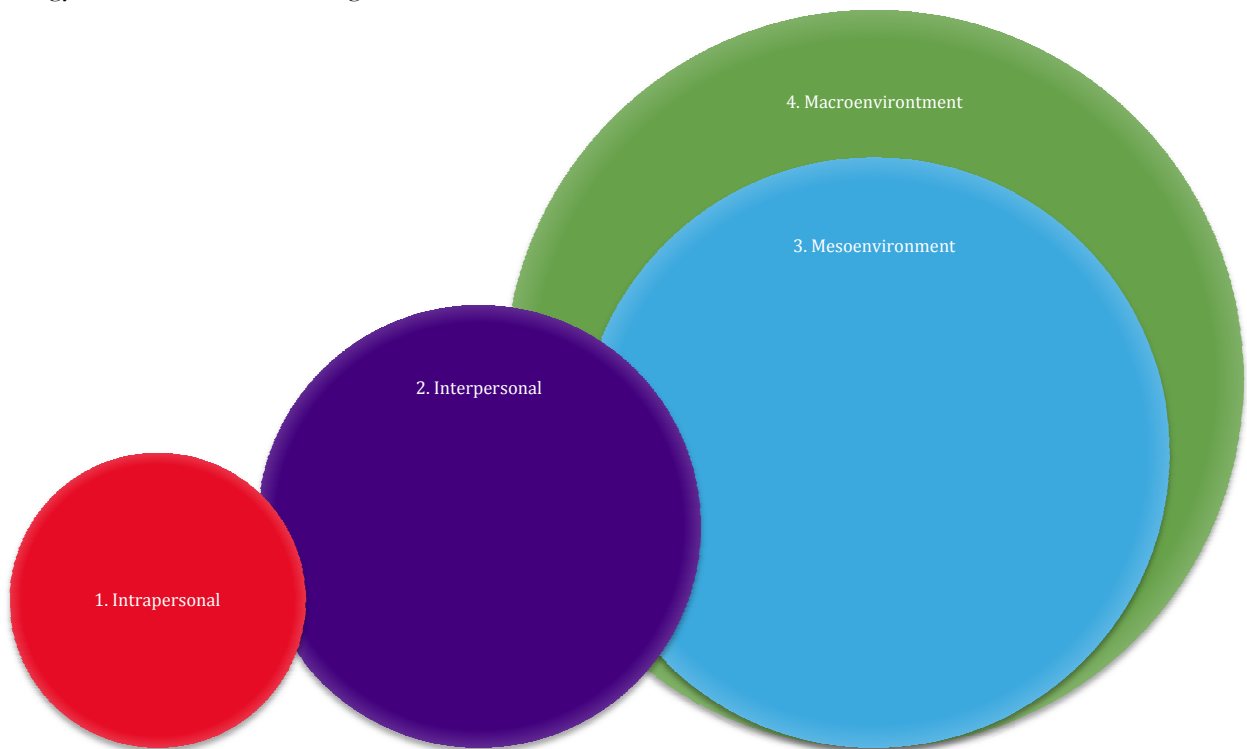
Evaluating PSS Programs

Once students receive PSS, how do organizations measure if these programs are “effective”? The need for INGOs to measure and evaluate program effectiveness is important to ensuring that programs promote beneficial outcomes for the people and communities they serve. It is also important for programs to continually improve their practices for social betterment (Weiss, 1998). The measurement of some of the outcomes can be difficult for the fields of MHPSS and EiE, especially the concept of well-being, because well-being is socially constructed, subjective, temporal, and contextual. In evaluation, well-being is self-reported in monitoring and evaluation frameworks, and the students who receive PSS may vary on how they understand what “well” is. For example, in the Congo Basin region, students may self-report high levels of well-being, while facing egregious corporal punishment, sexual exploitation, and gender-based violence. If these students report being well, what does this say about the use of well-being as an outcome that organizations are trying to measure?

Additionally, well-being may change over time. For example, if a student understands her/his relationship with a friend, peer, parent, family member, teacher, or community member as well at one point in time, this does not mean that is the same at a later point in time. When INGOs measure whether or not a student reports an increase in well-being as a possible result of the PSS program, it is very difficult to say that

this self-report paints an accurate picture of well-being of an individual. Even when a PSS program is “working” and students report high levels of well-being, will these levels sustain themselves after the program? That is the intention of the PSS program; however, when local sources of support are not rebuilt—if a conflict destroyed them—whatever INGOs provide in the form of PSS will not achieve its long-term goal, to rebuild an indigenous social fabric for PSS.

If INGOs want an accurate yet holistic understanding of a student’s well-being at a particular point in time, they may consider evaluating the students’ ecological relationships. I identify four levels of this ecology as it relates to well-being:



1. **Intrapersonal:** Student relationship with the self. This level assumes an individualistic world view, which might not be applicable in various contexts.
2. **Interpersonal:** Student relationship with another individual. Examples of interpersonal relationships include:
 - a. Student and friend
 - b. Student and sibling
 - c. Student and peer
 - d. Student and parent
 - e. Student and family member
 - f. Student and teacher
 - g. Student and community member that is not in any of these groups

This level depends on the nature of the relationship and the cultural context. At times, the student might not have a say in the type of relationship with a patriarchal figure.

3. **Mesoenvironment:** Student relationship with a group of people. There are a multitude of mesoenvironments that can affect a student's well-being, and examples include:
 - a. Student and friend group
 - b. Student and peer group
 - c. Student and family group
 - d. Student and community group

This is the level at which stigmatization can occur when a group negatively associates a student with mental illness due to their involvement in PSS.

4. **Macroenvironment:** A student exists within a context, and these environments can impact well-being, but may be outside of the student's direct interaction. With intrastate conflict occurring between tribal, religious, or ethnic groups on the rise (Gorman, 2011), being a member of a group that is in conflict with another can impact well-being of a student.

With this model, the amount of data INGOs could collect is extensive. Knowing that PSS programs are only part of a larger response by organizations working in conflict-affected contexts, is it feasible to gather data at all these levels to accurately understand a student's well-being? Knowing that well-being is temporal and that humanitarian assistance funding is spread thin, is this type of ecological evaluation feasible?

The alternative is that INGOs might need to be comfortable with ambiguity when evaluating the well-being outcomes of a PSS program. This is in direct opposition with the data-driven environment that exists today among most donors and policy makers. However, if INGOs explain the level of complexity involved in evaluating well-being—that well-being is socially constructed, subjective, temporal, and contextual—and the difficulty of measuring it ecologically, donors might be more accepting of ambiguity. I am not suggesting that evaluations should not occur, but that they have an awareness of the complex nature of evaluating outcomes of PSS programs.

If PSS programs are supposed to rebuild social fabric, perhaps organizations could employ a different evaluation framework. Specifically, they could evaluate the social supports that existed before the conflict, compared to what exists now as a result of INGOs collaborative work in a multi-layered integrated approach to PSS. This places the emphasis on building and strengthening existing forms of support that may be damaged due to conflict. It moves away from the subjectivity of well-being and into the ways in which support exists. In these situations, organizations could focus more on measuring and building factors that ameliorate well-being, e.g., child/parent reunification, increase of skills and knowledge relating to coping mechanisms, identification of existing support mechanisms, security of environment, etc. There is a serious caveat to this approach. In some contexts, the conflict is protracted, and communities may live in a cycle of violence that eliminates traditional forms of PSS. Here, it is necessary for INGO staff to work with communities to understand their needs and create new forms of support. These suggestions are broad and require a deep understanding of the context and issues with which communities are dealing as a result of conflict.

The Big Picture

The overarching message from these considerations is that communities come first, starting with the critical and challenging task of eliciting input to understand the community's needs. However, PSS practices are adapted from a global framework, and they are from the organization and not the communities. While extensive experience informs these frameworks, it is still a structuralist perspective based on asymmetrical

power relationships between the “helpers” and the “beneficiaries”. This is complex, as even the concept of community is rife with issues as Wainaina (2014) explains that when development and humanitarian assistance organizations use the word *community*, it can actually imply “someone utterly powerless upon which power is being imposed.”

Therefore, the goal of the needs assessment with a critical awareness of these power dynamics is to understand how community members understand PSS so that programs can refrain from doing harm through portraying trauma as mental illness. Thus, the design of PSS programs should valorize local knowledge without romanticizing non-Western traditions. Such needs assessments, however, are complicated by questions such as: Who defines community? Who decides what communities need? How do organizations balance the need to elicit input from communities with organizational mission and capacity? If organizations do elicit input, how do they determine whose opinions to document in the needs assessment?

Aid Architecture and Critical Reflection

In conflict-affected contexts, humanitarian assistance organizations deliver life-sustaining food, water, shelter, health services, education, security, child protection, public health, and MHPSS. Various external stakeholders include donors, multilaterals, bilaterals, INGOs, NGOs, CBOs, etc., means that the architecture of and relationships for delivering such assistance is complex. A large proportion of these organizations’ operational budgets depend on external funding for providing humanitarian assistance. Some of these relationships and coordination mechanisms are also subject to United Nations mandates.

In an era prioritizing data-driven, evidence-based practices—which I am not entirely critiquing—INGOs are caught between wanting to adapt their organization’s global framework of PSS, what they learn from community input, and the necessity of using widely accepted quantitative indicators for determining successful outcomes. Funding complicates this picture. For example, if Organization A proposes it can deliver X, Y, and Z in a certain timeline with a pre-, mid-, and post-evaluation measure of impact, and Organization B proposes to start with an assessment of communities’ needs and perceptions about PSS, which proposal is more likely to get funded? Of course, the situation is more nuanced than this simplistic example, with organizations suggesting they can deliver X, Y, and Z, adapted to the context which they have been working in for years. Thus, the competition to deliver services between organizations for funding from donors does not always foster an environment of collaboration, either between organizations, or between organizations and communities.

The participants interviewed in this study portrayed the overlap between education, child protection, and PSS. A student may not be able to learn or concentrate if they do not feel safe or if they do not have a sense of well-being. Beyond defining what well-being actually is, measuring it is fraught with complexities. Further, these findings indicate serious divides and lack of collaboration even within an organization, especially between education and child protection. Work in such silos can weaken any outcome organizations try to achieve. While divergent perspectives can make any initiative stronger, there also must be collaboration to accomplish the effort needed to respond to humanitarian crises.

Critical Reflection

These findings are based on the participants’ deep understanding of the complexities involved in delivering humanitarian aid and implementing PSS programs in conflict-affected contexts, including the potential to do harm. These participants’ perspectives are possible only through critical reflection. Participants

themselves described the lack of formal venues within their organizations to be critically reflective. Thus, I recommend that creating formal spaces for critical reflection within and between organizations, practitioners, and donors. Practitioners should be able to express their concerns without fear of retaliation from direct supervisors and organizations. Critical reflection is not always negative, as there are many practices that organizations provide in response to a conflict—including PSS programs—that do effectively assist communities. However, without a formal venue for critical reflection, I fear that many of the unfortunate practices of humanitarian assistance that do harm and reproduce power structures between the “helper” and the “beneficiary” will continue. It is critical, then, that these venues be real and safe mechanisms for deep reflection, not simply another “form” that practitioners must fill out and turn in.

Future Research

The intention of this research is to understand practitioners’ perspectives and identify common views, challenges, and successes in implementing PSS programs. However, questions remain, and future research should explore the following questions of 1) practice and implementation of PSS programs, and 2) evaluation of the outcomes of PSS programs.

Practice and Implementation of PSS Programs

1. How do organizations actually identify needs and work with stakeholders from communities affected by conflict?
2. When schools are the opportune venue for PSS programs, how often should these support sessions occur? For how long? For whom, when using a form of the Classroom-Based Approach?
3. What are lived realities of teachers working in conflict-affected contexts? How do they balance their personal lives with their job expectations? What supports and hinders teachers who facilitate PSS in schools?

Evaluation of Outcomes of PSS Programs

1. How do the students who receive PSS from an organization perceive how it supported them at the time? How do they perceive the lasting affects of skills taught? How do the people close to them, e.g., family, peers, and friends, see a difference in the student since receiving PSS?
2. Does receiving PSS have an influence on students’ academic performance?

Conclusion

Exposure to conflict can be a serious detriment to concentration and learning. However, this study finds that it is not helpful to label students as either traumatized or resilient. While schooling can provide a sense of normalcy and is a form of PSS in and of itself, more support may be necessary. Action research should inform the type of support students and conflict-affected communities need. This includes valorizing local knowledge without romanticizing non-Western traditions and building on existing local resources. PSS is not something only organizations can provide; it is rather something that is inherent in all communities, and INGOs should strive to provide the necessary support that allows communities to restore their own forms of PSS.

Practitioners in this study reported positive outcomes of school-based PSS, and the literature, including the IASC (2007) guidelines on MHPSS, provide frameworks for practice. However, because the

nature and effects of each conflict are different and incredibly dynamic (Jeong, 2008; World Bank; 2005), it is difficult to provide recommendations or formulaic approaches to PSS. Thus, how INGOs conceptualize and implement PSS is not trivial. The approach INGOs use to provide PSS has the potential to do harm, and organizations should critically examine their methods in order to mitigate this harm. This includes providing safe venues for practitioners to critically reflect and share their professional wisdom in order to positively shape the future practice of PSS delivery in different contexts.

REFERENCES

- Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F., & Boothby, N. (2011). The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in northern Uganda. *Journal of child psychology and psychiatry*, 52(11), 1124-1133.
- Alexander, J., Boothby, N., & Wessells, M. (2010). Education and protection of youth affected by armed conflict: An essential link. In *Protecting education from attack: A state-of-the-art review*. Paris, France: United Nations Educational, Scientific and Cultural Organization.
- Apfel, R. J., & Simon, B. (1996). Introduction. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 1-17). New Haven, CT: Yale University Press.
- Arroyo, W., & Eth, S. (1996). Post-traumatic stress disorder and other stress reactions. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 52-74). New Haven, CT: Yale University Press.
- Barenbaum, J., Ruchkin, V., & Schwab-Stone, M. (2004). The psychosocial aspects of children exposed to war: Practice and policy initiatives. *Journal of Child Psychology and Psychiatry*, 45(1), 41-62.
- Betancourt, T. S., & Williams, T. P. (2009). Building an evidence base on mental health interventions for children affected by armed conflict. *Intervention*, 6(1), 39-56.
- Betancourt, T. S., Winthrop, R., Smith, W., & Dunn, G. (2002). The IRC's emergency education programme for Chechen children and adolescents. *Forced Migration Review*, 15, 28-30.
- Boothby, N. (1996). Mobilizing communities to meet the psychosocial needs of children in war and refugee crises. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 149-164). New Haven, CT: Yale University Press.
- Boothby, N., & Melvin, C. H. (2007). *Towards best practice in school-based psychosocial programming*. New York, NY: Child Protection in Crisis Network.
- Bracken, P. (1998). Hidden agendas: Deconstructing post traumatic stress disorder. In P. Bracken and C. Petty (Eds.), *Rethinking the Trauma of War*. London, UK: Free Association Books.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2nd ed., Vol. 3, pp. 37-43). Oxford, UK: Elsevier.
- Burde, D., Kapit-Spitalny, A., Wahl, R., & Guven, O. (2011). *Education and conflict mitigation: What the AID workers say*. Washington, DC: United States Agency for International Development.
- Bush, K. D., & Saltarelli, D. (2000). *The two faces of education in ethnic conflict: Towards a peacebuilding education for children*. Paris, France: United Nations Educational, Scientific and Cultural Organization.
- Chase, R. (2002). Healing and reconciliation for war-affected children and communities: Learning from the Butterfly Garden of Sri Lanka's Eastern Province. In V. W. Miller & F. W. Affolter (Eds.), *Helping children outgrow war (Technical Paper No. 116)*. Washington, DC: United States Agency for International Development.
- Constandinides, D., Kamens, S., Marshoud, B., & Flefel, F. (2011). Research in ongoing conflict zones: Effects of a school-based intervention for Palestinian children, peace and conflict. *Journal of Peace Psychology*, 17(3), 270-302.
- Davies, L. (2004). *Education and conflict: Complexity and chaos*. London, UK: Routledge.

- Davies, L. (2011). Can education interrupt fragility?. In K. Mundy & S. Dryden-Peterson (Eds.), *Educating children in conflict zones: Research, policy, and practice for systemic change, a tribute to Jackie Kirk*. New York, NY: Teachers College Press.
- Davies, L., & Talbot, C. (2008). Learning in conflict and postconflict contexts. *Comparative Education Review*, 52(4), 509-518.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432.
- Fox, D., Prilleltensky, I., & Austin, S. (2009). Critical psychology for social justice: Concerns and dilemmas. In D. Fox, I. Prilleltensky, & S. Austin (Eds.), *Critical psychology: An introduction* (2nd ed., pp. 285-299). Thousand Oaks, CA: Sage.
- Frisoli, P. S. (2014). *Teachers' experiences of professional development in (post)crisis Katanga Province, Southeastern Democratic Republic of Congo: A case study of "teacher learning circles"* (Unpublished doctoral dissertation). University of Massachusetts, Amherst, MA.
- Garbarino, J., & Kostelny, K. (1996). What do we need to know to understand children in war and community violence?. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 18-32). New Haven, CT: Yale University Press.
- Garmezny, N., & Rutter, M. (1983). *Stress, coping and development in children*. New York, NY: McGraw-Hill.
- Global Coalition to Protection Education from Attack. (2014). *Education under attack 2014*. New York, NY: Author.
- Global Education Cluster. (2012). *Booklet 7: Monitoring and reporting, protecting education in countries affected by conflict series*. Washington, DC: Save the Children.
- Gorman, E. (2011). *Conflict and development: Development matters*. London, UK: Zed Books.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "ethical important moments" in research. *Qualitative Inquiry*, 10(2), 261-280
- Henley, R. (2010). Resilience enhancing psychosocial programmes for youth in different cultural contexts: Evaluation and research. *Progress in Development Studies*, 10(4), 295-307.
- Inter-Agency Network for Education in Emergencies. (2010). *The multiple faces of education in conflict-affected and fragile contexts*. New York, NY: Author.
- Inter-Agency Network for Education in Emergencies. (2013). *INEE guidance note on conflict sensitive education*. New York, NY: Author.
- Inter-Agency Standing Committee. (2007). *LASC guidelines on mental health and psychosocial support in emergency settings*. Geneva, Switzerland: Author.
- International Federation of the Red Cross and Societies & Save the Children Denmark. (2014). *The children's resilience programme: Psychosocial support in and out of schools, programme manager's handbook*. Copenhagen, Denmark: International Federation of the Red Cross and Societies & Save the Children Denmark.
- International Rescue Committee. (2011). *Creating healing classrooms: A multimedia teacher training resource*. New York, NY: Author.
- Jensen, P. (1996). Practical approaches to research with children in violent settings. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 206-217). New Haven, CT: Yale University Press.
- Jeong, H. W. (2008). *Understanding conflict and conflict analysis*. London, UK: Sage.

- Jordans, M. J., Tol, W. A., Komproe, I. H., Susanty, D., Vallipuram, A., Ntamatumba, P., . . . de Jong, J. (2010). Development of a multi-layered psychosocial care system for children in areas of political violence. *International Journal of Mental Health Systems*, 16(4), 15.
- Kelcey, J. (2013, July 28). Closing the gap: Using resilience to support education policy in emergency and crisis. Retrieved from <http://www.ineesite.org/en/blog/closing-the-gap-using-resilience-to-support-education-policy-in-emergency-a>
- Kirk, J. (2011). Education and fragile states. In K. Mundy & S. Dryden-Peterson (Eds.), *Educating children in conflict zones: Research, policy, and practice for systemic change, a tribute to Jackie Kirk*. New York, NY: Teachers College Press.
- Kostelny, K., & Wessells, M. (2013). Child friendly spaces: Promoting children's resiliency amidst war. In C. Fernando & M. Ferrari (Eds.), *Handbook of resilience in children of war*. New York, NY: Springer.
- Loughry, M., & Eyber, C. (2003). *Psychosocial concepts in humanitarian work with children: A review of the concepts and related literature*. Washington, DC: National Academies Press.
- Lykes, M. B., & Coquillon, E. D. (2009). Psychosocial trauma, poverty, and human rights in communities emerging from war. In D. Fox, I. Prilleltensky, & S. Austin (Eds.), *Critical psychology: An introduction* (2nd ed., pp. 285-299). Thousand Oaks, CA: Sage.
- Machel, G. (1996). *Impact of armed conflict on children*. Report of the Expert of the Secretary General of the United Nations. New York: United Nations.
- Macksoud, M., Aber, J. L., & Cohn, I. (1996). Assessing the impact of war. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 206-217). New Haven, CT: Yale University Press.
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 23, 493-506.
- Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7-16.
- Miller, V. W., & Affolter, F. W. (Eds.) (2002). *Helping children outgrow war (Technical Paper No. 116)*. Washington, DC: United States Agency for International Development.
- Nicolai, S. (2003). *Psychosocial needs of conflict-affected children and adolescents*. (World Bank IIEP Summer School, 7-15th July 2003, Background paper). Paris: IIEP-UNESCO.
- Nicolai, S., & Triplehorn, C. (2003). *The role of education in protecting children in conflict*. London, UK: Humanitarian Practice Network.
- Rossmann, G. R., & Rallis, S. F. (2012). *Learning in the field: An introduction to qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Smith, C. M. (2005). Origin and uses of primum non nocere--above all, do no harm! *Journal of Clinical Pharmacology*, 45(4), 371-377.
- Sommers, M. (2004). *Co-ordinating education during emergencies and reconstruction: Challenges and responsibilities*. Paris, France: International Institute for Educational Planning.
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246.

- Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., Golaz, A., & van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: Linking practice and research. *Lancet*, 378(9802), 1581-1591.
- Tol, W. A., Jordans, M. J., Kohrt, B. A., Betancourt, T. S., & Komproe, I. H. (2013). Promoting mental health and psychosocial well-being in children affected by political violence: Part I-Current evidence for an ecological resilience approach. In C. Fernando & M. Ferrari (Eds.), *Handbook of resilience in children of war*. New York, NY: Springer.
- United Nations Children's Fund. (2008). Section 5: Psychosocial support. In *Toolkit on child protection in emergencies: A guide for fieldworkers* (pp. 3-57). New York, NY: Author.
- United Nations Children's Fund. (2009). *Machel study 10-year strategic review: Children and conflict in a changing world*. New York, NY: Author.
- United Nations Children's Fund. (2011a). *Guidelines for child friendly spaces in emergencies*. New York, NY: Author.
- United Nations Children's Fund. (2011b). *Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies*. New York, NY: Author.
- United Nations Educational, Scientific and Cultural Organization. (2006). Psychosocial support to learners. In *Guidebook for planning education in emergencies and reconstruction* (pp. 1-14). Paris, France: International Institute for Educational Planning.
- United Nations Educational, Scientific and Cultural Organization. (2010). *Psychosocial assessment of education in Gaza and recommendations for response*. Paris, France: M. G. Wessells, & K. Kostelny.
- United Nations Educational, Scientific and Cultural Organization. (2011). *Education for All global monitoring report: The hidden crisis: Armed conflict*. Paris, France: Author.
- United Nations General Assembly Resolution 44/25. (1989, November 20). *Convention on the rights of the child*. Retrieved from: <http://www.un.org/documents/ga/res/44/a44r025.htm>
- United Nations General Assembly Resolution 46/182. (1991, December 19). *Strengthening of the coordination of humanitarian emergency assistance of the United Nations*. Retrieved from: <http://www.un.org/documents/ga/res/46/a46r182.htm>
- United States Agency for International Development. (2013a). *Checklist for conflict sensitivity in education programs*. Washington, DC: Author.
- United States Agency for International Development. (2013b). *State of the field report: Holistic, cross-sectoral youth development*. Washington, DC: Author.
- Varela, A. D., Kelcey, J., Reyes, J., Gould, M., & Sklar, J. (2014). *Learning and resilience: The crucial role of social and emotional well-being in contexts of adversity*. Washington, DC: World Bank.
- Wainaina, B. (2014, March 14). *Binyavanga Wainaina on aid, power and the politics of development in Africa – video*. Retrieved from <http://www.theguardian.com/global-development-professionals-network/video/2014/mar/18/binyavanga-wainaina-aid-power-politics-development>
- Wessells, M. G. (2008). Do no harm: Challenges in organizing psychosocial support to displaced people in emergency settings. *Refuge*, 25(1), 6-14.
- Wessells, M. G. (2009). Do no harm: Toward contextually appropriate psychosocial support in international emergencies. *American Psychologist*, 64(8), 842-854.
- Wessells, M. G., & Monteiro, C. (2000). Healing wounds of war in Angola: A community-based approach. In D. Donald, A. Dawes, & J. Louw (Eds.), *Addressing childhood adversity* (pp. 176-201). Cape Town, South Africa: David Philip Publishers.

- Wessells, M. G., & van Ommeren, M. (2008). Developing inter-agency guidelines on mental health and psychosocial support in emergencies. *Intervention, 6*(3), 199-218.
- World Bank. (2005). *Reshaping the future: Education and postconflict reconstruction*. Washington DC: Author.
- Wheaton, W. (2008). *Emergency education (Second Draft)*. Westport, CT: Save the Children.
- White, S. C. (2010). Analysing wellbeing: A framework for development practice. *Development in Practice, 20*(2), 158-172.
- Weiss, C. (1998). *Evaluation: Methods for studying programs and policies* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.
- Winthrop, R. (2011). Understanding the diverse forms of learning valued by children in conflict contexts. In K. Mundy & S. Dryden-Peterson (Eds.), *Educating children in conflict zones: Research, policy, and practice for systemic change, a tribute to Jackie Kirk*. New York, NY: Teachers College Press.
- Winthrop, R., & Kirk, J. (2008). Learning for a bright future: Schooling, armed conflict, and children's well-being. *Comparative Education Review, 52*(4), 638-661.
- World Health Organization. (2012). *Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings*. Geneva, Switzerland: Author

APPENDIX A

Informed Consent Letter

A SYNTHESIS OF PERCEPTIONS AND PRACTICES OF INTERNATIONAL NGO PRACTITIONERS IN PLANNING AND IMPLEMENTING PSYCHOSOCIAL SUPPORT AT SCHOOLS IN CRISIS-AFFECTED SETTINGS

CONSENT FOR VOLUNTARY PARTICIPATION

I volunteer to participate in this qualitative study and understand that:

1. I will be interviewed by Stephen Richardson using a guided interview format.
2. The questions I will be answering address my views on issues related to psychosocial support interventions provided by my organization for children and youth learners in crisis-affected settings. I understand that the primary purpose of this research is to explore challenges, sources of support, and models for such programs at schools from my professional wisdom that contribute to the overall well-being of learners in crisis-affected settings.
3. The interview will be tape recorded to facilitate analysis of the data.
4. My name will not be used, nor will I be identified personally, in any way or at anytime. I understand it will be necessary to identify participants in the study by context (e.g., practitioner working in Afghanistan said...).
5. I may withdraw from part or all of this study at any time.
6. I have the right to review material prior to the publication.
7. I understand that data of this interview may be included in Stephen Richardson's Master's Project and may also be included in manuscripts submitted to professional journals for publication.
8. I am free to participate or not to participate without prejudice.
9. Because of the small number of participants, approximately ten, I understand that there is some risk that I may be identified as a participant of this study.

If you have questions or comments regarding this study, please feel free to contact Stephen Richardson. Stephen Richardson's phone number is +1-857-318-8176 and email address is srichardson@educ.umass.edu. You may also contact Stephen Richardson's academic advisor, Dr. Cristine Smith, at +1-413-545-2731 or cristine@educ.umass.edu.

Researcher's Signature

Date

Participant's Signature

Date

How is the role of community voice and how is it included?

To what extent is it or can it be included—given organizational limitations?
(collaborative)

How are efforts harmonized with internal and external agendas? (Other NGOs working at schools, Ministry of Education curriculum, Head Masters, other teachers, etc.)

What are the approaches to integrating such psychosocial support into a multi-layered system, if existing? (Drawing on the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*)

How are you able to work collaboratively across sectors, e.g., working with health clinics, etc.?

Relationship to Education

As these psychosocial support interventions take place at the site of a school, how do they work with and complement existing curriculum (if at all)?

As psychosocial support in crisis and conflict recovery is part of your organization's priorities, how are children protected in the classroom from harm, which could be incurred in the future? What precautions are taken? What precautions could be taken that are not currently?

How do you feel this work should be institutionalized within education in _____? (drawing on the concepts of social and emotional learning indicating that these should be infused into standard curriculum)

Organization, Projects, and Support

How does your relationship with the Technical Advisor/Program Manager [*depending upon who I'm interviewing*] shape your work?

How much training did you receive?

How useful was this training for your current work?

Provided the humanitarian aid and international development push for more evaluation, how are you monitoring and evaluating your psychosocial support program in schools?

What indicators are you using?

Are there any evaluations of the projects we have discussed? If so, could you share any of them with me?

Final Open-Ended Questions

What are the research gaps in the field from your perspective?

Is there anything else that you would like me to know that I have not asked?