

Developing Teachers' Abilities to Create Trauma-Informed Classrooms and Teach Psychological Resilience-Building Using Cognitive-Behavioral Approaches

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DESCRIPTION OF CRISIS-SPECIFIC CHALLENGE

Mindanao, in the southern Philippines, has in recent years experienced increased conflict and instability, worsened by challenging economic conditions, mistrust in government, and wider geopolitical conflict. The 2017 siege of the city of Marawi by the Maute group, an affiliate of the Islamic State of Iraq and Syria (ISIS), led to the displacement of over 300,000 people before the Philippine military regained control.

Within this context, the USAID Mindanao Youth for Development (MYDev) project aimed to provide vulnerable youth who are no longer in school with opportunities to earn a living, contribute to their communities, build resilience to violence and violent extremist activities, and thus support peace and stability in the region. Working with a range of national, regional, and local government agencies as well as with local NGOs, private sector and community organizations, MYDev engaged over 22,000 youth in soft skills and technical training, employment, leadership, and community development activities, building their basic education competencies, livelihood capacities, and life and leadership skills. MYDev worked in close coordination with government ministries, private technical and vocational training (TVET) institutions, businesses, and local NGOs.

Out-of-school youth are exposed to high levels of family and community violence and are at increased risk for recruitment into violent extremist groups. Educators working with out-of-school youth, in particular, can benefit from learning basic, evidence-based cognitive-behavioral skills, both for their own coping skills and to enable them to help the youth they work with cope with adverse situations and develop resiliency for the future.

Educators live and work within the same difficult community dynamics and are exposed to the same violence, and as such, can also benefit from learning positive coping and resiliency skills for their own mental well-being. Educators who can better control their emotions and understand how to adopt more flexible thinking patterns will be able to control their anger and not act out in physically or emotionally violent ways against students.

Our theory of change is that educators who are able to understand their own mental health needs and who have been trained in evidence-based psychological approaches which support positive mental health can be effective educators of these skills for youth. In addition, educators who have been trained in how to promote positive mental health and coping skills will be more effective and functional educators. This project, therefore, sought to teach life skills facilitators, TVET instructors, and mobile teachers key foundational psychological skills to support both their own and their students' mental and emotional health.

BRIEF OVERVIEW

A training-of-trainers program was developed to build educators' skills in trauma-informed, evidence-informed mental health interventions including positive coping skill activities and resilience-building approaches. Though much of the international community is focused on adapting Western psychological treatment manuals to conflict and post-conflict settings, too few are discussing the effectiveness of indigenizing foundational, evidence-based psychological approaches and theories of change to these contexts (e.g. Wendt, Marecek, & Goodman, 2014). In addition, while most focus resides in training lay community workers in psychosocial

support, educators have an untapped role to play in building the resilience of the world's youth. Though the project focused on educators in out-of-school systems, the approaches utilized are widely applicable to formal education systems. The curriculum is based on a combination of principles from cognitive-behavioral theory and incorporates an acceptance and commitment therapy orientation.

Cognitive-behavioral Theory (CBT) posits that our thoughts drive our emotional responses which, in turn, determine our behavior across all situations. As such, sustained changes in behavior demand that we change the ways we think about situations. CBT is the most well-researched, evidence-based psychological approach which has demonstrated efficacy in both preventing psychological disorders from forming and in treating psychological disorders (Daneil, Cristea, & Hofmann, 2018). Learning to change inflexible, rigid, and extreme thinking patterns is an essential aspect to rehabilitating violent perpetrators, treating post-traumatic stress disorder, and for treating depression and anxiety disorders. Acceptance and Commitment Therapy (ACT) is a specific CBT-orientation which helps human beings learn to differentiate between aspects of their life circumstance which they cannot control and those which they can. Individuals and communities who have experienced high levels of community violence and conflict will have experiences which, while difficult, need to be incorporated into their life story as opposed to being avoided. This acceptance of one's experiences combined with healthy cognitive and behavioral coping skills garnered through a CBT-approach has been demonstrated to lead to individual and community healing (e.g. Ruiz, 2010).

An example of a CBT-based coping skill applied through an ACT lens is that of helping a youth adopt the perspective that, while it isn't fair that their home was destroyed in the recent conflict, they can choose how they react to that reality. While they can continue to think only angry, revenge-focused thoughts, which may lead to intense anger and potential retaliation or joining of an extremist group, they have the choice of adopting a different perspective. They can choose thinking patterns that focus on finding ways to take more active roles in helping to make their community safer or in rebuilding the infrastructure of their community.

Evidence-based psychological principles were contextualized to the Filipino culture through in-depth testing of curriculum activities with educators and youth, incorporation of feedback on specific ways youth refer to certain feelings (i.e. hopeless vs. depressed) and the best ways to explain concepts, and focus on the specific issues that youth said were of greatest importance in their lives.

Utilizing a holistic, evidence-based approach to support peace and stability in conflict and crisis settings, the program was implemented across four regions within the south Philippines, some urban and some rural. Out-of-school settings ranged from a tent in the evacuation camps, to a room in the municipal buildings (for ALS classes), to more traditional classroom spaces.

This specific Resiliency Building Training-of-Trainers (ToT) curriculum entitled *Foundations of Resilience Module* was developed to enhance awareness of one's own mental health needs, vulnerabilities, and new psychological skills to support mental well-being. The curriculum has three main goals. The first goal is to raise awareness of the connection between thoughts, feelings, and behaviors and to reflect on how one's thinking drives behavior across situations. Interactive exercises and self-reflective activities facilitate this foundational learning. The second goal of the module focuses on helping teachers and youth understand the concept of coping skills. Once we know how we feel (e.g., sad, angry, scared, revengeful), we can then make the connection to the type of support and/or coping skills needed to think through the consequences of our actions. After learning how to both cope with negative feelings (including learning coping skills such as mindfulness and progressive muscle relaxation), teachers learn how to specifically address unhealthy thinking patterns and interrupt the warning signs that lead to aggression and violence. Finally, teachers are taught that in order to receive support from others, we need to know how to ask for the support we need.

Out-of-school youth who were enrolled in our accelerated, non-traditional educational program between the ages of 15 and 24 years old were included in the program. Following the initial TOT workshop, master trainers went on to train all teachers in the program in two-day workshops across the southern Philippines. Master trainers delivered the in-person workshops and remained available for questions or consultation while teachers delivered the 16-hour

curriculum to their own students. Over the course of six months, over 50 educators were trained and in turn, trained 5,000 youth.

EVIDENCE AND OUTCOMES

Impact evaluation data suggest that participation in the resiliency module for youth beneficiaries led to improved decision making, changed views on the acceptability of violence, promoted greater consideration of consequences of actions prior to reacting, and improved ability to manage anger.

Qualitative focus group discussions (FGDs) were held with four groups of youth (n=41) and two groups of teachers (n=16). The FGDs were conducted in English with a Filipino translator. Participants included, as much as was possible, one young woman and one young man from each community and one teacher from each community in which the project operated. Both youth and teachers reported changes in thought processes and in behavior indicative of improved resilience, healthy management of emotions, and improved coping skills for dealing with issues including depression, anxiety, and anger. The qualitative results showed that the most robust changes for students were seen in their ability to better manage their anger, their ability to make better decisions in life through the newly acquired skill of weighing the pros and cons in situations, acquisition of new coping skills which helped youth to calm down and think of solutions to problems as opposed to just reacting in the moment, and finally, the new awareness of their personal vulnerabilities, which helped many youth to make better decisions for themselves when presented with tempting offers to join extremist groups, join friends in doing drugs, etc. One female youth said, when asked what she learned, “we learned how to cope {with} problems in life. Everyone faces problems in life so we learned how to cope up and every individual has their own different way how to cope up. I also learned about managing our anger”. Focusing on her new skills in anger management, another female participant explained, {Prior to the training} “If I was mad or if I was angry then I just voiced out my anger at someone. I would just use violence and then words will hurt. But then after {going through the training} I realized that you as a person should not do it....{I should not show violence}. I found myself reading a lot to calm me down. Results from the two teacher-specific focus groups demonstrated that

teachers felt confident and highly motivated to deliver the curriculum after a one-time teacher training in the material. While teachers were eager for additional training on the topic of mental health, they expressed confidence and depth of understanding of the main concepts and communicated confidence that the youth benefited (and changed behavior) as a result of the training. During one of the teacher FGDs, a teacher demonstrated how she incorporated the key elements of the Acceptance and Commitment Therapy approach into her reaction to students by saying “we {were sometimes} shocked when facilitating the module because we {were} also learning from our participants the {range} of all the struggles and experiences that happen...we would explain to them that they are not the only ones to have challenges in life - just like myself, being gay, I have a lot of challenges in life and I share things with them so they realize they are not the only ones {experiencing challenges}.”

LIMITATIONS, CHALLENGES, AND/OR LESSONS LEARNED

Despite concern that the methodology (mental health expert trains master trainers who, in turn, train teachers in the materials) would not allow for significant transfer of knowledge to the youth, the evidence suggests otherwise. In fact, both the quantitative and qualitative data results support this model as one which can produce actual behavior change and in particular, enhanced resilience and coping with negative emotions. The initial training of master trainers was a three-day long process in which trainers were given a foundation in the key elements of cognitive-behavioral theory to help contextualize the actual curriculum activities and lessons. These trainers went on to train the educators of the youth. Focus group discussions conducted with the youth demonstrated that youth had obtained significant knowledge and many reported changes in behavior over time.

Interestingly, the main criticism or lesson learned was that the teachers thought they would have been even more effective in their approaches had they had more individualized training in the material and learned to apply the coping skills and cognitive-behavioral approaches to themselves. In fact, teachers communicated a hunger and eagerness for more training tailored specifically to their own needs, as a

way to enhance their effectiveness with their students.

Educators are the key to delivering large-scale mental health interventions globally. While it is outside of their role and training to deliver focused, manualized psychological treatment for specific disorders, they are certainly able to deliver lessons based on basic, proven psychological principles which can help youth learn how to cope in healthier ways and think differently – both of which can improve mental health.

References

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