



Implementation Protocol

In-Service Teacher Training

+

Teaching Recovery

Techniques



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Related resources and materials

Website: www.refugeeswellschool.eu

In-Service Teacher Training (INSETT) Manual: Pastoor, L. d. W. (2019). *In-Service Teacher Training (INSETT) – Psychosocial support for young refugees and migrants in schools. Intervention Manual – Content, themes and implementation. Working paper 20.02.2019.* Oslo: Norwegian Centre for Violence and Traumatic Stress Studies. Available in [English](#).

Teaching Recovery Techniques Manual: Smith, P., Dyregrov, A., Yule, W., Perrin, S., Gupta, L. & Gjestad, R. (1999). *A manual for Teaching Survival Techniques to child survivors of wars and major disasters.* Bergen, Norway: Foundation for Children and War. (see www.childrenandwar.org)

Contact details

Ilse Derluyn, RefugeesWellSchool coordinator & principal investigator (UGent), ilse.derluyn@ugent.be

Raija-Leena Punamäki, INSETT + TRT in Finland (University of Tampere), raija-leena.punamaki-gitai@tuni.fi

Anna Sarkadi, INSETT + TRT in Sweden (University of Uppsala), anna.sarkadi@pubcare.uu.se

Arnfinn Andersen, INSETT in Norway (NKTVS), arnfinn.andersen@nkvts.no



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NORWEGIAN CENTRE FOR VIOLENCE
AND TRAUMATIC STRESS STUDIES

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Introduction

Reviews on effectiveness of school-based psychosocial interventions for trauma-affected adolescents recommend a layered or triad provision of services (Jordans et al., 2013). Concerning refugee and immigrant adolescents, only a part suffer from clinically significant and severe mental health problems, such as posttraumatic stress disorder (PTSD), depression or dissociation symptoms (Bronstein & Montgomery, 2014), and they are in need for *targeted interventions with therapeutic elements*. Others, although exposed to traumatic war events or migration stress, do not develop mental health problems, maybe because they have an access to social and psychological resources, and for them *universal promotive interventions* are suitable. Figure 1 illustrates the targeted and universal interventions as combined in the RWS-project.

Combining the In-Service Teacher Training (INSETT), a universal teacher-mediated intervention and the Teaching Recovery Techniques (TRT), a targeted intervention involving cognitive-behavioral treatment elements, serves the triadic provision. It is tailored to provide school-based interventions according to newcomers' different mental health needs. The INSETT teachers training enhances refugee and trauma competence in the whole school and indirectly benefits newcomer students from migrant and refugee backgrounds and their caregivers. It is delivered to lower and upper secondary school teachers and counsellors in introductory-, preparatory-, support-or ordinary classes. The TRT is a group intervention for students who show clinically significant PTSD symptoms and suffer from probable PTSD. The TRT is provided by trained school welfare personnel such as school psychologists, counsellors, nurses or special teachers, who have completed a training accredited by @TRT by Children and War Foundation, www.childrenandwar.org.

The INSETT intervention aims to strengthen teachers' competence and self-efficacy in three areas: (1) Promoting refugee/migrant students' mental health and psychosocial wellbeing. (2) Encouraging positive interethnic relationships and strengthening school belonging. (3) Fostering supportive interrelationships with parents, caregivers and/or guardians to promote school involvement (Pastoor, 2019). The educational content of the INSETT intervention builds on a comprehensive ecological developmental framework (Bronfenbrenner, 2005) considering personal as well as contextual factors in relation to the developmental and psychosocial needs of newcomer refugee and migrant adolescents. INSETT further acknowledges and aims to enhance the multiple processes of adaptation that resettlement after flight or migration involves, and the

need for schools to become refugee competent (Pastoor, 2015) in order to fulfil its decisive role in these processes.

Practically the INSETT intervention consists of three interrelated course modules. It combines lectures, group work and exchange of participants' experiences, views and reflections in two whole-day seminars with individually completed online training 'sandwiched' between the two seminars (an introductory seminar and a follow-up seminar, respectively). The INSETT intervention manual working paper (Pastoor, 2019) introduces and elaborates on the aims and contents of the intervention, and describes the contents of the seminars as well as the online training course, which is a translation and adaptation of the course *Providing support to refugee youth* developed by the Augeo Foundation in the Netherlands, who also hosts the adapted online modules on its online training platform (Augeo Academy; <https://www.augeo.nl/en/augeoacademyori/>). The INSETT manual working paper (Pastoor, 2019) includes a full manuscript and a PowerPoint presentation for the lecture "Young refugees' psychosocial challenges upon resettlement: the need for a refugee-competent school." For more detailed information about the INSETT, please see Hilden, Osman, Pastoor, Punamäki, & Andersen, 2022).

Teaching Recovery Techniques, TRT, is a manualized intervention (©-copyright Children and War Foundation: CWF; Smith, Dyregrov, Yule, Perrin, S., Gupta. L. & Gjestad, R. 1999; Yule et al., 2013; <https://www.childrenandwar.org>). The TRT is based on cognitive behavioral therapy (TF-CBT) elements, and it aims to reduce PTSD symptoms, increase resilience, and train effective coping strategies. Participants are provided with practical techniques to deal with traumatic memories, physical and behavioral arousal symptoms, and fears. Treatment elements include psychoeducation (in playful and multimodal ways), normalizing reactions to traumatic memories, working with nightmares, scaling anxiety and avoidance, and framing intrusive thoughts and emotions. It is also important to create a sense of safety, learn to recognize uncontrollable trauma-evoking cues, and increase competence and sharing hope. Parents are invited to two parent sessions aimed at giving them information about the TRT and advice on how they can support their children.

Practically, TRT is implemented in groups, including seven sessions for adolescents and two for their caregivers. For adolescents, each session lasts 90-120 minutes and includes training techniques, rehearsal and homework. Session one is about getting to know each other and session seven a follow-up, each session starts with reminding of agreed rules (e.g., confidentiality

and safety). The TRT handbook provides to each session a number of tools, techniques and procedures to be worked in the group to achieve the treatment aims.

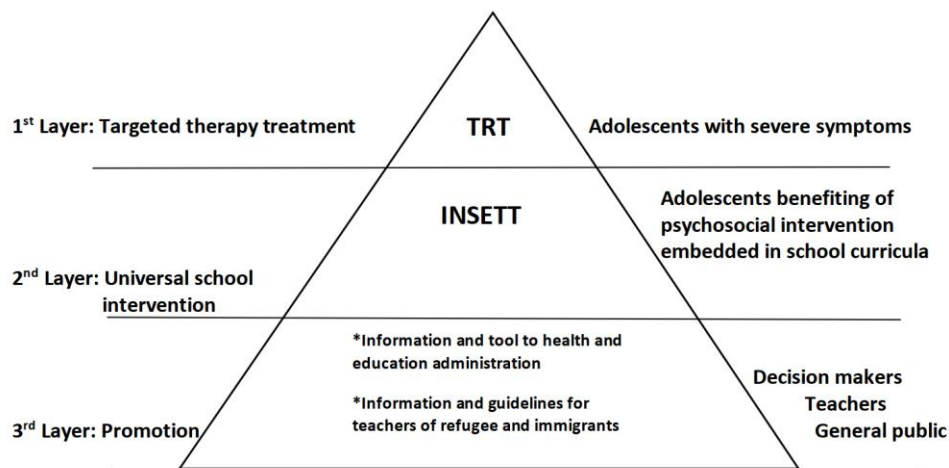


Figure 1 Model of school based psychosocial interventions according to students' needs: Layered/Triage

Organisation

Logistics: setting and material

The **INSETT** is a teacher-mediated whole school intervention and does not demand specific locations or prepared materials from the school. The teachers and other school staff who conduct the intervention participate in two-day training and online learning module, providing handbook and other material.

The **TRT sessions** were conducted in a calm, safe and comfortable room with a round table, moderate color interiors and neutral and beautiful decoration. The inviting atmosphere is important and as the TRT is a group intervention, it is important to all participants have an eye contact and can feel comfortable with each other. The TRT participants need color pens for

drawing and paper for writing. The TRT manual gives instructions and material to start each session with ritual of coming together and rules to be agreed together. The TRT leaders fill in log-books after each session to state about the implemented techniques, strategies, and materials, and short evaluation of their functioning.

Information about the interventions

- (1) **To the school staff** of headmasters, teachers, and school health team information about combined INSETT and TRT: (a) The combined intervention is tailored for newcomer students with refugee and migration background; (b) theoretical rationale why combine whole-school psychoeducational and targeted treatment-oriented interventions to students with traumatic war- and refugee histories; (c) information about the contents of the two whole-day seminars for teachers and other staff to participate in the INSETT and about the online-Augeo Academy course; (d) TRT training program (A trainer accredited by Children and War Foundation provides two-days paid training for school health team members); (d) school hours, schedules, and financial calculations for training days and implementation of the two interventions, as well as (e) rationale, ethics and concrete protocols to screen students eligible to TRT-intervention. (In the RWS-project eligible students were screened, but later practices schools' health staff recommended participation to students who would benefit of the group TRT. In the RWS project the researchers provided this information by visiting the community leaders, school masters, participating in teachers and parents' meetings, communicating by skype and phone, and by preparing the material to be shared in schools).
- (2) **To students** who scored above clinically significant cut-off of PTSD are invited to participate in TRT. The trained group leaders or school health team members inform them and asked their and their parents' informed consents. The information sheet includes (a) basic aims of the TRT and outline of sessions, (2) time schedule of sessions, (3) rules of confidentiality and voluntariness and ethical guidelines, and (4) phone numbers and e-mails of intervention staff and group leaders. Parents were separately informed and asked to participate in two sessions.

Timing and time dedications

Teachers in the **INSETT intervention** need time for preparation, two-days seminar participation, and 45 minutes a week for discussion in groups or completing tasks in the AUGEO-Academy on-

line course. The intervention should be planned at about 6 months prior to the delivery of the INSETT intervention. The intervention is spread across one school term.

The **TRT-intervention** group leaders need 8 hours a week for the preparation, delivering, documenting and consultation when conducting the group. The children need a weekly hour dedicated to their participation. The TRT intervention is implemented during school hours, alternatively by one or two group leaders. To find time for students to participate in 7-session systematic intervention needs logistical skills. Thus, planning, informing and recruiting students to participate in the TRT, as well as familiarity with ethical procedures are part of the TRT training.

Recruitment of intervention participants

The **INSETT** intervention is based on whole-school approach, and thus individual school classes or students are not invited to participate. Instead, psychosocial tools, knowledge and ideas that teachers learn about working with newcomers of refugee and migrant background are embedded in everyday school life. The teacher-mediated intervention develops the school as refugee and trauma competent.

In the **TRT intervention** participants are adolescents who are at higher risk for mental health problems than other school students participating in INSETT (as they scored above the clinically significant criterion for PTSD). The recruitment module is a part of the TRT training and group leaders are individually guided for the information-giving and ensuring basic ethical rules concerning the treatment. Written information about the purpose of the TRT, setting and requirements is provided in participants and their caregivers in their own language. This information also involves informed consent to be undersigned. It is preferable that the school health team member who is already familiar with the student participates in the invitation and information-providing. The responsible school health care professionals are guided to dedicate enough time for this invitation and information giving.

Profile of professionals involved

The INSETT intervention does not require special professional skills, experiences or education of participating teachers. It is important that they are motivated to learn about multicultural issues

and apply new knowledge in pedagogic practices with newcomers with refugee and immigrant background. The online Augeo-Academy course does not require any earlier formal qualifications.

The TRT intervention group leaders are preferably school psychologists, counsellor and nurses, special-education teachers, or home language teachers. It would be ideal to have experiences in group work with adolescents on sensitive topic, but engagement and motivation to learn group leading skills and about impact of trauma on learning and wellbeing are essential.

Training of school personnel

Both the INSETT and the TRT -interventions are based on relatively intensive training and follow-up of school personnel, and the TRT also involve professional supervising. The INSETT intervention The INSETT manual working paper (Pastoor, 2018) describes the objectives for the INSETT introductory seminar and follow-up seminar and elaborates on the topics to be covered. It includes a supporting manuscript and a corresponding PowerPoint presentation topics on refugees' psychosocial challenges upon resettlement and practices to build refugee, cultural and trauma competent schools (Pastoor, 2013). The Augeo-foundation one-line course provides material on knowledge and tools how to teach and care for students with refugee and immigrant background, prevent own burnout and understand cultural influences on learning and emotion expression, school and home cooperation, and student mental health. The training days can be organized either for a large group (n=20-25) from multiple schools or in the premises of individual schools where training can be a part of teachers' professional continuation education.

The training of the TRT involves (a) two day training with licensed/accredited trainer of TRT (the Children and War Foundation for information on trainers and training fees), (2) guiding to the recruitment practices of participants, as well as ethical principles and informed consent process, (3) introduction and exercise to use implementation log-book after every TRT session. The trainees were naturally expected to carefully study the TRT manual. The school personnel who were participating in INSETT+TRT intervention are encouraged to share knowledge in their schools. Many TRT trainees are also familiarized with the Augeo-Academy course, which is recommended as the basic aim of the INSETT+TRT intervention is to create sustainable knowledge based practices to teach and work with student from refugee and immigrant background.

Implementation of the intervention

The contextual variables that influence the intervention

The INSETT manual describes the intervention's basis and contents, and provides advice on organizational issues (Pastoor, 2019; in English). The use of country specific examples and illustrations in training will enhance the intervention's relevance to participating teachers. It is therefore recommended to make country and culture specific adaptations to the INSETT intervention and translate the Augeo online course material.

School curriculum schedules and participant motivation can be challenging in implementing the TRT. Yet, positive participants' accounts are documented in a variety of contexts (Qouta et al., 2012; Sarkadi et al., 2018). The TRT intervention is suitable to both genders and to refugees with different migration background or legal status. The school-related challenges are shortage of time, as often teachers, nurses, and counsellors delivering the TRT had difficult to reserve weekly time for preparation. Students' participation may also demand reorganization due to exams or other responsibilities. Participants' high level of dissociative symptoms hampered the TRT effectiveness to reduce symptoms (Qouta et al., 2012).

How to introduce the intervention

The INSETT intervention is based on whole-school approach. The knowledge, training, new methods, ideas and practices that teachers learn in training and online course are embedded in everyday school life. The intervention does not involve specific sessions with students or with their caregiver. Sense of ownership, perceived relevance and value of participation are important for teachers in INSETT training, enhancing motivation to participate and adherence to the intervention.

The TRT manual provides detailed description and tools for each session. All started with a warming up, introduction to the topic and reviewing of the home tasks. Control of breathing and relaxation systems were introduced in a playful manner and the bodily sensations linked with the traumatic experience, feelings, and emotions. Imagery techniques consisted e.g., of successful coping sequences, multimodal processing and regulation of fear and anger and other feelings,

practicing happy ending of bad dreams and nightmares, and inviting and getting a helper in a life-endangering situation. Processing of painful memories involved verbal and narrative and multisensory tools, in addition to drawing and writing. Learning about bodily and verbal regulating of fear and horrors formed an important part as children attempted to come in terms with currently urgent problems. Further, sleeping habits and control of breathing and somatic sensations were practiced. The psychoeducational information about trauma responses was given by using problem solving, role play and storytelling and –grafting techniques. The aims were to recreate a sense meaning, provide tools to control overwhelming emotions and reach feeling of safety. Adolescents are given homework which also involved other family members, such as practicing screening method, exercising relaxing breathing and talking about dreams and nightmares with parents and older siblings, and drawing happy endings to their dreams.

Participation

The INSETT intervention is based on whole-school approach, and thus all students are indirectly participating, and no drop-out consideration is relevant.

The TRT sessions involve e.g. creating secure space and generally enhance feelings of belonging, sharing and trust between participants. This partly may contribute to low drop-out from sessions. The TRT group leaders should contact drop-out participants immediately, and check whether the absence is due to deterioration of wellbeing. In order to carefully follow the participants' wellbeing and affiliation into the TRT group, the group leaders fill-in implementation sheets after each session, e.g., about participants expressed pain or suffering and degree of concern and worry concerning participants. They also plan how to deal with these worries, e.g., by arranging individual sessions and more specialized mental health consultation.

Language

The INSETT intervention is embedded as everyday activities in school. Thus, when communicating with newcomers with refugee and immigrant background, home language teachers should be consulted. Reading or writing is not necessary for the successful implementation of INSETT.

The TRT intervention is carried out in adolescents' mother tongue or majority language with interpreters. Yet, majority of the intervention elements are multisensory involving kinesthetic,

auditory, sensorimotor and symbolic material, such drawing, play and fantasy. Thus, high reading and writing skills are not necessary for participation.

Supervision

Supervision is not part of the INSETT intervention. The supervision is necessary for the group leaders of the TRT group leaders. Supervisors' professional requirements are experiences in group with adolescents on sensitive topic and familiarity with TRT and other CBT methods. The frequency of supervision can be decided according to the needs or bi-weekly opportunities. The TRT protocol provides TRT group leaders an implementation log-book (sheet). It covers issues like participants activity, concerns, problems and tools and methods that worked well or did not work. In a detailed fidelity checklist for *each session* the leaders report, for instance, whether and how they have used the different techniques such as framing, helper in the imagined world, techniques of distraction and tactile memories. It further includes check lists of activities such in the first session games to get to know each other in the group, common rules and purpose. Also home assignment and dream work tasks are reported. The detailed implementation sheet can serve as a tool for supervising, measure the dosage of the intervention provision, and treatment fidelity.

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