

**Evaluation of Program Efficacy
UNICEF School-Based Psychosocial Program
for War-Exposed Adolescents
As Implemented During the 1999-2000 School Year**

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Executive Summary

This report contains an evaluation of two programs sponsored by UNICEF during the 1999-2000 school year. The first program evaluated was a trial version of a classroom-based general psychosocial support program, implemented in two secondary schools. The program is implemented by teachers (or other trained personnel) in the classroom and promotes basic “mental health hygiene”. Content areas of the program include communication skills, problem-solving skills, friendship-building skills, and learning to control one’s emotions by controlling one’s thoughts.

An evaluation of the first (classroom-based psychosocial support) program revealed generally positive findings, (especially given the absence of training and limited support provided for the implementation). Focus groups held with participating students revealed that the students generally enjoyed the materials and access to an informal forum in which they could discuss personal matters. In addition, focus groups held with participating faculty revealed that the teachers also generally enjoyed the materials and access to a forum in which they could step out of their formal roles and engage on a more personal level with their students. Notably, the developmental level of the students appeared to be strongly linked to student’s reactions to the program: The younger students appeared to be much more receptive to the program and to consider it relevant. In contrast, although several 3rd and 4th-year classrooms gave the program a good review, the majority expressed the opinion that these things were “beyond them”.

Recommendations for the General Psychosocial Intervention

1. School staff from both regions voiced the strong opinion that the program should be continued and expanded, after it has been adapted for local use. As noted by Mr. Sunkic, Pedagogue Institute Coordinator of the program in the Republika Srpska, “This program is a precious experience, and the 12 sessions do not appear to have been enough. I recommend that we extend the experimental phase to a few more schools this coming school year.”
2. Although materials have been created for use in the 2nd, 3rd, and 4th years of secondary school, this type of approach appears to have the most appeal for younger students. Thus, the program should probably focus, at least in its initial year, on the first, and perhaps second, grade level of secondary school.
3. The program should be extensively adapted and revised to increase its cultural relevance. Useful sources of data for revision should probably include the findings of this evaluation, input from program participants (e.g., some students provided excellent examples of core concepts), local school and mental health professionals, and UNICEF officers and consultants who are carrying out related school-based programs in the region. In addition, many participants in the Tier-2 (trauma/grief-focused) group program have recommended that selected portions could be readily adapted for use in a classroom setting, such as support-seeking skills and basic information about stress-related reactions such as PTSD and grief. In this evaluation, students suggested such specific topics as resisting peer pressure, adjusting to living in a new place, how to talk to members of the opposite sex, how to deal with anger toward peers, teachers, and parents, and how to cope with fear of failure and perfectionism.
4. Provide pre-training for the teachers implementing the program. Training should cover both the underlying theory, and specific group-leading skills. These “process” skills might include facilitating discussions that involve self-disclosure, engaging reluctant group members, keeping the discussion focused on specific topics, dealing appropriately with students who become emotionally aroused, modeling skills, role-playing, and increasing group cohesion.
5. Begin with “safe” topics and exercises, such as school-related problems, and then progress to more challenging and personal problems, such as difficulties with parents, with peers, and with romantic partners.
6. Develop alternative gender-specific exercises to use as needed (e.g., some classes contained only male students).
7. A significant portion of the program’s favorable reception appears to be linked to “process” features, in which both students and teachers step out of their formal roles and engage each other on a more personal and informal level. This finding suggests that this program may benefit from linking up with active learning-based programs, as implemented by UNICEF and other agencies in B&H.

The second program evaluated was the UNICEF School-Based Psychosocial Program for War-Exposed Adolescents. This specialized program is implemented in Bosnian schools by specially trained school counselors (psychologists and pedagogues) under the supervision of trained mental health professionals working in the community (clinical psychologists and psychiatrists). The program is designed to identify and therapeutically support Bosnian adolescents with histories of severe war trauma who continue to experience psychosocial problems after the war. A centerpiece of the program is a manualized, 20-session trauma/grief-focused group

treatment program in which the school counselors lead a specialized therapy group with 6 to 10 of the most distressed students at the school.

Although weak in some aspects of its methodology, the evaluation revealed consistently positive results across a broad variety of program dimensions. A strong link was identified between project inputs and tangible outputs. These included:

1. Students reported high levels of satisfaction with the program, and strongly endorsed questions about whether the program belonged at their schools and whether they would encourage other distressed students to attend it.
2. Students' distress scores (as measured by tests of posttraumatic stress, depression, and grief symptoms) decreased significantly between pre- and post-treatment.
3. Decreases in distress scores were significantly associated with increases in measures of positive psychosocial adjustment, as measured by students' reports of their classroom rule compliance, social withdrawal, peer relationships, and school interest.
4. Students' reports of group processes (including catharsis, cohesion, and insight) were positively associated with measures of positive psychosocial adjustment, as measured by students' reports of their classroom rule compliance and school interest.
5. The school counselors reported high levels of satisfaction with training seminars co-led by the UCLA Trauma Psychiatry Team and supervising local mental health professionals.
6. Focus groups and self-report questionnaires conducted with the school counselors revealed a program impact that stretched well beyond its original objectives.
7. School counselors reported generally high levels of confidence in their abilities to implement the program.
8. Nearly all counselors reported that participating in the program had increased their knowledge of the prevalence of war-related trauma among their students and associated distress symptoms.
9. Of particular importance to sustainability, the large majority of school counselors reported that they had adapted and "imported" the materials into their teaching and professional work at the schools.
10. Of interest to both impact and sustainability, the counselors reported that participation in the program had brought about a change/expansion in their roles in the schools from one of "disciplinarians" of disruptive students to providers of mental health services. They reported that they welcomed this change, and identified their participation in the program as instrumental in increasing their expertise and expanding their professional roles.
11. The counselors expressed the intention to continue the program during the 2000-2001 school year, and estimated that some 20% to 30% of the students at their schools continue to experience war-related difficulties.
12. The supervisory structure of the program (in which the counselors meet with community mental health professionals in group supervision meetings) worked reasonably well. In particular, this structure was helpful in evaluating and referring a highly distressed (suicidal) student to an appropriate source of specialized care.

Specialized Trauma Project Recommendations

1. The importance of selecting, educating, supporting, and regularly monitoring the activities of government administrators assigned the task of coordinating the program cannot be overstated.
2. UNICEF should give serious consideration to continuing the trauma group program beyond the 2000-2001 school year. This observation is particularly relevant in light of (a) the counselors' perception that some 20-30% of students at their schools continue to experience trauma-related difficulties, (b) the large investment made into program development and training, and (c) the relatively small investment required to continue the program (e.g., supporting the regular supervision meetings and photocopying program materials). As part of this consideration process, we recommend that UNICEF sponsor an empirical evaluation of need for the program's continuation. Specifically, we recommend that UNICEF pay the University of Sarajevo to input, analyze, and write a summary report regarding the results of the fall 2000 screening survey for the Sarajevo and Travnik Cantons. This will provide results for approximately 10 schools, totaling some 1,000 students, in two regions heavily impacted by the war.
3. UNICEF should sponsor a systematic effort to incorporate as many useful elements from the trauma group materials into the general psychosocial support program as is possible. These efforts should draw heavily on the experiences of the school counselors and their supervisors who have taken the initiative of adapting the program for use in their regular counseling work and in the classroom. More specifically, we recommend that UNICEF sponsor a training/consultation trip, to be undertaken by the UCLA/BYU Team and one or more external specialists (Ann Vernon, the developer of the psychosocial program evaluated here, is willing and able to come). The focus of this trip will be to systematically review and adapt existing program materials, to develop plans to develop other needed materials, and to develop an implementation strategy and plan for a more general psychosocial support program. Special care must be given to developing an implementation strategy that will interface effectively with other partners and topics (e.g., the Education sector, AIDS

prevention, drug abuse, etc.). A specific proposal for this planning trip will be included in the UCLA/BYU Team's upcoming project proposal to UNICEF. We believe it is best to develop a program and strategy capable of being implemented in the fall of the 2001-2001 school year.

Evaluation of Program Efficacy
UNICEF School-Based Psychosocial Program for War-Exposed Adolescents
As Implemented During the 1999-2000 School Year

Report Date: January 31, 2001

Overview

In partnership with UNICEF and the Pedagogic Institutes of the Republika Srpska, Sarajevo, and Travnik, and the Universities of Sarajevo and Banja Luka, the University of California, Los Angeles (UCLA) Trauma Psychiatry Team has co-designed and co-implemented a secondary-school-based post-war program. The program, titled the “UNICEF School-Based Psychosocial Program for War-Exposed Adolescents” is now in its 4th full year of implementation, and is currently being implemented in 22 secondary schools throughout Bosnia & Hercegovina (B&H). In collaboration with its local partners, the UCLA Team continues to revise the program. These revisions are based on advancements in the scientific literature, screening survey data, clinical observations made by local program partners, and on focus groups and interviews conducted directly with participating Bosnian adolescents.

Brief History and Overview of the Program

The UCLA Trauma Psychiatry Service Team began its involvement with UNICEF when the last author (R.P.) was invited to conduct a series of training seminars in Croatia for local mental health professionals during 1994 and 1995. After the Dayton Accords brought an official end to the Bosnian conflict in December 1995, the UCLA Team was contracted by UNICEF Bosnia & Hercegovina in early 1996 to provide consultation to government agencies within the Bosnian Federation and the Republika Srpska, to focus specifically on the post-war psychosocial needs of war-exposed Bosnian adolescents. The Team’s first objectives were to assess both the psychosocial needs of children and adolescents in the post-war period and the local resources available. This assessment was carried out during a 7-week fieldwork visit by the second author (W.S.), who conducted an extensive on-site review of the levels of war-related trauma exposure and associated distress in Bosnian youths, existing programs developed during or after the war to meet those needs, and local mental health resources. Drawing on these field observations (Saltzman, 1996), the UCLA Team drafted a project proposal to UNICEF B&H that laid out a three-tiered, public health-oriented model of intervention. In its proposal, the Team both summarized its assessment of the post-war psychosocial needs of Bosnian adolescents and proposed a school-based, three-tiered conceptual framework. The three tiers provide, respectively, general information and skills-based support to (potentially) many or all students (Tier 1 intervention), specialized support to traumatized students at significant risk for severe persisting distress and developmental disturbance (Tier 2 intervention), and a professional network through which school counselors may both obtain timely expert consultation and refer severely distressed or high-risk students to community mental health specialists (Tier 3 intervention). The objectives, content, and resources necessary to implement each tier are described below; Appendix A contains a detailed description of the objectives, targeted populations, and resources necessary to implement each tier.

UNICEF B&H then contracted the UCLA Trauma Psychiatry Team in early 1997 to consult with Bosnian government agencies in designing and implementing a school-based program to promote post-war adaptation in war-exposed youths. In accordance with the Team’s observation that few or no specialized services were available in Bosnian secondary schools for seriously traumatized students (Saltzman, 1996), the Team designated as its first priority the provision of Tier-2 and Tier-3 services in Bosnian secondary schools. This intervention program would thus rely on trained school psychologists and pedagogues, who would implement the program with war-distressed students at their respective schools under the supervision of trained community mental health professionals.

In March through May 1997, pilot program materials were field-tested in two pilot schools, one in Sarajevo and one in Banja Luka. Using data gleaned from field observations, focus groups, and clinical interviews, the original program materials were revised extensively during the summer of 1997. The revised materials included a guide for leading psychoeducational discussions with students, teachers, and parents; a risk screening survey; a screening interview; a pre-group interview; and a 20-session manual for conducting structured trauma/grief-focused group treatment.

The program was first implemented on a wide scale during the 1997-1998 school year at 12 schools throughout B&H. These schools were supported support by 3 teams of local clinical supervisors (teams were based in Sarajevo, Banja Luka, and Mostar, respectively). The implementation was also supported by a 3-month on-site visit by UCLA Team members Christopher Layne and Jenifer Wood in the fall of 1997, and by two additional follow-up visits in the spring of 1998. These visits were devoted to training, consultation, on-site visits to participating schools, program evaluation, and planning. At the conclusion of the school year in May/June 1998, the Team conducted an internal evaluation of the efficacy and feasibility of the program using screening survey

data, field observations, clinical interview data, and data from focus groups held with group members, group leaders, and local clinicians (Layne, Wood, Saltzman, & Pynoos, 1998).

The internal evaluation of the 1997-1998 school year program implementation revealed mixed but generally favorable findings: Students who participated in group treatment, or who met with the school psychologist/pedagogue independently in interviews, reported significantly greater decreases in PTSD and grief symptoms at post-treatment compared to a no-treatment control group. Conversely, the no-treatment controls reported greater decreases in depression symptoms compared to both the group-treatment and individual-work groups. Further, the evaluation also revealed positive findings regarding the impact of the program: A professional network had been established and was valued and used by the school professionals, and school professionals reported that they used the group materials in their professional work outside the groups, both in the classroom and in their other roles at the schools. In addition, program retention varied greatly across regions during the 1997-1998 school year. Nine of ten schools completed the program in the Republika Srpska, 2 of 3 completed the program in Sarajevo, 2 of 2 completed the program in Gorazde, 0 of 4 completed the program in West Mostar and Western Hercegovina, and 0 of 2 schools completed the program in East Mostar. In its evaluation of the program (Layne, Woods, Saltzman, & Pynoos, 1998), the UCLA Team concluded that lack of administrative support was primarily responsible for the high dropout rates in some regions. In contrast, school professionals' perception that the program belonged to them, and reports that they had observed significant improvements in their group members, were primarily responsible for program retention. Using the data collected from the program evaluation, the program materials were revised further during the summer of 1998.

The program was expanded to 32 school sites during the 1998-1999 school year. This expansion occurred in the form of the addition of 21 new schools, recruited throughout B&H, to the 11 returning "veteran" schools (which had completed the program during the 1997-1998 school year). All schools were supervised by a total of 7 program supervisors (2 in Sarajevo, 1 in Travnik, 2 in Tuzla, and 2 in Banja Luka; all were newly recruited except the Banja Luka supervisors). Overall, program retention was quite good to excellent during the 1998-1999 school year: Nine of nine "veteran" schools in the Republika Srpska returned, 2 of 2 "veteran" schools in Sarajevo returned; and 2 of 2 "veteran" schools in Gorazde declined to participate for unknown reasons.

During the 1999-2000 school year, the program took two forms. The first form of intervention consisted of the "Tier-2" trauma group program, which was continued at approximately 25 "veteran" secondary schools throughout B&H. Program retention in the trauma group program was generally very good, with the major exception that the entire Tuzla region (6 schools) dropped out of the program due primarily to a lack of administrative support within the local Pedagogic Institute. A flowchart illustrating the trauma group program, as implemented during the 1999-2000 school year, is presented in Appendix B.

The second form of intervention consisted of an experimental "Tier-1" classroom-based intervention, which was implemented for a 3-month period at two selected schools, one in Prijedor, Republika Srpska (the Ra}unarski Centar, led by Director Puhali}), and one in Travnik (Mixed School, led by Mrs. Azemina). This intervention program consisted of 10 structured classroom exercises for 1st year secondary school students, which were selected from a classroom-based program developed by psychologist Ann Vernon in the U.S. The exercises were implemented in approximately two first-, second-, third-, and fourth-year classes at each school, and focuses on promoting basic psychosocial adjustment (e.g., regulating one's emotions by controlling one's thoughts, thinking through decisions instead of acting impulsively). This report contains an evaluation of both forms of intervention (general psychosocial and specialized) as they were implemented during the 1999-2000 school year.

Currently (during the 2000-2001 school year), the Tier-2 program is in its fourth full year of implementation. Program retention is generally very good, with approximately 22 total schools participating in the Sarajevo and Travnik Cantons and throughout the Republika Srpska. Notably, the current implementation is being paired with a comparatively rigorous evaluation of program effectiveness, which will conclude in June 2001. Three teams of local clinicians now serve as clinical supervisors and carry out their activities in the form of regular group supervision meetings, telephone consultations, on-site visits, and collaboration with the UCLA Team in conducting regular training seminars. The UCLA Team continues to support this implementation with on-site visits devoted to training, consultation, on-site visits to participating schools, program evaluation, revision of the program materials, and strategic planning. An overview of the Tier-2 (specialized Trauma/Grief-Focused) program is provided in Appendix D.

Overview of This Evaluation

Cautionary Note: Methodological Weakness

It is important to note that the implementation of both levels of intervention (trauma group and classroom-based general support) during the 1999-2000 school year was far from optimal. In particular, an administrative change in UNICEF personnel responsible for overseeing the program led to a significant delay in a formal

commencement of the program. Regarding the trauma group program, training and supervision activities were not formally commenced until November 1999. Further, during the first training/supervision seminar in November 2000, it became apparent that some schools had taken the initiative to begin the program on their own, and had already formed groups. In contrast, other schools had not begun implementing the trauma group program. Additional problems with the implementation of the classroom-based general support program also reduce the methodological rigor of this evaluation. These methodological problems are listed below for both the Tier-1 and Tier-2 levels of intervention:

Study Weaknesses: Methodological Problems Associated With the Trauma Group (Specialized Tier-2 & 3) Intervention:

1. There was a marked lack of synchrony throughout the school year between “early starters” and the “late starters”; the early starters were, on average, approximately 2 months ahead of their late-starting peers. This lack of synchrony across implementation sites complicated supervision, training, and evaluation activities.
2. Only some school sites fully completed the program as planned. In particular, only the early starters (n = 6) fully completed the entire group treatment program and terminated their groups, as planned, at the end of the school year. Conversely, the late-starting schools (n = 9) did not complete the entire program cycle, and thus postponed the remainder of their group sessions until the beginning of the 2000-2001 school year.
3. No appropriate control groups were created.
4. All data are self-report, and thus subject to self-report bias.
5. The evaluation relies on a small battery of measures, which are not likely to fully capture the range of psychosocial effects produced by the program.
6. Only pre-treatment and post-treatment outcome measures were used.

Study Weaknesses: Methodological Problems Associated With the General Classroom-Based (Tier 1) Experimental Intervention

1. No formal pre-intervention training was provided for any of the implementing teachers.
2. Monitoring of implementation was virtually absent in the Prijedor School.
3. All materials used were developed for 1st year secondary school students, yet were used with the 1st through 4th year students. Thus, there was a mismatch between materials and the developmental level of most of the students.
4. The program was literally translated from its US version, and was not adapted for use in Bosnia to ensure its cultural relevance.
5. Logistical problems prevented the administration of pre-treatment and post-treatment quantitative evaluation measures. Thus, evaluation must be based solely on qualitative measures (e.g., focus groups held with participating students and teachers).

Due to these methodological weaknesses, this evaluation should be viewed as a pilot evaluation—an evaluation that is weak in “experimental” rigor, yet which still has considerable value in assessing program outputs, outcomes, and impacts, logistical factors that either facilitate or impede implementation, and local needs not addressed by the program. This evaluation has particular relevance for the implementation of this program during the 2000-2001 school year, and for efforts currently underway to plan school-based programs for the region.

Evaluative Framework

This evaluation of the UNICEF School-Based Program for War-Exposed Adolescents will utilize an evaluative framework developed by UNICEF (UNICEF, 1991). Primary dimensions of program evaluation that will be featured in this report will now be defined.

Program monitoring is defined as “the periodic oversight of the implementation of an activity which seeks to establish the extent to which input deliveries, work schedules, other required actions, and targeted outputs are proceeding according to plan, so that timely action can be taken to correct deficiencies detected. In contrast, *program evaluation* is defined as “a process that attempts to determine as systematically and objectively as possible the relevance, effectiveness, efficiency, and impact of activities in light of specified objectives.

Inputs are defined as resources invested in a program. Inputs include cash, supplies, personnel, time, administrative costs, equipment, training, physical facilities, and monitoring activities.

Outputs are defined as the specific products, goods, or services that a program is expected to deliver as a result of receiving the inputs.

Processes are defined as mechanisms that transform inputs into outputs. More specifically, processes may be regarded as the steps specified in the implementation plan.

Program relevance refers to the degree to which outputs are valued and used by the intended beneficiaries of the program. Evaluations of relevance involve assessing the current importance of the problem targeted by the program, and weighing the importance accorded to the targeted problem against the importance accorded to other problems.

Effectiveness is defined in terms of whether a given program works, or delivers outputs in accordance with its objectives.

Program efficiency involves evaluating whether outputs are achieved at the lowest practicable cost. Evaluations of efficiency also may involve comparing the value of the outputs to the value of inputs, and considering whether alternative activities might yield a higher ratio of outputs to inputs.

Outcomes are defined in terms of peoples' responses to a program, and how people are doing things differently as a result of the program. In contrast to impacts, outcomes are shorter-term effects relating to specific program objectives.

Impacts are defined as the long-term social, economic, technical, environmental, and other effects of the program on the targeted population and their surroundings. These effects may be intended or unintended, positive or negative, macro-level or micro-level.

Sustainability refers to the likelihood that an activity will continue after donor funding ends. Two essential aspects of sustainability include social-institutional issues (do the beneficiaries accept the program as their own? Is the host institution developing the capacity and motivation to administer it?) and economic issues (can the activity become partially or completely self-sustaining financially?)

An *indicator* is defined as a measure that is used to demonstrate the change or result of a program. An indicator may either be a direct measure of a targeted output or impact, or an indirect "proxy" measure.

The remainder of this report will be devoted to an evaluation of the Tier 1 project (general classroom-based psychosocial intervention) and the Tier-2 and Tier-3 project (trauma/grief-focused intervention), in that order.

Evaluation of the Tier 1 (Classroom-Based) General Psychosocial Project

Historical Overview of the Tier-1 Project

As described above, this evaluation of the classroom-based program relies solely upon qualitative data. Evaluation data were collected in focus groups held with participating teachers, pedagogues, community mental health professionals, and students during the UCLA Team's May/June 2000 on-site visit.

A common concern that has been voiced by all school and community mental health professionals throughout the history of the (Tier-2) trauma/grief group therapy program is that the program, while valuable, reaches only a comparatively small number of students. Indeed, for years, school counselors associated with the trauma/grief-focused program have noted that a much larger number of students exists at their schools whose traumatic experiences and current difficulties warrant some level of intervention. Further, all program participants have noted that, in general, as the post-war period lengthens, acute trauma symptomatology is receding, whereas general "problems in living" (such as hopelessness, drug use, and interpersonal difficulties involving peers and family members) have gained prominence in the daily lives of most students. Indeed, there has been a widespread request for a more general, preventive program for all students—a program that could be carried out within the classroom by trained teachers. Specifically, school counselors and community mental health professionals have suggested that this program focus on socio-emotional and developmental issues relevant to the daily lives of secondary school students. They have also suggested that many of the psychoeducational materials used in the specialized trauma/grief group therapy program (including communication skills, emotional self-regulation skills, problem-solving skills, and support-seeking skills) could be readily adapted for this general audience.

At the end of their May/June 2000 evaluation activities, the UCLA Team (Drs. Layne and Saltzman) met with the UNICEF Coordinator for the program, Dr. Berina Arslanagi, to discuss these findings. The Team then received her authorization to search among existing classroom-based social-emotional curricula for a program that could be adapted for use in Bosnian schools. During summer 2000, the Team surveyed the literature for empirically-supported programs, and concluded that the programs with the strongest empirical support, almost without exception, had a strongly cognitive-behavioral orientation. A central tenet of cognitive-behavioral theory is that emotions are the products of thoughts, and that individuals can learn to control their emotions by consciously regulating the thoughts they generate in response to events and circumstances. More generally, cognitive-behavioral approaches stress that individuals are responsible for their feelings and behaviors, and that they have the capacity to change self-defeating personal patterns.

The best cognitive-behavioral programs identified in the UCLA Team's search were distinguished by four features. First, the programs are relevant to potentially all students, in that they targeted socio-emotional and developmental issues common to adolescence. These include a focus on promoting emotional adjustment,

problem-solving ability, and healthy interpersonal relationships. Strong emphasis is also given to learning how to set goals and achieve them. Second, the programs are simple, straightforward, and structured. Each program consisted of a structured curriculum, comprised of weekly classroom sessions designed to be implemented by teachers with minimal levels of training and pre-existing knowledge about psychology. Third, the programs are strongly skills-oriented, focusing on providing adolescents with tools with which to cope adaptively with day-to-day challenges. Fourth, the sessions build incrementally on each other, in that later sessions elaborate upon skills and knowledge gained during previous sessions.

In its review, the UCLA Team examined a wide variety of school-based programs. Among these were programs developed by Aaron Beck, Martin Seligman, Phillip Kendall, John March, Edna Foa, Jane Gilham, Rita Richardson, Michelle Karns, Aleta Meyer, Rodney Hammond, Alber Ellis, Atle Dyregov, and Ann Vernon. In addition to reviewing the curricula, books, and manuals authored by these individuals, the Team spoke personally to a number of program authors to explore the possibility of adapting their program for use in Bosnia-Herzegovina. The Team eventually selected the program authored by Ann Vernon as its most appropriate starting point for use in Bosnia-Herzegovina. Two primary strengths of Dr. Vernon's curriculum are its wide breadth of application and its simplicity. Her curriculum consists of a series of 30 weekly sessions for *each* grade level within primary and secondary schools, and is adapted for use by teachers with little background in psychology. The thirty sessions focus on five subject areas: six sessions each for self-acceptance, emotional intelligence, understanding and controlling our behavior, problem solving/decision making, and interpersonal relationships. Each classroom session is simply written, clearly organized, innovative, and enjoyable. Additional strengths are that the sessions build incrementally on previously-acquired skills, and that the topics covered are sufficiently universal as to permit relevant adaptation to international settings. The Team concluded that Ann Vernon's program is a social-emotional educational curriculum that has relevance not only for severely traumatized youths, but for all youths contending with the challenges associated with normal adolescent development.

Upon concluding its review, the Team contacted Ann Vernon at the University of Northern Iowa (U.S.) and discussed with her the possibility of translating portions of her manual for use in a small trial of this type of a program in Bosnia-Herzegovina. She was very supportive of this undertaking and graciously gave permission to UNICEF Bosnia & Herzegovina to reproduce and use her materials at no cost.

Because of time and financial limitations, only the sessions for American grades 7-8 (approximately equivalent to Bosnian grade 1) were translated for use in the brief trial. During a training visit in March 2000, these materials were presented to the Directors and staff at the two schools selected to participate in the brief program trial: the Mixed School in Travnik and the Construction School in Prijedor. During these visits, the Team arranged for a modest trial implementation of the program in three classrooms in each school (one classroom per grade), spanning a time period of 10-12 weeks. Each school was directed to pick ten or twelve sessions from the manual that they felt best addressed the interests and needs of their students.

It is important to note that this brief trial should not be regarded as a pilot implementation of the program for three reasons: First, only 1/3 of the full curriculum (10 out of 30 sessions) was implemented. Second, only the 1st year grade level was translated and used with students in the first three grades. Third, no formal training was provided to the teachers who implemented the program (although the Travnik area teachers received considerable support from their school psychopedagogues, who participate in the Tier-2 trauma/grief-focused program). Instead, this brief trial was intended to determine *whether local students and teachers viewed the curriculum (and the general classroom-based, teacher-facilitated approach the program utilizes) as relevant, useful, and desirable*. If the approach was met by a positive response, the Team intended to propose a future "true" pilot implementation, which would consist of implementing the full curriculum (adapted for local use in collaboration with local school and mental health professionals) at a larger number of schools.

After each of the two "trial" schools had completed its trial implementation, the Team traveled to Travnik and to Prijedor and met with the school directors, implementing staff, and participating classes. UNICEF coordinators Dr. Mary Black and Dr. Berina Arslanagic also traveled and participated in the evaluation in Travnik; Dr. Arslanagic also traveled and participated in the evaluation in Prijedor. Although significant differences existed between the student populations at the two schools (in particular, the Prijedor school had significantly more boys and a much greater curricular emphasis on practical/ vocational studies than the Travnik school), the Team's findings were quite similar regarding the strengths and weaknesses of the program. Consequently, the Team's observations concerning the program, and its recommendations for program improvement, also have broad similarities across the two sites. Following is a brief summary of the observations and feedback gathered from those interviews.

Summary of the Tier-1 Evaluation

In Travnik, the faculty members reported that the students were well behaved, and that they enjoyed the relatively novel experience of participating in a highly interactive forum. More importantly, the adult participants

reported that the students generally understood and were able to apply the concepts in their daily lives. Regarding the class process, during the initial sessions, students were somewhat hesitant to participate in the more personal, less formally structured classroom discussions. Boys had somewhat more difficulty than girls. However, student reluctance generally resolved within 3-4 weeks. Notably, both the teachers and the students themselves reported that the younger students (grades 1 and 2) were much more receptive to the material than the older students. The younger students enthusiastically participated in the exercises, greatly enjoyed the opportunity to talk about issues of personal relevance in class, and attempted to use the program skills outside of the class. The older students described the materials as “too young” for them, and would sometimes appear bored and disengaged with the classroom discussions and activities. Moreover, the teachers felt the allotted 45-minute period was insufficient to accomplish the session tasks. Aspects of the program that the faculty thought was most useful were the exercises focusing on mutual respect, listening to each other, listening to themselves, developing a vocabulary for emotions, and learning to think through decisions before acting.

Mrs. Azemina Masinovic, consulting psychopedagogue at the Travnik school, summarized the school’s experience in implementing the program in this way: “This program helps (students) express themselves—it was them, their lives that was the topic, not any specific subject. It was, then, our responsibility to see them in a different light, and this change required us to change as well. Sometimes students lack a vocabulary to express themselves—here, everyone was allowed to take part. These were guided discussions related to a specific situation, to a part of their personality. The teacher was a mediator and a coordinator.”

In Prijedor, the teachers reported that students were “quite pleased and satisfied” with the classroom sessions, and that participating students perceived the program as helpful and relevant. They identified the sessions focusing on understanding and taking responsibility for personal emotions and behavior as especially useful for their students. Notably, the class also incorporated one skill from the Tier-2 program, “seeking support from others”, with good results. With regards to process, the teachers reported that, initially, students were quite “introverted” and often did not want to talk about themselves. This was especially true for the boys in the program; because the majority of the students at the school are boys, this reticence to speak represented a serious impediment for some classes. With time, however, students increasingly “opened up”, participated in program activities, and worked hard in using newly acquired skills to address personal difficulties. In two of the classes, however, about eight of the students were perceived as dominating most of the discussions.

As in Travnik, there was a notable difference between the younger and older students in their levels of engagement in program activities. The younger students reported that they considered the materials and exercises to be appropriate for their ages and interests. In contrast, the older students remarked that the examples were not adapted to their ages and were often “childish”. Teachers believed that this lack of age-appropriateness in the materials used was an important reason why many older students considered the sessions “boring”. Also similar to findings in Travnik, both students and faculty reported that the time allotted for the sessions was too brief and did not allow adequate time to present the necessary concepts, to practice the skills, and to process the material in the form of class discussions. Notably, one teacher in Prijedor stated that she lost valuable time because she had to explain terms that were “too abstract – that our students don’t think about”. This may reflect a lack of cultural fit in the program for some of the concepts and terms.

In summarizing the need for a program such as this, Mrs. Radmila Bijelic, a psychopedagogue consulting at the Prijedor school, noted: “Our students primarily react; this program teaches them to think, then act. They have particular difficulty with making their own decisions. Our children are ours (the parents) all of their lives—the parents direct their children’s lives. There is parental resistance to young people making their own decisions—the parents tell their children what to do. This program teaches the children to think and to act for themselves. In addition, the young people here think that emotions are things that happen to you, and not consequences of your thoughts and something that you can control.”

Across both participating schools, focus group data with participating students generally confirmed many of the points brought up by the teachers. Levels of participation in the focus groups and general reactions to the classroom program varied considerably by grade level. The younger students tended to be very enthusiastic about the program, and were quite willing to give feedback regarding both the process and content aspects of the program. Students described their experience as being very positive and unique in that they were allowed to freely speak and interact in the class. They perceived this openness as a welcome departure from their typical experience in the classroom, where the roles of students and professors are quite traditional, the teachers assuming the roles of disseminators of information and, occasionally, disciplinarians, and students assuming the role of passive recipients of information. For instance, some students commented on how much they liked forming a circle with the teacher as a member of the circle, and class members being given the opportunities to discuss their opinions and lives openly. In particular, the students especially seemed to enjoy the opportunity to speak about themselves, their thoughts and feelings, and to have their concerns taken seriously. Some identified this activity as completely new to them.

Students' comments regarding the program content were also generally favorable. Among the younger classes, most students reported that they considered the program to be useful and relevant. Notably, some students named specific sessions and skills that they considered useful (e.g., learning to calm yourself and to not over-react, learning how to ask for support from others, etc.). Some students also discussed specific class activities, such as role-playing and group problem solving, that they considered novel and fun. Perhaps most important, a number of the students related examples from their own lives in which they had used skills learned in the class sessions and enjoyed positive results. As a follow-up, the Team posed several questions to classes asking about the basic tenets of the program, such as how thoughts and feelings are related. Several students offered responses that indicated that at least *some* of the students reached an adequate level of understanding of core program concepts.

Importantly, a small number of the younger students reported negative reactions to the program. Several students stated that they found some of the sessions repetitive and boring. Others reported that some of the examples were not familiar to them (e.g., a discussion of eating disorders) and that some of the concepts were confusing.

Generally, the older students were much more reserved in their level of participation in the focus groups and in their endorsement of the program. In addition, a few girls volunteered most of the responses, whereas most of the boys remained quiet, and some fidgeted. Those girls who participated spoke positively about the program, focusing on the unique *process* qualities of the classroom (e.g., "we were able to speak our opinions and talk about ourselves and our lives") and less about the *content* (skills and information) presented in the class sessions. A point of view spontaneously offered by both sexes was that the program sessions were "too young" for older students in their wording, concepts, and examples. Some students stated that they wished this class had been available for them when they were younger, but that it generally offered them little at this stage in their lives.

Recommendations For Tier-1 (General Psychosocial) Intervention

1. School staff from both regions voiced the strong opinion that the program should be continued and expanded, after it has been adapted for local use. As noted by Mr. Sunkic, Pedagogue Institute Coordinator of the program in the Republika Srpska, "This program is a precious experience, and the 12 sessions do not appear to have been enough. I recommend that we extend the experimental phase to a few more schools this coming school year."
2. Although materials have been created for use in the 2nd, 3rd, and 4th years of secondary school, this type of approach appears to have the most appeal for younger students. Thus, the program should probably focus, at least in its initial year, on the first, and perhaps second, grade level of secondary school.
3. The program should be extensively adapted and revised to increase its cultural relevance. Useful sources of data for revision should probably include the findings of this evaluation, input from program participants (e.g., some students provided excellent examples of core concepts), local school and mental health professionals, and UNICEF officers and consultants who are carrying out related school-based programs in the region. In addition, many participants in the Tier-2 (trauma/grief-focused) group program have recommended that selected portions could be readily adapted for use in a classroom setting, such as support-seeking skills and basic information about stress-related reactions such as PTSD and grief. In this evaluation, students suggested such specific topics as resisting peer pressure, adjusting to living in a new place, how to talk to members of the opposite sex, how to deal with anger toward peers, teachers, and parents, and how to cope with fear of failure and perfectionism.
4. Provide pre-training for the teachers implementing the program. Training should cover both the underlying theory, and specific group-leading skills. These "process" skills might include facilitating discussions that involve self-disclosure, engaging reluctant group members, keeping the discussion focused on specific topics, dealing appropriately with students who become emotionally aroused, modeling skills, role-playing, and increasing group cohesion.
5. Begin with "safe" topics and exercises, such as school-related problems, and then progress to more challenging and personal problems, such as difficulties with parents, with peers, and with romantic partners.
6. Develop alternative gender-specific exercises to use as needed (e.g., some classes contained only male students).
7. A significant portion of the program's favorable reception appears to be linked to "process" features, in which both students and teachers step out of their formal roles and engage each other on a more personal and informal level. This finding suggests that this program may benefit from linking up with active learning-based programs, as implemented by UNICEF and other agencies in B&H.

Evaluation of the Specialized Trauma/Grief-Focused Intervention

An evaluation of the UNICEF School-Based Psychosocial Program for War-Exposed Adolescents was conducted during its 1999-2000 school year implementation. A total of 17 secondary schools throughout B&H took part in the evaluation. All of the pedagogue teams conducted screening and psycho-educational activities in their schools, formed by 28 school counselors. Six group leader teams conducted one full cycle of the group program, and 9 group leader teams conducted a partial cycle of the group program.

Program evaluation data for the Tier-2 (trauma/grief-focused) level of intervention were collected at two points during the 1999-2000 school year (see Appendix C for a summary of evaluation activities). Pre-treatment data were taken from the UNICEF Screening Survey as administered in classrooms in Fall 1999/Winter 2000. Post-treatment data were taken from multiple sources, including a self-report questionnaire administered to group members; focus groups held with group leaders, group supervisors, and student group members; and a self-report questionnaire completed by group leaders.

This evaluation of the Tier-2 Program is divided into three sections that correspond with three basic evaluative questions. The first section will address the question, “*What happened and how does this compare with what was expected?*” In this section, the results of the evaluation will be reviewed according to program objectives. The second section will address the question, “*Why and how did it happen or not happen?*” by reviewing factors that appear to have contributed to the program’s effectiveness in some regions, and its lack of effectiveness in other regions. The third section will address the question, “*What should be done about it?*” by making recommendations that reflect the findings of this evaluation.

In the first section, an analysis of the program will be carried out according to the specific program objectives of the Tier-2 (school-based trauma/grief-focused support) and Tier-3 (professional network) levels of intervention described above.

Evaluation of Tier-2 Objectives

Section 1: *What happened, and how does this compare with what was expected?*

A. Tier-2 Inputs (resources invested in the program)

Input Objective #1: Hold three training seminars during the 1999-2000 school year dedicated to the following tasks:

- a. **Train local school counselors to implement the program at their respective schools.**
- b. **Train local mental health professionals to provide professional support to the school counselors who are implementing the program.**
- c. **Increase school counselors’ confidence that they can successfully implement the program.**

Analysis: Objectives (a) and (b) were fully attained, but after some delay. Two series of training seminars were held during the 1999-2000 school year; a third series was postponed until September 2000, at which time it was conducted. Training seminars ranged in duration between 1 day (in the Republika Srpska) and 2 days. These seminars were successfully organized by local Pedagogic Institutes, and were generally well-attended by Institute administrators, pedagogues and psychologists from participating schools, and the group supervisors. In November 1999 (Trip 1) and September 2000 (Trip 3), the training was primarily conducted by Gary Burlingame, Ph.D., a specialist in group therapy, with assistance from Drs. Christopher Layne and William Saltzman. The training seminars were held in Banja Luka (for participants in the Republika Srpska), in Sarajevo in November 1999, and in Travnik in September 2000 (for participants in the Federation). This group-focused training emphasized the following content areas:

- training participants to recognize and accurately label group therapeutic factors
- training participants to understand the linkages between specific group processes (e.g., cohesion) and the presence or absence of specific therapeutic factors
- modeling and practicing group therapeutic skills
- consultation on selection criteria for group membership
- problem-solving difficulties in program implementation

A second training trip, in May/June 1999, was conducted by Drs. Layne and Saltzman, and emphasized the following content areas:

- problem-solving difficulties in program implementation
- program evaluation (particularly conducting focus groups with program participants and arranging for the completion of quantitative data).

In general, the school counselors expressed considerable satisfaction with the quality of the training seminars, as indicated in their responses below:

	Not at All 0	A Little 1	A Moderate Amount 2	A Lot 3	A Great Deal 4
1. Overall, how satisfied were you with the quality of the (November 1999) training seminar you attended?			4% (1)	40% (10)	56% (14)
2. Overall, how satisfied have you been with the quality of the program materials?			11% (3)	37% (10)	52% (14)
3. How adequate have ALL of the UCLA-led seminars you have attended over the years, taken together, prepared you to carry out this program?				27% (7)	73% (19)

Objective (c) above appears to have been partially met, as indicated in school counselors' responses to the survey question, "What is your level of confidence in your current skills to competently carry out *your role* in the following (implementation) tasks?" Notably, participants report the lowest levels of perceived self-competency in the two most therapeutically challenging tasks: trauma work and grief work (Modules II and III of the manual, respectively). This is generally expectable, but suggests that the objective of instilling self-confidence among the group leaders was only partially achieved.

<i>"What is your level of confidence in your current skills to competently carry out your role in the following (implementation) tasks?" That is, how well can you...</i>	Entirely Inadequate 0	Somewhat Inadequate 1	Mixed (half and half) 2	Mostly Adequate 3	Entirely Adequate 4
1. Present/describe the program to school personnel?			18% (5)	39% (11)	43% (12)
2. Present/describe the program to parents of students attending your school?			11% (3)	39% (11)	50% (14)
3. Present/describe the program to students attending your school?			4% (1)	31% (8)	65% (17)
4. Conduct classroom-based psychoeducational presentations/exercises?		4% (1)	8% (2)	25% (6)	62% (15)
5. Conduct screening interviews?			18% (5)	32% (9)	50% (14)
6. Conduct pre-group interviews?			12% (3)	42% (11)	46% (12)
7. Carry out your role in leading Module I group activities? (psychoeducation and skill-building)			4% (1)	46% (12)	50% (13)
8. Carry out your role in leading Module II activities? (intensive trauma work)		5% (1)	9% (2)	27% (6)	59% (13)
9. Carry out your role in leading Module III activities? (grief work)		5% (1)	10% (2)	30% (6)	55% (11)
10. Carry out your role in leading Module IV activities? (preparing for the future)			8% (2)	33% (8)	58% (14)

In focus groups, the school counselors were generally very positive in their remarks about how participating in the program has increased their level of confidence in their abilities to work with severely traumatized students:

- "I was very afraid to work with these students before beginning this program. It was a relief to learn of the program—of a method for working with these students. Now, I give my business card to all the professors at the school, and invite them to send students with these problems to me."
- "Before this program, I didn't dare to talk with the students about their experiences, to approach them. I tried to comfort them, but I had no concrete material to work from."
- "Prior to becoming involved in this program, we had attended other training seminars, and learned many useful things. The strength of this program is its structured nature—elements are integrated together into a whole"

program. It is not simply a collection of techniques or materials, but is structured and systematized, so we knew what to do and when.”

- “My professional self-confidence has increased. I feel more courageous that I can handle everyday problems in my work.”
- “I feel more confident and satisfied with my work—I’m happy to participate in this program. I feel like this was missing in my previous training. It has helped me to feel more calm and relaxed in my professional work.”

Input Objective #2: Local mental health professionals (group supervisors) will provide sustained, timely, and effective support to the school counselors (group leaders) in the form of regular monitoring, supervision, and consultation activities. This professional support will take place primarily in the form of regularly-held supervision meetings dedicated to program monitoring, consultation/problem-solving, and ongoing training pertaining to ongoing program implementation.

Analysis: This objective was also achieved, but after some delay. In focus groups, program participants reported that they held regular (approximately monthly, and at times bi-weekly in the Travnik/Sarajevo regions) supervision meetings once the program formally began in November 1999. Notably, attendance at these meetings was variable, and was at times a source of concern for the group leaders. In focus groups, the group leaders reported feeling satisfied with the group supervision meetings, and considered them relevant and helpful. This creation of a professional network that links schools with community organizations/ professionals is a very significant achievement.

B. Tier-2 Outputs/Deliverables (specific products, goods, or services the project is expected to deliver)

Outputs/Deliverables Objectives: The UCLA/Brigham Young Trauma Psychiatry Team will deliver:

1. **Training seminar materials pertaining to developing group-related therapeutic skills**
2. **Three trip reports corresponding with the three on-site visits**
3. **Reports to UNICEF, and to two Sarajevo secondary schools which are participating in the longitudinal study of long-term post-war adjustment in war-exposed Bosnian adolescents**
4. **This evaluation report**

Analysis: With the submission of this evaluation report, these objectives have been fully achieved. Dr. Gary Burlingame contributed, at no cost to UNICEF except translation costs, a 65-page set of training materials that was then used in two group-process focused training seminars. In addition, the UCLA/BYU Team submitted three trip reports to UNICEF detailing its three trips. Last, Nermin Djapo, a graduate psychology student at the University of Sarajevo, submitted two reports to UNICEF and to the Electrotechnical and Teacher’s Schools in Sarajevo describing the findings of the longitudinal study. These findings will be used in revising program materials and in strategic planning for the coming year.

C. Tier-2 Processes (specific activities prescribed by the implementation plan)

Outputs/Deliverables Objectives: Trained school counselors will:

1. **Implement a specialized trauma/grief-focused program at their schools, including:**
 - a. **Conduct psychoeducational presentations at their schools.**
 - b. **Solicit referrals from parents, teachers, administrators, and students.**
 - c. **Administer screening surveys to selected classrooms and referred students.**
 - d. **Conduct interviews with selected students.**
 - e. **Conduct specialized group sessions with selected students.**

Analysis: These objectives were partially achieved among the implementing schools, primarily due to the fact that some schools implemented part of the program: Specifically, available data indicate that 9 of the participating schools completed a portion of the program, and only 6 of the participating schools completed the full program. Generally, the group leaders were successful in recruiting a sufficient number of students to create groups within their respective schools, and in leading those groups. Notably, some group leaders had already created a “wait list” of students from the preceding school year and did not consider it necessary to conduct new screening/recruitment activities.

D. Tier-2 Outcomes (changes in people’s behavior in accordance with program objectives)

Outcomes Objectives:

- The school community (Pedagogic Institutes, teachers, administrators, parents, and students) will support the program through (a) appropriate release time to conduct program activities, (b) allocation of needed resources, (c) appropriate referrals, and (d) encouragement of student participation.**

Analysis: In general, this objective appears to have been achieved, with one notable exception (Teslic, Republika Srpska, which dropped out of the program due to reportedly widespread lack of support). The school counselors reported that their school directors and teachers have been generally supportive of the program. Many of the counselors reported in focus groups that they lack adequate meeting places (e.g., “we have to meet in the library and are frequently interrupted”), and that some teachers at their schools complain if they remove students from class to attend group meetings. Many group leader teams have chosen to meet between morning and afternoon school sessions, or after school, in order to avoid these difficulties.

E. Tier-2 Impacts (long-term pervasive effects of the project, both intended and unintended)

Professional-related objectives:

***Impact Objective #1:* To increase school professionals’ awareness of the extent to which the consequences of the war adversely affect the adjustment of students at their schools.**

Analysis: As indicated in the table below, this objective has been largely achieved. In particular, school counselors report that participation in the program has substantially increased both their knowledge regarding the rates of trauma exposure among their students, and regarding associated distress reactions among their students and colleagues.

	Not at All 0	A Little 1	A Moderate Amount 2	A Lot 3	A Great Deal 4
1. To what extent has participating in this program <u>increased</u> your knowledge concerning the rates of trauma exposure among your students?		4% (n = 1)		57% (n = 16)	39% (n = 11)
2. To what extent has participating in this program <u>increased</u> your knowledge regarding the rates of trauma-related distress among your students and colleagues?				61% (n = 17)	39% (n = 11)

These quantitative data are consistent with qualitative data collected from the school counselors in focus groups, which indicate that administering and scoring the screening survey is a valuable tool for a number of reasons. More specifically, the screening survey (a) is a concrete tool for introducing the program in the school, (b) facilitates psychoeducational presentations about the enduring psychosocial effects of the war, (c) helps to systematically identify high-risk students, and (d) may increase the psychologist’s motivation to help the students. During focus groups, group leaders made the following comments:

- “After reviewing the survey results, I learned that I don’t know my students as well as I thought I did.”
- “It (the screening survey) confirmed the basic demographic data already available at our school, such as the number of students who were missing parents, who were displaced, and so forth. However, it increased my understanding regarding rates of exposure to other forms of trauma, such as the loss of extended family members and friends, and the amount of distress reported among our students.”
- “Reviewing the survey increased our knowledge of the level of psychological symptoms in our students, especially ‘hidden symptoms’ that were hard to see. After that, we became more sensitive detectors of these problems among our students.”
- “It increased our knowledge regarding the rates of exposure and problems. Before, only a small number of students were describing their problems at school. The questionnaire provided an opportunity for students to describe their problems. We were very surprised about the rates of distress they also reported—thoughts of suicide, social maladjustment, and so forth.”
- “The survey increased my knowledge of the rates of post-traumatic stress, depression, and grief among my students—before that, my knowledge was very poor. It was much worse than I had imagined.”

Of particular note is the important role played by the screening survey in evoking a desire in the counselors to provide supportive counseling to severely traumatized students:

- “Working in this program has taught me more about the extent of the need for specialized help among my students. Once I knew this, I wanted a method for helping them.”

Impact Objective #2: To increase the frequency with which school professionals engage in mental health-promoting activities as part of their regular roles in the schools.

Analysis: The data indicate that program participation is associated with an increase in a number of selected mental-health promoting activities at the counselors’ schools. The table below records the school counselors’ responses to the survey question, “To what extent do you currently carry out the following professional activities compared to what you did before participating in this program?” In general, virtually all of the school counselors reported that, since they began participating in the program, they had increased the frequency with which they engaged in a number of mental-health promoting activities as part of their regular roles in the schools.

To what extent do you currently carry out the following professional activities compared to what you did <u>before</u> participating in this program?	Muc h Less	Somewha t Less	The Same Degree As Before	Somewh at More	A Great Deal More
1. Presenting psychoeducational information				52% (n = 15)	41% (n = 12)
2. Working with students in a (therapeutic) group setting				33% (n = 9)	67% (n = 18)
3. Conducting interviews with students in which clinically sensitive information is discussed				56% (n = 15)	44% (n = 13)
4. Teaching skills to control thinking/emotions				54% (n = 15)	46% (n = 13)
5. Teaching support-seeking skills				41% (n = 11)	59% (n = 16)
6. Teaching support-providing skills				32% (n = 9)	68% (n = 19)
7. Helping students develop a coping plan for stressful situations				43% (n = 12)	57% (n = 16)
8. Helping students work through traumatic experiences				25% (n = 7)	75% (n = 21)
9. Helping students with losses to grieve effectively				43% (n = 12)	57% (n = 16)
10. Helping students to set goals and invest in their futures			7% (n = 2)	54% (n = 15)	39% (n = 11)

Impact Objective #3: School psychologists and pedagogues will increase the utility, local relevance, and overall impact of the program by adapting elements of the program for use in their teaching and/or other professional work.

Analysis: This objective was quantitatively assessed in the form of a question regarding the extent to which the participating school counselors incorporated components of the program into their other professional duties. Because the school counselors’ other duties primarily involve either teaching (psychology or pedagogy) or providing (psychological or pedagogical) professional services at their schools, the question of breadth of impact addressed both of these groups. Breadth of professional impact was assessed among 14 (45%) of the school counselors who reported that they teach a subject at their school (such as psychology, pedagogy, etc.) that is relevant to the study of mental health, or that has clear mental health applications. Breadth of professional impact was also assessed among 17 (55%) of the counselors who reported that they practice psychology or pedagogy at their schools. Impact was measured using the question, “To what extent do you use the program materials in settings other than conducting the program itself?” Responses are listed in the table below:

Program Materials	I use it in my other professional counseling work	I use it in my teaching
1. Psychoeducational handouts explaining distress symptoms	15/17 (88%)	13/14 (93%)
2. Handouts explaining how to control your thoughts/emotions	16/17 (94%)	11/14 (79%)
3. Handouts explaining how to seek social support	15/17 (88%)	10/14 (71%)
4. Handouts describing the different types of social support	15/17 (88%)	9/14 (64%)
5. Handouts explaining how to tell when a problem is my job to fix, and when it isn't my job to fix.	13/17 (77%)	8/14 (57%)

In general, these percentages reveal a strong degree of professional impact in the form of incorporation of program materials into the participants' teaching and counseling work. Qualitative focus group data were largely consistent with these figures. The school counselors made comments such as the following:

- “This program has helped very much in our work. The training is valuable, so that we have more understanding of our students, and of techniques to help them; we even use them with our own children, and with our husbands!”
- “I use the materials in my teaching—I do psychoeducation about symptoms and about coping skills.”
- “Although my teaching curriculum is very structured, I teach my students how to breathe properly and how to recognize their emotions. In my clinical work, students often have interpersonal conflicts, so I teach them communication skills.”
- “I post the materials on my office wall and use them with my students and other teachers.”
- “I use the materials in my psychology class curriculum.”
- “My group members took the communication skills handout home and taped it to the wall, to use when they get into conflicts with their parents. When this happens, they point to it and coach their parents through the steps. They say it helps them to avoid getting into serious arguments.”

Notably, the group leaders had received only a casual verbal invitation by the UCLA/BYU Team to carry out these alternative applications. These adaptations suggest the presence of a significant degree of initiative and resourcefulness on the part of the participating professionals. More importantly, it suggests that they have made the program theirs—an indispensable prerequisite to sustainability.

Impact Objective #4: To increase the perceived relevance and legitimate role of mental health in the schools.

Impact Objective #5: To expand the role of school psychologists/pedagogues to include that of provider of specialized mental health services.

Impact Objective #6: The Pedagogic Institute will formally include carrying out program activities as an official part of pedagogues' and psychologists' professional roles.

Analysis: These objectives were largely achieved, and are perhaps the most important and valuable impact of the program, overall. Pertaining to Impact Objective #4, focus groups with program participants revealed that school directors are, with one major exception (Teslic, Republika Srpska), largely supportive of the program. Pertaining to Objective #6, the Pedagogic Institutes in the Travnik Canton and the Republika Srpska included carrying out the program in their role descriptions of the school psychologists and pedagogues. The attainment of this goal is a marker of a strong institutional impact in terms of legitimizing the role of mental health in the schools, and legitimizing and authorizing the role of the counselors (school pedagogues and psychologists) as providers of basic mental health-promoting services in the schools.

In focus groups, the counselors expressed considerable satisfaction with this expansion of their professional roles, including:

- “The school staff and administration are becoming more aware of the role of the psychologist / pedagogue—that it is very important in the school. We have good relationships with our professors, and they support us in our work.”
- “Students now come to me and ask me to help them with their problems. Often, these students have been ‘recruited’ by our group members.”

- “Some professors still threaten their students by saying that they’ll send them to us if they misbehave. However, there has been an increase in student self-referrals—students come to me for help more often. Teachers now involve us in their work with parents more than before. I believe that this program has established our existence in the schools as pedagogues. The professors have accepted my work with the group and are very supportive.”
- “This program has now become part of our normal duties at our school—it is what we do. It’s not really a ‘program’ any more.”
- “The teachers could notice the symptoms of their students—some of their female students would start crying in class, and the professors would get upset and not know why or what to do about it. Being involved in this program has helped us to be able to inform the professors about the student’s situation (e.g., father was killed and she was responding to a reminder) and to advise the professors about how to recognize and deal with symptoms of trauma in their classes.”
- “The whole school, collectively, perceives us differently. They approach us with different types of problems than before. The students have more trust in us, and come more often with big and little problems. Before, we were expected to criticize the students. In fact, everyone used to think they were disobedient or defective if they were sent to see us.”
- “At first, our Director complained that we are trying to turn their school into a hospital. Instead, this program helps us to turn our war hospital back into a school!”
- “When teachers see that we are able to help their ‘problem’ students to behave and perform better in school, they become more supportive of the program.”

Student-Related Objectives:

Impact Objective #7: To reduce psychological distress in war-exposed Bosnian secondary school students.

Analysis: Is participation in the program associated with a decrease in distress symptoms? This question was addressed using 4 paired-samples t-tests using a conservative criterion ($p < .01$) to control for Type I error. As can be seen in the table below, students’ reports of the frequency with which they experienced distress symptoms were significantly lower at post-treatment than at pre-treatment for four types of distress targeted by the program: Post-traumatic stress, depression, normal grief, and complicated (pathological) grief. These results are consistent with program objectives to reduce psychological distress. However, as noted previously in a discussion of methodological problems inherent in this evaluation, the lack of a control group prohibits ruling out alternative explanations for these results.

		Mean	N	t	df	Sig. (2-tailed)
<u>Pair 1: Posttraumatic Stress</u>	Post-traumatic stress pre-treatment total	37.07	60	7.85	59	.000
	Post-traumatic stress post-treatment total	26.05	60			
<u>Pair 2: Depression</u>	Depression pre-treatment total	31.23	59	5.81	58	.000
	Depression post-treatment total	23.16	59			
<u>Pair 3: Normal Grief</u>	Normal Grief pre-treatment total	17.27	42	4.39	41	.000
	Normal Grief post-treatment total	15.36	42			
<u>Pair 4: Complicated Grief</u>	Complicated Grief pre-treatment total	12.11	42	5.46	41	.000
	Complicated Grief post-treatment total	7.95	42			

In focus groups, group members reported having made the following treatment gains:

- “We have made meaningful connections between our traumatic experiences, reminders of those experiences, and the distress symptoms that those trauma reminders evoke. This psychoeducation has “de-mystified” our distress reactions and helped us to anticipate and cope with reminder-laden situations.”
- “We feel more able to seek support from others, and feel more comfortable talking openly with fellow group members and with the group leaders. ”
- “We feel more confident, such as when making comments in class, talking to members of the opposite sex, making new friends, etc. ”
- “We have a better understanding of what to talk about with our peers—knowing what is good to share about our pasts, and what is better left unspoken outside of the group. ”
- “We find it very rewarding to help each other and our friends outside the group—it is a great motivation for us. ”
- “Many of us had lost the ability to feel close to others and to trust, and the group breaks down this barrier, so that we don’t feel alone. ”

- “We are reminded less often about our traumatic experiences, and feel less distressed when we are reminded. ”
- “We can sleep better. ”
- “We feel less nervous. ”
- “We feel less irritable; we used to argue over little things and get very upset. ”
- “We are better able to concentrate and do our school work. ”
- “Most of us still feel sad (sometimes), and some of us feel we haven’t changed. ”
- “We are making plans for the future now, and feel ambition again. ”
- “We expect more good from others and from life (we’re more optimistic). ”
- “We feel more able to accomplish our goals. ”

Impact Objective #8: To facilitate post-war adjustment in war-exposed Bosnian secondary school students.

Question #1: Is pre/post-treatment symptom reduction associated with general psychosocial adjustment? This question was addressed in an exploratory manner using a matrix of Pearson correlation coefficients. Reductions in symptoms were measured by calculating change scores (pre-group minus post-group) for tests measuring posttraumatic stress, depression, and grief symptoms. These correlations reveal that:

- *Reductions in symptoms of post-traumatic stress* are positively associated with classroom rule compliance ($r = .27$) negatively associated with school anxiety/withdrawal ($r = -.35$), positively associated with positive peer relationships ($r = .27$) and positively associated with school interest ($r = .30$).
- *Reductions in symptoms of depression* are negatively associated with school anxiety/withdrawal ($r = -.48$) and positively associated with school interest ($r = .30$).
- (Contrary to what was predicted) *reduction in symptoms of normal grief* is negatively associated with positive peer relationships ($r = -.32$).

Question #2: Are therapeutic group processes associated with general psychosocial adjustment?

This question was, again, addressed in an exploratory manner using a matrix of Pearson correlation coefficients. These correlations reveal that:

- *Satisfaction with the group experience* was positively associated with classroom rule compliance ($r = .32$), positive peer relationships ($r = .20$), and with school interest ($r = .27$)
- *Group catharsis* is positively associated with classroom rule compliance ($r = .25$) and with positive peer relationships ($r = .33$)
- *Group cohesion* is positively associated with classroom rule compliance ($r = .30$) and with positive peer relationships ($r = .37$)
- *Group-facilitated insight* is positively associated with classroom rule compliance ($r = .26$) and with positive peer relationships ($r = .27$)

These data generally demonstrate that reductions in symptoms of psychological distress are associated with positive psychosocial adjustment, and that specific group processes theorized to have beneficial effects are also associated with positive psychosocial adjustment.

Question #3: Do the group participants perceive the program as facilitating their post-war adjustment?

This question was addressed using a post-group questionnaire. Responses to this questionnaire indicate that the vast majority of group members perceive the group as helpful in promoting their positive adjustment in several important domains, including school, family, and peer relationships.

Please indicate how much the program helped you in:	Not at All 0	A Little 1	Some 2	A Lot 3	A Great Deal 4
1. Doing well in school?	3% (2)	4% (3)	35% (28)	41% (33)	19% (15)
2. Getting along well with your family?	1% (1)	3% (2)	18% (14)	38% (30)	41% (33)
3. Getting along well with your friends and classmates?	0%	0%	16% (13)	43% (35)	42% (34)

4. Making positive goals and plans for your future?	0%	4% (3)	16% (13)	42% (34)	39% (32)
5. Making your symptoms more manageable so they don't interfere so much with your life?	1% (1)	2% (2)	21% (17)	44% (36)	32% (26)
6. Helping you get your life back on track?	0%	8% (6)	15% (12)	41% (33)	36% (29)
7. When the group first began, how effective, overall, did you expect it would be?	3% (2)	26% (21)	41% (33)	24% (19)	6% (5)
8. Now that you have completed the group, how effective, overall, do you think it was?	0%	2% (2)	4% (3)	28% (23)	66% (54)
9. How strongly would you recommend the group to other teenagers who have lived through traumatic experiences?	0%	0%	2% (2)	22% (18)	77% (62)
10. How strongly do you feel that a program like this should be in place at your school?	0%	0%	2% (2)	21% (17)	77% (63)

Question #4: Do the school counselors consider the program to be effective?

This question was addressed using focus groups. Data from these focus groups indicate that seeing the students improve with their own eyes, and receiving positive feedback from fellow teachers and parents regarding group members' improvements in class and at home, is perhaps the single most important factor motivating the group leaders to remain in the program year after year. Comments included:

- “Teachers have commented that our group members’ marks have improved, that they smile more, and are less introverted and more open in class. I have not noted any adverse effects from group participation, although some students have dropped out of the group.”
- “Professors tell me that the group member are less aggressive during class; they pay better attention, feel more relaxed, have normal frustration tolerance, and have improved marks.”
- “The mother of a girl recently came in and told me that it is now much easier to communicate with her daughter.”... “Another mother came in to see me and said, ‘You don’t know what you’ve done to improve my relationship with my daughter’”.
- “If we did not observe extremely positive changes in our students, we ourselves would have become discouraged and would not have continued to participate in this program. What has kept us in the program is the changes we have observed. Our students’ physical appearance has changed—they smile more, they have better posture, they groom their hair so that it no longer hides their faces; they are more active in class, miss less class, and are no longer under threat of being expelled from school for missed attendance. When they start to make plans for the future and to think over the long term, we know that they are getting better.”
- “Students tell us that learning communication skills has helped with their teachers. We have an unkind teacher of Latin language here, and in the group they role-play her to practice their communication skills.”
- “Soon after our group meetings start, many of the group members form very close relationships with each other. They spend time together during school, and socialize with each other outside of school.”
- “Many of our group members now involve us in their lives—they stop by and tell us about problems or successes, they ask us for help, when they would never have done so before.”

Impact Objective #9: Students directly benefiting from the groups will transmit an indirect benefit by (a) promoting a positive atmosphere in their schools, (b) promoting a positive atmosphere in their homes, and (c) sharing their knowledge with others.

Analysis. This objective was assessed using qualitative data analysis only. The results indicate that this objective has been at least partially achieved. In focus groups and on-site visits to participating schools, school counselors reported the following:

- “Teachers tell us that the classroom atmosphere benefits from the group members, because their behavior has improved. Group members talk more in class, they have more confidence, and they are less disruptive than before.”
- “I have invited some of my group members to come to my psychology class and to model some of the skills they have learned in the group for my other students.”
- “I have seen some of my group members sharing what they have learned in the group with their schoolmates, without any encouragement from me. They are pretty good teachers of these skills.”
- “We and our group members made an appearance on local television in which we talked about the group, and about what the members have learned. I wrote a description of the group for the local newspaper.”
- “Some of our group members teach what they have learned—like good communication skills—to their parents”.

In focus groups held with “graduated” and current group members, the following comments were made:

- “After participating in the group, I had the courage to speak up in a class discussion and talk about people like me. I said, ‘my father was killed in the war’, and then I talked about what it was like. Some of the other students were shocked that I could speak in such a forthright manner about it.”
- “We use these skills all the time, and we teach them to our friends, like how to replace hurtful thoughts with hopeful thoughts. At first, we were teased about being in the group and everyone asked us what we do in there. Now, when we show them what we have learned, they say ‘where did you learn that?’ and we say ‘in the group’ and then they want to join, too.”
- “Since joining the group, I am calmer and can stay out of arguments with my brothers and sisters better, so our home life has improved.”
- “Since joining the group, I argue less with my parents.”
- “We want to help other students who are in the same situation that we were in. We would like to co-lead groups, too, and help them learn how to cope better with their problems.”
- “We continue to help each other even after the group has ended. Our friendship has continued, even though we have moved on with our lives.”

F. Tier-2 Implementation Costs

Although this evaluation did not attempt to calculate the monetary costs associated with program implementation, it did assess the degree to which implementing the program interfered with the professional and personal lives of the school professionals. In this way, the degree of sacrifice required to implement the program was quantified by pitting it against other important professional and personal activities.

As noted in the table below, participation in the program appears to require varying levels of personal and professional sacrifice. The majority of the school counselors reported that implementing the program required a limited (“a little” to “a moderate amount”) degree of sacrifice. However, some extremes were reported: On one hand, 11% reported that it was “not at all” a sacrifice; on the other hand, 8% reported that implementation required a comparatively high degree of professional sacrifice, and 4% reported that it required a comparatively high degree of personal sacrifice. These findings confirm the idea that implementing the program is a moderately labor-intensive enterprise, and that its implementation does require some trade-offs of other valued activities.

	Not at All 0	A Little 1	A Moderate Amount 2	A Lot 3	A Great Deal 4
1. How much did participating in this program interfere with your other professional duties?	11% (3)	32% (9)	50% (14)	4% (1)	4% (1)
2. How much did participating in this program interfere with your personal life (time with your family, etc.)?	11% (3)	44% (12)	41% (11)	4% (1)	

G. Tier-2 Sustainability and Current Relevance to Local Needs

Sustainability and Relevance Question #1: Do consumers of the program (including school psychologists, pedagogues, teachers, and administrators, parents, and students) view their participation in this program as rewarding and worthwhile?

Analysis: The data suggest that the answer to this question is, largely, “yes”. As indicated in the table below, a great majority of school counselors described their experiences in implementing the program as largely (29% and 21%) or very (71% and 68%) rewarding on a professional and personal level, respectively. Moreover, they reported that they were largely (37%) or very (59%) satisfied overall with their participation in the program.

Notably, in focus groups, some counselors described their participation as the most rewarding parts of their professional duties at the schools. With great satisfaction, they described seeing improvements in the lives of their student group members, often listing specific improvements that they, teachers, and some parents had noted (e.g., brightened mood, improved grades, better school attendance). Some also discussed their satisfaction in moving from a “disciplinary” role (e.g., “teachers used to threaten their disobedient students that if they didn’t behave they would send them to us”) to the specialized role of provider of mental health-promoting services. Moreover, quantitative data also indicate that the school counselors perceived that their school administrators were largely satisfied, their fellow teachers were largely satisfied, parents of group members were largely or very satisfied, and that their group members themselves were largely (39%) or very (57%) satisfied, with the program.

	Not at All 0	A Little 1	A Moderate Amount 2	A Lot 3	A Great Deal 4
1. How <u>professionally</u> rewarding is this work for you?				29% (8)	71% (20)
2. How <u>personally</u> rewarding is this work for you?			11% (2)	21% (6)	68% (19)
3. Overall, how satisfied were you with your participation in the program?			4% (1)	37% (10)	59% (16)
4. Overall, how satisfied were your school administrators with the program?		4% (1)	27% (7)	54% (14)	15% (4)
5. Overall, how satisfied were the teachers at your school with the program?		4% (1)	27% (7)	50% (13)	19% (5)
6. Overall, how satisfied were the parents/caretakers of the group members with the program?			14% (4)	54% (15)	32% (9)
7. Overall, how satisfied were the group members with their participation in the program?			4% (1)	39% (11)	57% (16)

Sustainability and Relevance Question #2: Do school psychologists and pedagogues perceive that the program continues to be relevant to the needs of students at their respective schools?

Sustainability and Relevance Question #3: Do school psychologists and pedagogues intend to continue the program during the coming (2000-2001) school year?

Analysis: Questionnaire and focus group data with the program participants indicates that the answers to these two questions are “yes”. As indicated in the table below, the vast majority of participants indicated a strong intention to implement the program during the 2000-2001 school year; (their actions during the 2000-2001 school year thus far indicate that they have indeed followed through on those intentions).

	Not at All 0	A Little 1	A Moderate Amount 2	A Lot 3	A Great Deal 4
8. How strong is your intention to carry out this program at your school during the 2000-2001 school year?			7% (2)	19% (5)	74%(20)

In focus group questions addressing counselors’ perceived relevance of the program in the future, counselors strongly advocated for a continuation of the trauma group program:

- During their group supervision meetings, school counselors estimated (across school sites) that between 10% and 30% of the students at their respective schools continue to exhibit signs of war-related distress, and that these students are in need of specialized intervention.
- Two counselors stated, “We see a need for this program for 3 to 4 years more. We have noticed that obvious signs of PTSD have been slowly diminishing among our students since the war. The signs and symptoms are different, more subtle, but when we address these problems, the PTSD is still there. For example, common problems include low academic performance, inability to concentrate, inability to sit still and pay attention, and futurelessness. When we address these problems, we find that their roots often lie in traumatic experiences and in bad relationships within the family that are often the consequence of the war. The traumatic experiences themselves don’t have to be so severe, like losing a family member. Rather, they can be exposure to everyday life during the siege (of Sarajevo).”

Tier-3 Objectives

G. Tier-3 Outcomes/Impacts (changes in people’s behavior in accordance with program objectives; long-term effects, both intended and unintended)

Outcome/Impact Objective #1: To develop a professional support network between school counselors and community mental health professionals that will facilitate appropriate consultation and, if needed, the referral of high-risk students to qualified community mental health providers for traditional psychiatric care.

Outcome/Impact Objective #2: School counselors will identify, and appropriately refer, Bosnian secondary school students at very high risk for suicide or severe psychosocial problems, whose specialized needs exceed the mental health resources available at local schools.

Analysis: Pertaining to Objective #1, focus group data indicate that the Tier 3 “referral safety net” component of the program has been employed in at least one case. In Travnik Canton, program participants reported that a student who was identified by the school counselors as engaging in suicidal behavior (e.g., stealing nitroglycerine pills from her grandmother with the expressed intention to overdose) was referred to a community clinic under the supervision of the local group supervisor, Neuropsychiatrist Nihada Jampara.

Pertaining to Objective #2, in general, the school counselors and their supervising community mental health professionals appear to enjoy a collegial and supportive relationship, and, in focus groups and personal interviews, expressed satisfaction with their mutual participation in the program. Program participants reported that, in their regular supervision meetings, they have exchanged information and collegial support that has boosted morale, prevented or helped to solve difficulties, and promoted the counselors’ confidence that they can take risks. As stated by one school counselor:

- “Many of us have never done anything like this before. We used to be afraid to work with these (traumatized) students, because we didn’t really know what to do and we were afraid of making things worse for them. Having them (the supervisors) here makes me feel more confident that I can carry out the program, and if something goes wrong, they’ll be here to pull me out”.

Notably, the group supervisors report that some group leaders (typically the “most motivated”) regularly came to the group supervision meetings, and thus benefited the most from this forum for exchanging professional support. In contrast, the attendance of those “less motivated” was less regular. This problem with attendance and ensuring adequate supervisory support became such a significant problem that group supervisors in both the Sarajevo Canton and the Republika Srpska raised this issue repeatedly throughout the 1999-20001 school year during the UCLA/BYU Team’s visits. As a solution, the UCLA/BYU Team and UNICEF Coordinator Berina Arslanagi} authorized the group supervisors in all participating regions to counsel specific group leader teams to carry out “low risk” interventions rather than the entire program. More specifically, selected group leader teams were counseled to implement Modules I (psychoeducation and skill-building) and IV (planning and preparing for the future) of the group treatment manual *only*, and to skip over the more therapeutically demanding and risky Modules II (trauma processing) and III (grief work).

Section 2: Why, and How Did it Happen or Not Happen?

Implications and Lessons Learned

In reviewing a program that has survived for nearly 5 years in a post-war environment when so many programs have come and gone, we propose that the question whether and how the program works is only half the

picture; how the program has survived is equally as important. In particular, since the spring of 1997, a total of 43 secondary schools located in six major regions throughout Bosnia & Herzegovina (Sarajevo Canton, Travnik Canton, Tuzla Canton, West Mostar, East Mostar, Gorazde, and the Republika Srpska) have been trained to implement the program. Currently, a total of 22 schools are participating in three regions throughout the country, producing a retention rate of 58% among the schools and 50% among the regions. Why did the program “take root” in some regions, and die out in others? Factors mostly likely to play a role will now be reviewed.

First, perhaps the single most important factor influencing whether the program succeeds or dies in a given region is the selection of appropriate government administrators. During the past three years, two regions have dropped out of the program—including the region with perhaps the highest base rate of severely traumatized students (Tuzla Canton)—due primarily to a lack of local administrative support. In addition, a third region (Sarajevo Canton) floundered for two years, and came close to collapsing several times, before the removal of a problematic program administrator brought about a dramatic improvement in implementation. Currently, the program in Sarajevo Canton is largely autonomous (lacking an administrator), yet is doing the best it ever has. In contrast, the program has, generally, continually flourished in regions where competent and committed administrative support is present.

A second and only slightly less important factor is the recruitment and retention of competent and committed community mental health professionals to work as program supervisors. These committed individuals have been indispensable in anchoring a supportive network among school counselors and community professionals, in maintaining morale and motivation of the school professionals, in advocating for the legitimacy and relevance of mental health in the public schools, and in providing a “safety net” that bolsters the courage of the school counselors in expanding their traditional roles. Notably, throughout its 4-year history, the program has contracted the services of 13 supervisors, and currently retains the services of 4. Although some of these “dropouts” were due to entire regions dropping out of the program, other dropouts were due to either lack of commitment to the program, insufficient time to carry out the role of supervisor, or simple lack of competence. Clearly, selection of the right supervisors is critically important.

A third important aspect of personnel selection is the recruitment of appropriate school counselors to implement the program. Somewhat surprisingly, the particular professional degree obtained by school counselors (psychologist vs. pedagogue vs. other) is not notably linked to their level of commitment to implementing the program, nor of the quality of their therapeutic groups in general. Rather, four years of implementation strongly suggest that the best results are obtained by school counselors who have good rapport with their students, who are compassionate, competent in their professional roles, who have good interpersonal skills, and who are committed to helping their students as best they can (to the point of sitting through long training seminars). Although it is difficult to determine precisely, we estimate that about 70% of the school counselors who were originally invited to participate in the program possess these “essential” characteristics. Moreover, we believe that many school counselors (psychologists and pedagogues) have selected their professions because they possess these characteristics, and thus selecting counselors (rather than other school professionals) to implement the program has been a wise choice overall.

A fourth factor influencing whether the program will take root is to design a program that the local participants perceive and treat as “locally owned and operated” rather than as an externally-imposed set of obligations. We have learned that it is critically important to work closely with local clinical supervisors and group leaders in all phases of program planning, design, training, and implementation. Regular program monitoring also plays an important role in identifying problems with implementing the program as they come up, which can then be the focus of ongoing training seminars and regular supervision meetings. More generally, successful implementation occurs only when the local participants become convinced that the program helps them to carry out their professional work in a more competent, effective fashion.

One brief example illustrates this point clearly. In May 2000, Drs. Burlingame and Layne distributed several group process measures, explained that they were part of the program evaluation, and asked the school counselors to administer them to their group members. In September 2001, Drs. Burlingame and Layne again met with the school counselors, who requested that they be paid for their extra work in administering the group process questionnaires. Drs. Burlingame and Layne then, as planned, devoted a full day of a training seminar to the use of the same group process measures. Drs. Burlingame and Layne explained how to hand-score and interpret the measures, how to use them as a diagnostic check on the “health” of each group, and how to use them to hold more effective group supervision meetings. Notably, after the training, requests for reimbursement ceased, and the counselors expressed an eagerness to use the measures as a regular part of their work with their groups.

A fifth factor, indispensable to program sustainability, is the need to build in internal incentives to continuing the program. Central to this principle is the necessity that the program produce results that are clearly observable to students, school counselors, parents, teachers, and school administrators. Because participants are not paid to implement the program, the only significant incentives to the counselors for running the groups are the rewards of seeing improvements in students’ lives, and the gratitude, respect, and praise they receive from the

students themselves, parents, teachers, and administrators. Additional sources of incentives include the professional support exchanged through the professional network of participants, and the expansion of the school counselors' roles to include that of provider of specialized mental health services.

A sixth factor needed to ensure program sustainability is the creation of a local program infrastructure that is as self-supporting and self-sustaining as possible. The group supervision component has facilitated program training, supervision, program monitoring, exchanges of professional support, and increased participants' perceptions that the program is locally owned and operated.

A seventh factor is sustained commitment over time. In particular, the success of the program rests, in part, on professional and personal relationships built up over several years between the Team and its implementing partners. Although training and support visits are not as crucial as they were at the beginning of the program, regular "pulsed" visits by the Team serve to increase momentum and increase the quality of program implementation and evaluation activities.

Section 3: "What should be done about it?"

Trauma Project Recommendations

1. The importance of selecting, educating, supporting, and regularly monitoring the activities of government administrators assigned the task of coordinating the program cannot be overstated.
2. UNICEF should give serious consideration to continuing the trauma group program past the 2000-2001 school year. This observation is particularly relevant in light of (a) the counselors' perception that some 20-30% of students at their schools continue to experience trauma-related difficulties, (b) the large investment made into program development and training, and (c) the relatively small investment required to continue the program (e.g., supporting the regular supervision meetings and photocopying program materials). As part of this consideration process, we recommend that UNICEF sponsor an empirical evaluation of need for the program's continuation. Specifically, we recommend that UNICEF pay the University of Sarajevo to input, analyze, and write a summary report regarding the results of the fall 2000 screening survey for the Sarajevo and Travnik Cantons. This will provide results for approximately 10 schools, totaling some 1,000 students, in two regions heavily impacted by the war. (Similar activities by the University of Banja Luka is not recommended this year due to the teacher's strike and a lack of current data.)
3. UNICEF should sponsor a systematic effort to incorporate the Tier-2 program materials into a Tier-1 general psychosocial support program. These efforts should draw heavily on the experiences of the school counselors and their supervisors who have taken the initiative of adapting the program for use in their regular counseling work and in the classroom. More specifically, we recommend that UNICEF sponsor a training/consultation trip, to be undertaken by the UCLA/BYU Team and one or more specialists. The focus of this trip will be to systematically review and adapt existing program materials, to develop plans to develop other needed materials, and to develop an implementation strategy and plan for a more general psychosocial support program. Special care must be given to developing an implementation strategy that will interface effectively with other partners and topics (e.g., the Education Sector, AIDS prevention, drug abuse, etc.). A specific proposal for this planning trip will be included in the UCLA/BYU Team's upcoming project proposal to UNICEF. We believe it is best to develop a program and strategy capable of being implemented in the fall of the 2001-2001 school year.

Summary and Conclusion

The UCLA Trauma Psychiatry Service Team is currently UNICEF's longest-standing partner in Bosnia & Hercegovina. We are willing and eager to continue this mutually beneficial relationship, not only in response to the long-standing demand to increase the number of direct beneficiaries, but because this is perhaps the most optimal time to expand from a specialized (Tiers 2 & 3) to a more general level of support. UNICEF is clearly committed to this expansion, mental health "beach heads" have now been established in numerous schools throughout B&H, trained and experienced counselors now staff these schools, "graduated" group members attend these same schools, community mental health professionals are available, and much has been learned since 1997 about the needs of war-exposed students and how to best facilitate their post-war recovery. We strongly recommend that UNICEF capitalize on its investment in the trauma group program by expanding its useful components and by making good use of the trained, experienced, and motivated professionals available for this purpose.

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Appendices:
Table of Contents

Three-Tiered Model of Post-War Psychosocial Intervention.....Appendix A
Flow Chart of Implementation Plan for the 1999-2000 School Year.....Appendix B
Summary of 1999-2000 School Year Evaluation Methods and Instruments:
 Tier-2 (Trauma/Grief-Focused) Intervention.....Appendix C
Overview of Trauma/Grief-Focused Group Treatment.....Appendix D

**A Three-Tiered Model of Community-Based Post-
War Psychosocial Intervention:
A Public Health Approach**

Tier 1: General, Broad-Scale, School-Based Intervention

- **Primary objective:** To promote adaptive post-war adjustment and normative developmental progression among adolescents
- **Basic public health strategy:** Primary prevention of the post-war onset of psychological, behavioral, and other developmental problems
- **Targeted population:** Bosnian youths and members of their indigenous support networks, including parents, teachers, school administrators, and government policy makers and administrators
- **Implementation sites:** Variable, including schools, community mental health agencies, government agencies, and religious institutions
- **Facilities required:** Modest; any site appropriate for group presentations and/or distribution of materials.
- **Implementing personnel:** Trained schoolteachers, school counselors, community mental health professionals, religious clergy, etc.
- **Program content:** Presentations and/or printed materials designed to provide general, broad-spectrum, post-war support. Content includes common post-war distress reactions, coping skills, support-providing skills, and descriptions of signs suggesting the need for expert evaluation.
- **Target identification methods:** Review of demographic characteristics of geographic regions, schools, and individual classrooms; screening surveys; focus groups.
- **Intervention modalities:** Individual counseling, classroom-based interventions, school-wide presentations, parent meetings, school staff meetings, peer support groups, mentorship programs, and after-school programs
- **Level of specialized training required:** Light (1 to 3-day seminars)
- **Supervisor qualifications:** Trained and experienced school counselors, professional clinicians
- **Level of ongoing supervision required:** Light (intermittent training, consultation as needed)

Tier 2: Specialized School-Based Intervention

- **Primary objective:** To reduce psychological distress, promote normative developmental progression, and promote adaptive post-war adjustment among moderately to severely traumatized Bosnian adolescents.
- **Basic public health strategy:** Early tertiary prevention of the progression of war-related psychological distress, behavioral problems, and disrupted developmental progression into severe and persisting psychological, behavioral, and developmental difficulties.
- **Targeted population:** Adolescents with histories of severe trauma exposure and loss deemed at risk for chronic, severe distress reactions (especially PTSD, depression, and grief) and developmental disturbance.
- **Implementation sites:** Schools or community mental health agencies
- **Facilities required:** Private room adequate for individual and group-based work.
- **Implementing personnel:** Trained school counselors or community mental health professionals
- **Program content:** Semi-structured risk screening interview, semi-structured pre-group interview, manualized 20-session trauma/grief-focused group psychotherapy.
- **Target identification methods:** Wide-scale screening surveys; individual triage interviews, self-referral, school staff referral, parental referral, peer referral
- **Intervention modalities:** Individual counseling, trauma/grief-focus group psychotherapy, family-based therapeutic interventions
- **Level of specialized training required:** Moderately intensive (e.g., three 3-day training seminars interspersed throughout the school year)
- **Supervisor qualifications:** Trained professional clinicians
- **Level of ongoing supervision required:** Moderate to heavy (on-site visits to schools, monthly or more frequent group supervision meetings, consultation as needed)

Tier 3: Highly Specialized, Community-Based Intervention

- **Primary objectives:** To reduce severe psychological distress, suicidal risk, and other high-risk problem behaviors; to promote normative developmental progression; and to promote adaptive post-war adjustment among severely distressed Bosnian adolescents.
- **Basic public health strategy:** Tertiary prevention of severe psychological, behavioral, or developmental difficulties. This includes efforts to reduce the severity of existing problems, efforts to increase the level of psychosocial functioning among highly distressed individuals, and efforts to prevent these difficulties from assuming a chronic course.
- **Targeted population:** Youths with severe psychiatric disorders whose specialized needs exceed the resources available at local schools. Examples include youths with psychotic symptoms, severe depression, manic-depressive illness, high suicide risk, or serious substance abuse problems.

- Implementation sites: Students identified through risk screening methods at the schools are referred to community-based mental health agencies; certain types of Tier-3 services may be provided at the schools (e.g., a psychiatrist sees students at a school-based health clinic) or combined with Tier 2 services (e.g., a psychiatrist prescribes and monitors antidepressant medication for a student participating in school-based group psychotherapy).
- Facilities required: Community-based mental health facility capable of providing inpatient and outpatient treatment; school-based services require a health clinic or nurses' office.
- Implementing personnel: Community mental health specialists (e.g., psychiatrists, psychologists).
- Program content, methods, and modalities: Traditional psychiatric/psychological treatments; these may be supplemented by concurrent or subsequent "Tier 2" interventions.
- Target identification methods: School counselor referral, parental referral, self-referral.

Description. The primary objective of Tier 1 intervention is to promote positive post-war adaptation in the general student population. As currently implemented in the Bosnian secondary schools, Tier-1 intervention takes the form of structured classroom-based activities conducted by trained teachers, psychologists, or pedagogues. These activities consist of general psychoeducational and support-oriented activities designed to increase understanding of the long-term effects of trauma exposure and loss, to normalize and validate stress-related experiences and reactions, and to provide skills for coping with common post-war adversities. Generally, Tier-1 activities may be conducted in a variety of settings by a variety of professionals, and require minimal amounts of training and professional supervision. Tier-1 activities typically involve students directly, but may also be adapted to directly target parents, teachers, school administrators, and government administrators.

The primary objectives of Tier-2 intervention are to reduce psychological distress, promote normative developmental progression, and promote adaptive post-war adjustment among moderately to severely traumatized Bosnian adolescents. As currently implemented in the Bosnian secondary schools, Tier-2 intervention consists of specialized, school-based psychosocial services provided to students whose histories of trauma exposure place them at risk for severe, persisting psychological distress and developmental disruption. These students are identified through a variety of screening methods; the primary instrument consists of a classroom-based risk screening survey, which is supplemented by referrals from teachers, parents, administrators, student peers, and the students themselves. This level of intervention consists of individual interviews, trauma/grief-focused group therapy, and where appropriate, individual supportive therapy. Tier-2 intervention is implemented at the schools by trained school psychologists and pedagogues, and requires comparatively intensive training and ongoing supervision by trained community mental health professionals.

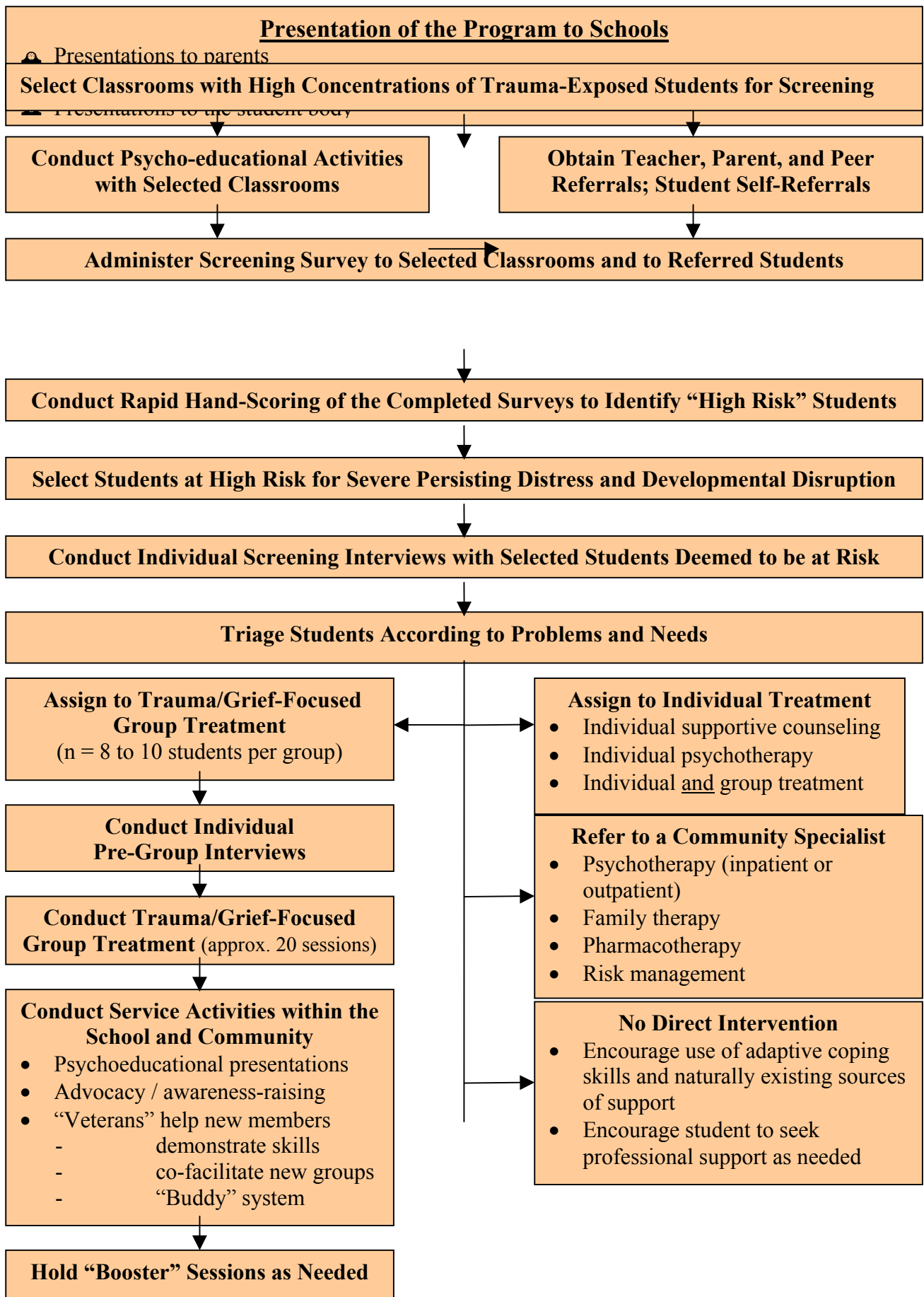
The primary objectives of Tier-3 intervention are to reduce severe psychological distress, suicidal risk, and other high-risk problem behaviors; and to promote adaptive post-war adjustment among severely distressed Bosnian adolescents. This level of intervention targets severely distressed students, including youths with clinically significant suicidal ideation or psychotic disorders, whose needs and associated risks exceed the mental health resources available at the schools. Accordingly, Tier 3 intervention consists of a professional network between school pedagogues/psychologists and community mental health professionals (psychologists and neuropsychiatrists). This professional network serves four primary purposes: First, it facilitates the referral, as needed, of high-risk students to community mental health centers, where these students' problems can be managed more safely and effectively. Second, the network provides local, consistent, and culturally-sensitive support to participating school professionals throughout program implementation. This support both facilitates effective implementation and reduces the possibility of iatrogenic (harmful) effects. Third, this network helps to promote motivation and to reduce professional burnout by providing regular opportunities for mutual exchanges of support among school and community professionals. Fourth, the development and maintenance of this network is an important outcome in itself, in that it builds up and/or strengthens the capacities of the local professional infrastructure.

These three tiers of intervention are designed to compliment one another and, where appropriate, to interlink to facilitate continuity of care. For example, Tier-1 presentations can focus on detecting markers of risk for serious psychological distress, and can include "how-to" information regarding the referral of distressed youths for evaluation by a mental health professional. Further, Tier-2 and Tier-3 activities can mutually benefit from active linkages between school and community mental health professionals. For example, a psychiatrist from a community clinic could both consult with school counselors regarding, and prescribe antidepressant medication for, a depressed student who is participating in a school-based treatment group.

Appendix B

School-Based Trauma/Grief-Focused

**Group Psychotherapy (Tier 2 Intervention):
Implementation Plan Flow Chart**



**Summary of 1999-2000 School Year Evaluation Methods and Instruments:
Tier-2 (Trauma/Grief-Focused) Intervention**

Table 1: Summary of 1999-2000 School Year Evaluation Methods and Instruments

Data Collection Period	Groups	Data Collection Instruments
Pre-treatment (Fall, 1999)	Adolescent secondary school students selected for group participation	<p style="text-align: center;">UNICEF Classroom-Based Screening Survey</p> <p><u>Distress Self-Report Measures</u></p> <ul style="list-style-type: none"> • Posttraumatic stress symptoms (Reaction Index-Revised; Rodriguez, Steinberg, & Pynoos, 1999) • Depression (Depression Self-Rating Scale; Birelson, 1981) • Grief symptoms (Grief Screening Scale; Layne, Savjak, Steinberg, & Pynoos, 1998)
Post-treatment (May/June 2000)	Adolescent secondary school students who participated in group work	<p><u>Self-Report Questionnaire</u></p> <ul style="list-style-type: none"> • Posttraumatic stress symptoms (Reaction Index-Revised; Rodriguez, Steinberg, & Pynoos, 1999) • Depression (Depression Self-Rating Scale; Birelson, 1981) • Grief symptoms (Grief Screening Scale; Layne, Savjak, Steinberg, & Pynoos, 1998) <p><u>Group Process Self-Report Measures</u></p> <ul style="list-style-type: none"> • Satisfaction with the group experience (Self-Satisfaction Survey; Hoag, Primus, Taylor, & Burlingame, 1996) • Curative Climate Inventory (Burlingame, Barlow, Harding-Roundy, & Behrman, 1997) • Group Climate Questionnaire (MacKenzie, 1983) <p><u>Focus Groups with Group Members</u></p>
Post-treatment (May/June 2000)	Group Leaders (school psychologists, psychopedagogues)	<p><u>Group Leader Self-Report Questionnaire</u></p> <p>Questions focused on:</p> <ul style="list-style-type: none"> • satisfaction with training • satisfaction with supervision ? • satisfaction with the program • adaptation of the program for other professional work <p><u>Focus Groups Held with Group Leaders</u></p> <p>Questions focused on:</p> <ul style="list-style-type: none"> • program satisfaction • difficulties with program implementation • potentially adverse effects associated with group participation • perceived need for the program • perceived needs of Bosnian secondary school students
Post-treatment (May/June 2000)	Group Supervisors (psychologists, clinical psychologists, neuropsychiatrists)	<p><u>Focus Groups Held with Group Supervisors</u></p> <p>Questions focused on:</p> <ul style="list-style-type: none"> • program satisfaction • difficulties with program implementation • potentially adverse effects associated with group participation

**Overview of Trauma/Grief-Focused
Group Treatment**

Overview of Trauma/Grief-Focused Group Psychotherapy

Group Treatment Component	Module I (6 sessions)	Module II (8-12 sessions)	Module III (4 sessions)	Module IV (3 sessions)
Group Phase	Opening	Working Through		Termination
Module Title	Group Cohesion, Psychoeducation, and Basic Coping Skills	Working Through Traumatic Experiences	Coping with Traumatic Loss and Grief	Re-Focusing on the Present and Looking to the Future
Therapeutic Tasks	<ul style="list-style-type: none"> • Introduction and program overview • Discussion: Barriers to group participation • Group contract • (Psychoeducation) posttraumatic stress, grief, and depression symptoms • (Psychoeducation) trauma and loss reminders • (Skill) Distinguishing thoughts from emotions • (Skill) labeling emotions • (Psychoeducation) The situation-thought-feeling connection • (Skill) Challenging hurtful thoughts with helpful thoughts • (Skill) “Five steps to good communication” • (Relapse prevention/coping) “My coping plan for the upcoming holidays” 	<ul style="list-style-type: none"> • (Relapse prevention/coping) “My coping plan for trauma narrative work” • Selecting a traumatic event to work on • Constructing the trauma narrative (telling my story) • Acquiring a vocabulary for communicating about the trauma • Developing tolerance for reminders and the symptoms they evoke • Exploring the worst moments • Making links between trauma reminders and worst moments to “demystify” fluctuations in reactivity • Using trauma reminders to understand the nature and personal meaning of traumatic experiences, especially worst moments 	<ul style="list-style-type: none"> • (Psychoeducation) Understanding grief symptoms and the loss reminders that evoke them • (Psychoeducation) How is grief beneficial? • (Psychoeducation) Grief processes (how we grieve) • (Psychoeducation) Barriers to healthy grieving (how traumatic loss can interfere with healthy grieving) • Learning to cope with anger • Using loss reminders to understand the impact and personal meaning of losses • Guided imagery: Retrieving a non-traumatic image of the deceased • Grieving together: Reminiscing with mementos 	<ul style="list-style-type: none"> • Resuming developmental progression: Challenging maladaptive basic beliefs and adopting more positive ones • Problem-solving current life adversities • Investing in new relationships, and enriching existing relationships • Making plans for the future • Saying goodbye in a good way