

Pilot findings from First Aid Arts Resilience Program

The goal of this paper is to introduce the use of an expressive arts approach, First Aid Arts Resilience Program, as a universal psychosocial intervention for adolescents living in fragile and conflict-affected contexts.¹

The Issue

Fragile and conflict-affected contexts expose adolescents to a range of adverse experiences, including sudden relocation; loss of home, families, and peers; continual instability; witnessing of and direct experience of violence. Adolescents also experience the stress of their parents and caregivers. Affected adolescents in fragile contexts may feel disconnected, withdrawn or isolated from others and the community ecology they have known. For others, hypervigilance, panic, or anger dominate, cutting off their capacity to learn, spend time with peers and family, and contribute to their family and community.² These adverse experiences can affect the mind and body in unpredictable and multidimensional ways.³

Studies have shown that by not addressing the ongoing effects and toxic stress of living in these contexts, issues can often compound and extend to adulthood, impairing both physical and mental health, limiting the ability to lead fulfilling lives as adults.⁴ Despite this knowledge, the mental health and well-being of adolescents is often overlooked.⁵

Universal psychosocial interventions can strengthen the adolescent skills and protective factors, foster post-traumatic growth, and empower young people to grow in resilience in the midst of fragile environments.^{6,7} This paper explores the use of a universal psychosocial intervention for adolescents.

The Approach

Based on advancements in neuroscience and the study of the brain and body, there is an increased understanding of the body's dysregulation as a result of distressing experiences and the nature of traumatic memories.⁸ This growing field has provided emerging evidence for sensory-based body-oriented interventions, commonly referred to as expressive arts.



First Aid Arts (FAA) resilience program is an expressive arts intervention that promotes positive psychosocial well-being and resilience by fostering emotional regulation, self-

awareness (mindfulness), and interpersonal skills. FAA is a sequential skills-building program, implemented in ninety-minute structured sessions over the course of approximately 10 weeks. FAA is implemented by lay facilitators.

The FAA resilience program differs from art therapy. Lay counselors are equipped to create safe environments, nurture positive peer relationships, and facilitate specific expressive arts techniques based on a manualized approach. The program is not used to explore trauma narratives or treat adolescents with diagnosed mental health disorders. Adolescents in need of targeted mental health interventions are referred for support through standard MHPSS protocols.

¹ Thanks to the adolescents, caregivers, and community volunteers who engaged in this program and provided information and feedback throughout the process. Thanks also to First Aid Arts for their partnership and technical support. Acknowledgements to Elaine Stavitzky, independent consultant, for synthesis and research analysis for the final report.

² Malchiodi, Cathy A. (2020) *Trauma and Expressive Arts Therapy: Brain, Body, and Imagination in the Healing Process*, Guilford Publications.

³ Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.

⁴ World Health Organization. Adolescent mental health. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Published 2019. Accessed September 16, 2020.

⁵ World Health Organization. *Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation*; 2017.

⁶ Haroz, Nguyen AJ, Lee CI, Tol WA, Fine SL, Bolton P. What works in psychosocial programming in humanitarian contexts in low- and middle-income countries: a systematic review of the evidence. *Intervention*. 2020;18(1):3. doi:10.4103/INTV.INTV_6_19

⁷ World Health Organization, UNICEF. *Helping Adolescents Thrive Toolkit (First draft)*. 2020.

⁸ Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.

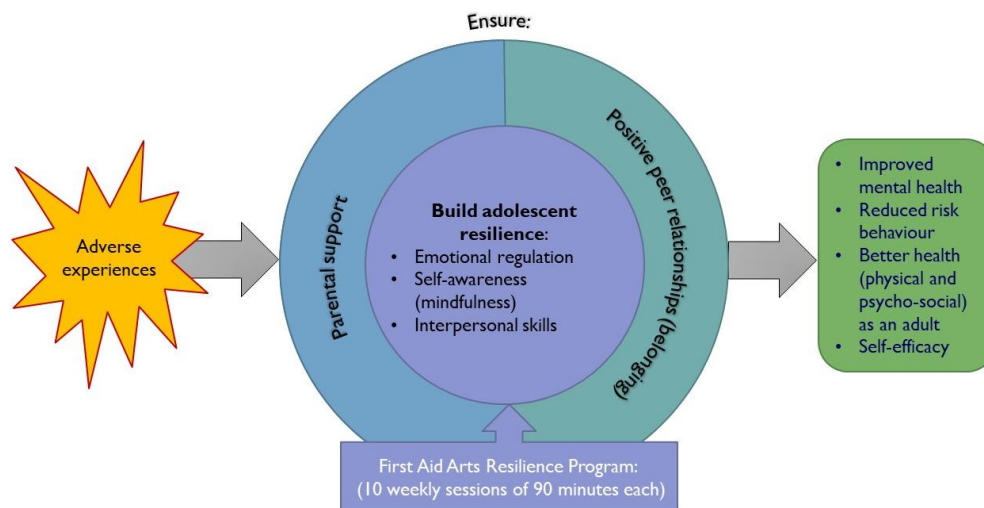


Figure 1. FAA Simplified Theory of Change

A simple visual description of the FAA program’s theory of change is depicted in Figure 1 above.

1. First, the program provides a foundation of psychological safety, the caring presence of a facilitator, and intentional expressive arts activities that promote regulation, awareness, mindfulness, and relating with others.⁹
2. Second, the program is complemented by promoting positive peer relationships, fostering a sense of belonging, and strengthening positive parent relationships.
3. Third, the intermediate outcomes of the program are emotional regulation, self-awareness, and interpersonal skills, as well as protective relationships from parents and caregivers.
4. Finally, the long-term outcomes of the program are improved mental and physical health, reduced risk behaviours, and strengthened resilience and self-efficacy.

The program should be implemented within a broader pyramid of services where there are other programs addressing basic needs, services and security as well as strengthening general community and family support needs for the environments that the adolescents live in.

The Pilot and Results

In 2019, World Vision Jordan partnered with First Aid Arts to pilot the FAA resilience program in a Syrian refugee camp in northern Jordan. Syrian families living in the camp had experienced a range of adverse experiences: multiple relocations, witnessed violence, lost their livelihoods, homes, and communities, and faced instability and an unknown future. The overarching goal of the WV program was to strengthen the resilience and psychosocial well-being of children and adolescents and prevent and respond to forms of violence against children. The FAA resilience program was one component of a multi-faceted child protection program, which included life skills, parenting, and a community-based Child Protection mechanism.

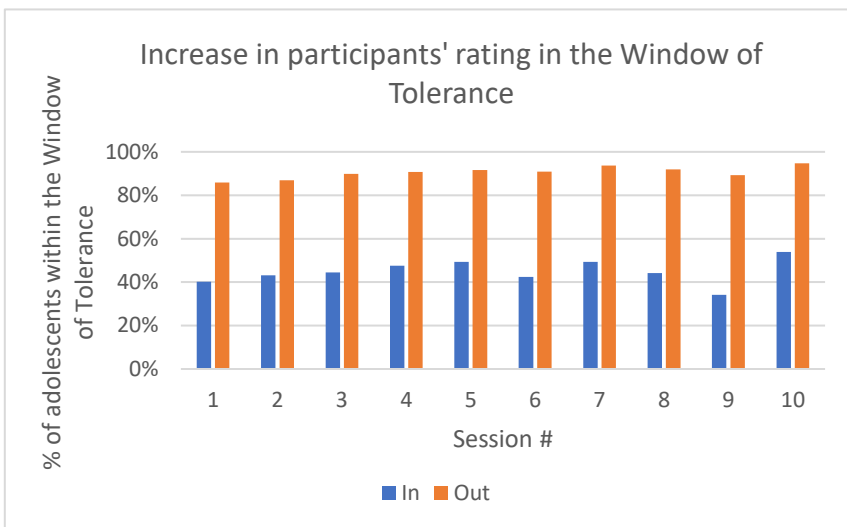
The cohort consisted of 88 adolescents (57 girls and 31 boys) aged 12 to 18 years, the full 10-week curriculum was implemented, and the lay facilitators were trained Syrian volunteers. The pre- post- study used two primary tools to monitor and evaluate the program.

The Window of Tolerance

The Window of Tolerance (WoT) is a self-assessment tool used by the adolescent participants at the beginning and end of each session to rate their levels of energy and emotions. The WoT monitors changes in participants’ regulation. Ideally, with the needed skills, adolescents will be able to identify when they may not be in their Window of Tolerance and employ different skills to reach their Window of Tolerance. The table below outlines the different ratings in the WoT.

⁹ First Aid Arts. Resilience Program Manual. 2018.

Level(s)		Associated emotions
Low	1-3	No to low energy that does not feel good. Emotions include feeling sad, disconnected, numb, frozen, feeling like it is hard to get out of bed, pay attention, or feel interested in anything or where they may not know how they are feeling. One is the lowest energy and the worst feeling.
	4	Low energy, but in the sense of feeling relaxed
Window of Tolerance	5-6	Enough energy. Emotions include feeling balanced, able to connect with others, learn, think clearly, make decisions and respond to what is going on around them
	7	High energy, but in the sense of being energize and able to perform or achieve
High	8-10	High energy that does not feel good. Emotions include feeling out of control, overwhelmed, anxious or angry. The heart may be racing and/or thoughts may be racing through their head. Ten is the highest energy and the worst feeling



The graph opposite shows the number of adolescents rating themselves within the WoT, rather than on the extreme low or high levels of energy and emotion, increase during each session, showing that the session content consistently enhanced participants' ability to move in the WoT.

Over the course of the 10 sessions, between 34-54% of participants rated themselves within the WoT upon entry into the session ("in") and by the end of the session between 86-95% of participants rated themselves within the WoT ("out"). Overall, 94% of adolescents were within the WoT by the end of at least 70% of the sessions they attended.

Figure 2. Window of Tolerance ratings during 10 FAA sessions

"I am always enthusiastic about Thursday because of the FAA session, it helps me get rid of any tension or any negative energy I might be holding on my shoulders, especially when we implement the window of tolerance activity." (13-year-old, female)

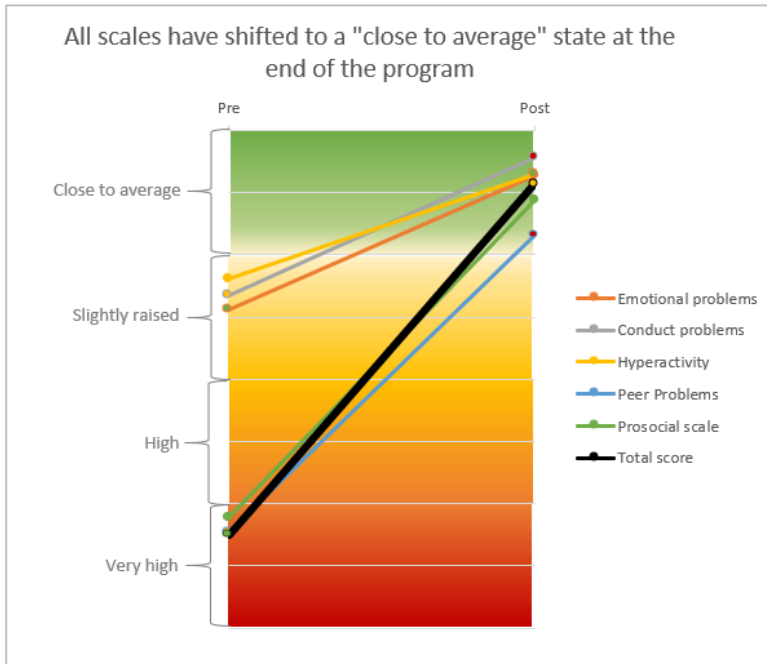
The results from the analysis from the WoT strongly indicates that the FAA resilience program is effective in helping adolescents to manage their tolerance levels during each session.

The Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) was used at the beginning and end of the 10-week program to evaluate changes in positive and negative behaviours. The SDQ includes two sections:

- 25 items on psychological attributes, some positive and other negative covering five scales; the scores from the first four scales are added together to generate the total difficulties score.
 1. Emotional symptoms (5 items)
 2. Conduct problems (5 items)
 3. Hyperactivity/inattention (5 items)
 4. Peer relationship problems (5 items)
 5. Prosocial behaviour (5 items)

- An impact supplement that asks whether the adolescent is experiencing difficulties in the area of their emotions, concentration, behaviour or their relationships with others and if so, the chronicity and whether it causes them distress, affects areas of their life or whether they think the difficulties are a burden for others in their life (e.g. family, friends, teachers, etc.).



The SDQ results from the pilot FAA project indicates positive effects for the adolescent participants. Figure 3 shows a strong positive trend in the mean scores of all of the scales, as well as the total score, indicating improvement in the cohort’s ability to manage their emotions and social behaviours over the course of the program.

At evaluation, all scores fell in the “close to average” category, reflecting scores similar to a non-affected population. The program seemed to have the highest impact on the prosocial and peer scales, while the emotional, conduct, and hyperactivity scales began in a state closer to average and as such had smaller gains in improvement. Scale reliability was mostly acceptable except for two scales at endline. The change from the pre- and post- states of the adolescent participants is evident.

Figure 3. Pre- and post- results of the SDQ

Similar to the scales results, the analysis of the impact results show improvement in the experience of stress and perception of difficulties in the adolescents’ lives. Analysis of the SDQ impact results show that the majority of those who were experiencing difficulties in the area of their emotions, concentration, behaviour or their relationships with others in the pre-test had been experiencing them for more than a month (see Figure 4 opposite).

In addition to a significant decrease in adolescents experiencing difficulties, none experienced difficulties in the past month by the end of the program.

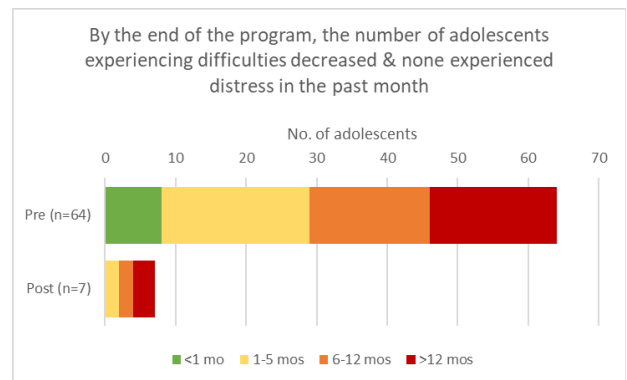


Figure 4. Participants experience of distress



“The activities we apply at the FAA allow me to focus and feel better, because my mind is always busy with negative thoughts and the feel of fear, so when I practices these activities whether in the center or at home in lock-downs, I feels great. I am grateful for that.” (15-year-old, male)

Conclusions and Areas of Future Study

The results from this emergent study are consistent with other group-based mindful self-compassion interventions, where participants (adults) made significant gains in self-compassion, mindfulness, and well-being measures post-training that were maintained a year later. Empirical evidence shows that such programs are effective in promoting adolescent emotional well-being and resilience while decreasing psychological distress and related symptomatology (e.g. anxiety, depression).¹⁰

Based on the findings of this pilot, the FAA resilience program has potential to contribute to WV's need for a universal, psychosocial intervention to strengthen the resilience of adolescents living in fragile and conflict-affected areas. Future research could investigate the correlations between FAA participation, participation in the broader multi-faceted child protection programme, and reduced difficulties.

Further research is needed to investigate how effective is the FAA resilience program across other fragile and conflict-affected contexts, the extent to which outcomes are sustained over time, and the effects on adolescent mental health outcomes of sequencing FAA with life skills programming.

For further information about this pilot study and World Vision's use of the First Aid Arts approach, contact Teresa Wallace, World Vision International Senior Quality and Innovation Advisor (teresa_wallace@wvi.org), Khaled Mashakbeh, World Vision Jordan Child Protection & Safeguarding Manager (khaled_almashaqbeh@wvi.org) and Julia Smith-Brake, World Vision International Senior Adolescent Programming Specialist (julia_smith-brake@wvi.org). For more information on First Aid Arts curricula and programs, visit <https://www.firstaidarts.org/>.

¹⁰ Bluth K, Lathren C, Hobbs L. (2019). Mindful Self-Compassion for Teens and Young Adults. In: Carrión VG, Rettger J, eds. *Applied Mindfulness: Approaches in Mental Health for Children and Adolescents* - Google Books. Washington DC: American Psychiatric Association Publishing, pages 15-32.