Evaluating the effectiveness of implementing the International Child Development Program (ICDP) across Jusoor's safe schools when adjusted to Jusoor's unique environment and situation

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Word Count: 5,232

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INTRODUCTION

When the Syrian Civil War broke out, Syria and its bordering countries collapsed into turmoil. Due to the extended fighting between the Syrian government and rebel insurgencies, millions of civilians have been killed and the surviving few have been forced to seek asylum in primarily Jordan, Lebanon, Iraq, and Turkey. As a result of this displacement, three million children inside and outside of Syria are out of school (HRW 2016). Without access to basic education, these children rapidly fall behind their otherwise non displaced peers and are at a higher risk of abuse, early marriage, and Islamic extremist recruitment. Ultimately, in the long term, these implications hinder Syrian youth's access to skilled employment opportunities, crippling their earnings potential and irrevocably handicapping future generations tasked with rebuilding Syria (UNHCR 2015).

Consequently, two dozen NGOs across the Middle East have united to provide alternative education programs (AEPs) across each NGO. According to Relief Web–an impartial, specialized digital service of the UN Office of Humanitarian Affairs (OCHA)–alternative education encompasses short *informal* education programs and two-year *non-formal* education programs, both of which aim to alleviate the stress on formal education systems while accelerating the learning of children who are behind in their studies.

LITERATURE REVIEW

Introduction

This literature review will (1) identify a historic problem with the AEP education approach, (2) illustrate why psychosocial support (PSS) is a necessity, (3) elaborate on varying NGO response efforts with a focus on the International Child Development Program, and (4) consequently highlight the gap that will be addressed in this study: evaluating the effectiveness of implementing the International Child

Development Program's (ICDP) across Jusoor's safe schools when adjusted to Jusoor's unique environment and situation.

Problem: Mental Health and Psychological Trauma

As the crisis enters its 6th year, AEPs have become "increasingly prevalent as a way to provide a temporary safe haven for children during the worst humanitarian crisis since World War II" (Relief Web 2016). Although their expansion has led to increased outreach and program sustainability, in the last decade the NGO community has come to realize that its recent education approach has been insufficient (Myer 2013). This is due to insufficiently acknowledging psychologically traumatized children and treating them appropriately.

Context – Effects of Trauma in Refugee Children. Crisis-induced trauma such as human trafficking and family separation have caused many psychosocial ailments in refugee adolescence. Specifically, according to a recently performed International Medical Corps (IMC) study, 31% of Syrian refugee children are suffering from severe emotional disorders including but not limited to: anxiety, depression, bipolarity, speech impairment, disobedience, nightmares, regressive behaviors, and schizophrenia (Leigh 2014). In response, the UN conducted a survey analyzing the education needs of Syrian refugee children which identified that psychological repercussions of the Syrian conflict and forced displacement play a role as prominent as the lack of basic education access in inhibiting child development successes (UNICEF 2011).

NGO Response Efforts

In response, NGOs have pursued offering psychosocial support (PSS), which aims to "ease resumption of normalcy and prevent pathological consequences of traumatic situations" (Dhingra 2015). According to field literature, approximately 100 NGOs offer PSS programming between Turkey, Lebanon

and Jordan for refugees. As 52% of the refugee population in the asylum countries consists of children, and childhood psychosocial well-being is essentially for future well-being as an adult, the majority of these programs are focused specifically on child psychosocial aid (Dhingra 2015).

Approach Variations. Although the majority education NGOs offering AEPs offer PSS, their approaches vary. The two main approaches are: (1) separate PSS programming alongside daily curriculum, and (2) integration of PSS programming into daily curriculum. One example of the former is Basmeh & Zeitooneh's (B&S) Peace Education program that provides refugee children with an avenue, alongside school learning, through which they can expel tensions and stresses caused by displacement (B&S n.d). One example of the latter approach (i.e. integration) is the International Child Development Program (ICDP).

ICDP. ICDP (the subject of this study) is a non-political and non-denominational PSS program that was founded in Oslo Norway in 1992. It was established based on the principles highlighted in the 1989 UN Convention on the Rights of the Child, and currently functions to assist the psychosocial needs of children at risk by improving childhood conditions and enriching caregiver-child interactions (Karsten Hundeide n.d.). Since its beginning, it has been evaluated and published by the WHO and UNICEF and operates in over 30 countries (ICDP Founders n.d.) .

The Difference. In contrast to the more common intervention method that B&S uses, ICDP focuses on treating traumatized children through activating empathy in the local affected community. Specifically, while most NGO PSS programs intervene with foreign staff and foreign programs, the ICDP, believing that this risk alienating target populations, aims to "supplement existing professionalized services [ex: schools] by training local resource persons who work with children and families." As a result, the premise for its intervention is integrated into the curriculum by promoting caregiver cultural sensitization, positive caregiver-child interaction, and fundamental children's rights. ICDP's goal for this approach is to foster enough community member confidence and unity to be able to withdraw itself while

maintaining its sustainability by transferring the project to a local representative (Hundeide & Armstrong n.d.).

Structure & Content. In order for ICDP to effectively engage with communities on a global scale, ICDP's structure is comprised of three main groups of individuals as shown in Table 1.

Table 1. Groups of individuals that comprise ICDP

Groups	**Definitions**
(1) *Trainers*	*Trainers* are those that represent a large region with numerous programs running; facilitators are those trained by ICDP directly who report to trainers when running individual ICDP programs within targeted communities
(2) *Facilitators*	*Facilitators* are those trained by ICDP directly who report to trainers when running individual ICDP programs within targeted communities
(3) *Caregivers*	*Caregivers* are teachers (the focus of this study) and parents within the target communities that undergo the aforementioned ICDP programs

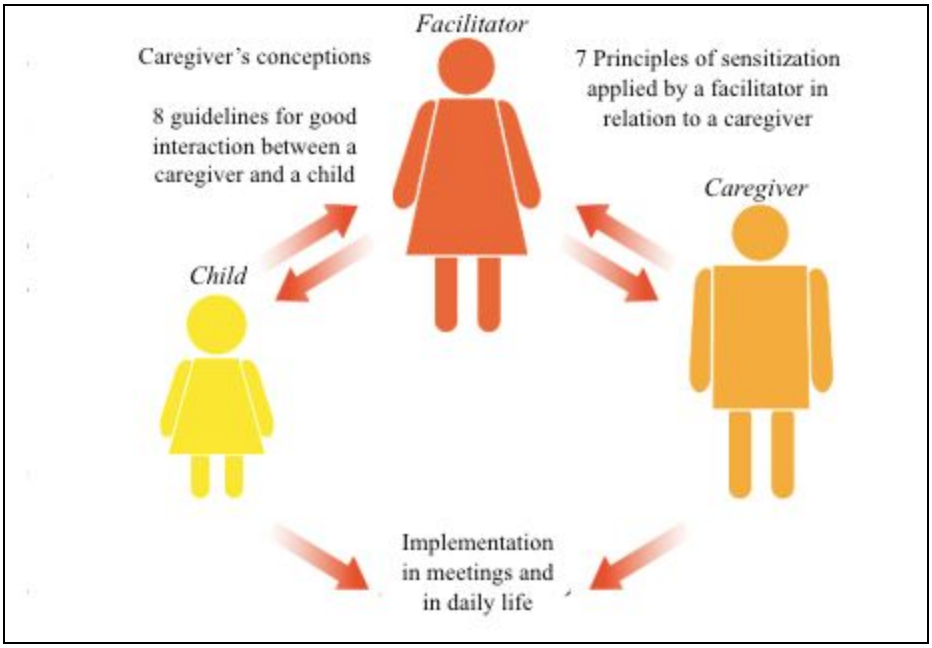
To achieve the aforementioned goals (see *The Difference.* section*)*, ICDP hosts training programs–8-12 session programs–which "aim to implement knowledge from scientific research for the benefit of disadvantaged and neglected children, through a simple and culturally adaptable program for children's caregivers" (ICDP n.d.). These programs are comprised of the four components shown in Table 2, and their relationship to the aforementioned ICDP groups are shown in Figure 1.

Table 2. ICDP Component Purpose Definitions

Component	**Purpose**
The caregiver's conception of the Child	To eliminate any initial negative perceptions of the child the caregiver may have based on past experiences and lack of understanding of cultural values of the target community.

The eight guidelines for good interaction	To act as the guidelines or themes that are taught by facilitators and applied by caregivers in field scenarios to ensure positive interaction.
The seven sensitization principles	To guide ICDP facilitator behavior when training caregivers through the ICDP program. Also to emphasize the facilitator's role in supporting caregiver's own self-awareness and activities.
Principles of implementation	To act as checklist outlining the ideal conditions under which a program should be established—to be completed before implementing the ICDP program

Figure 1. ICDP Components Relationship. Adapted from *ICDP,* n.d., Retrieved March 20th, 2017, from *ICDP*.



The Gap: ICDP Insufficiencies – Jusoor

Concurrent with the outbreak of the refugee crisis, ICDP expanded into the Middle East. Consequently, many of its training programs have not been evaluated within each of their individual contexts. One such program that is in need of evaluation operates in Lebanon within Jusoor (Tutunji,

Interview, 21 February 2017). In order to improve PSS available in Lebanon–while concurrently aiding ICDP in evaluation efforts–this study will evaluate the ICDP's program within the context of Jusoor.

Jusoor – Background. Jusoor, an NGO in Lebanon, was established in 2011 and is currently run by a group of Syrian expatriates supporting Syria's development by "helping Syrian youth realize their potential through programs in the fields of education, career development, and global community engagement" (Jusoor n.d.). Jusoor believes that Syrian youth should have better access to opportunities, so it works to provide numerous educational opportunities through programs. Specifically, Jusoor offers academic programs inclusive of a refugee education program which help thousands of refugees continue their education outside of Syria, a scholarship program which help Syrian students looking to study abroad at universities, and an academic mentorship program which offers advice for students requiring help in academic inquiries. Jusoor also offers career development and an entrepreneurship programs. Including all its initiatives, Jusoor has a community of 123,320 members.

Concerning its education centers, Jusoor operates across three schools in Lebanon: one in Beirut and two in the Bekaa Valley. Jusoor's common goal across these three centers is to enroll its students in a two year intensive education program, which yields students who are both academically and psychosocially ready to enroll in formal education.

In its initial years, Jusoor was confronted by many obstacles, one of which was not having a method to address the psychosocial traumas of its students and caregivers (Jusoor Leadership Team 2015) In search of a solution, Jusoor hired psychosocial specialists from Right to Play and UNICEF to come occasionally to educate the Jusoor caregivers and heal the students (MacDonald, Interview, 23 January 2017). However, upon realizing that effects of these trauma-response based programs were unsustainable, in 2016 Jusoor capitalized on an opportunity to take a proactive PSS approach through the introduction of ICDP.

Scope & Delimitations

Since ICDP is yet to be evaluated within Jusoor's three schools, it will be the focus of this study. Ideally, all ICDP evaluations are supposed to occur six months after the ICDP program finishes. Due to logistical setbacks, Jusoor's ICDP facilitator has only been able to run six of the 8-12 sessions. Therefore, a complete evaluation of ICDP is neither feasible, nor would it yield substantial results. Nonetheless, to provide Jusoor with at least an interim indication of ICDP's effectiveness, ICDP will be evaluated based on how conclusively it addresses Jusoor's initial objectives for implementing the program.

RESEARCH METHODOLOGY

Method Reasoning

In order to evaluate the efficacy of the the ICDP program within the context of Jusoor, the researcher conducted qualitative research through an evaluative case study. The researcher selected conducting qualitative research due to the nature of the ICDP program. Specifically, this is because it occurs in a "natural setting," and its evaluation requires the extraction of emotional data across numerous perspectives followed by inductive analysis. According to Creswell's book titled *Research Design: Qualitative, quantitative, and Mixed Methods Approaches,* these characteristics are best suited for the category of qualitative research (Creswell 2009). More specifically, an evaluative case study was chosen because it is aligns with the research objective of this study–to evaluate how closely the ICDP program fulfills Jusoor's implementation objectives for ICDP–as the aim of such case studies is to "investigate how a program changes over time, as a result of certain conditions or interventions" (Leedy & Ormrod 2013). To gather sufficient data within the evaluative case study framework, semi-structured interviews and focus group discussions were conducted. These results were triangulated across the three different schools and among the three different authority levels to ensure validity of findings.

Sampling Profile

The schools from which the data for this study was drawn include all three of Jusoor's safe schools (see Table 3).

Table 3. Jusoor schools and descriptions

School	Description
The Beirut School	The Beirut Center is located in Beirut, was established in June 2013, and currently has 200 students and nine caregivers (teachers).
The Bekaa Center	The Bekaa Center is located in Jeb Janine, Bekaa Valley, was established in May 2014, and currently has 750 students and 25 teachers.
The Tent School	The Tent School is located in Jarahieh, Bekaa Valley, was established in March 2014, and currently has 300 students and 12 teachers.

Research Tools

Semi-structured Interviews. Semi-structured interviews were conducted with the ICDP facilitator and Jusoor administrators, teachers, and occasionally children. All interviews were conducted with the aid of a live translator due to the lack of the interviewers command of Arabic. Interviews were used to capitalize on both the integrity of face-to-face communication and the benefit of observing tone and body language to enhance interpretation accuracy. These interviews were semi-structured per ICDP's evaluation recommendations. ICDP's justification for this method is that it yields a more flexible discussion than structured interviews. This method consequently allowed for the discovery and evaluation of information that both the research subject felt strongly about and the researcher had not recognized would be significant (ICDP Working Group 2010).

The questions (see Appendices A & B & C) used to conduct these semi-structured interviews were formulated based on a two step process. Firstly, the author conducted contextual research through

initially researching the Syrian crisis, ICDP, and other PSS programs across Lebanon. This step provided sufficient contextual background for the researcher to approach the second step with an impartial mindset. Secondly, the researcher read and selected questions from numerous ICDP evaluation materials including pre-set interview and questionnaire questions and criteria to evaluate facilitators and caregivers, and pre-set interview and questionnaire questions for caregivers to reflect on their experiences with the ICDP program (ICDP Working Group 2010, Hundeide 2008).

Focus Group Discussions. Focus group discussions were conducted with a group of 6-8 caregivers from each of the three schools. Like the interviews, the format of these discussions was semi-structured and carried out with the aid of a translator. Additionally, the questions used were abbreviated and generalized versions of those used in the interviews (see Appendix D).

Ethical considerations

Prior to conducting interviews with any members of the Jusoor faculty community, the researcher distributed and collected signed informed consent forms. This form appropriately briefed the research subjects on the premise of the researcher's project, the reasoning for their participant involvement, as well as requested approval for their participation and first name disclosure.

Data Collection Process Delineation

For the first step in the evaluative case study, Jusoor's site manager and ICDP facilitator were interviewed together. The purpose of this interview was for the researcher to gather contextual understanding of Jusoor's situation in Lebanon and how ICDP fits under Jusoor's umbrella. Additionally, it was to understand Jusoor's site managers' objectives in bringing in ICDP. This step helped the researcher refine his approach to ensure it was best adapted to Jusoor's logistical situation across all three schools.

Secondly, the ICDP facilitator was interviewed privately regarding more specifics on the ICDP program (see Appendix A). The goal of this interview was for the researcher to further contextualize ICDP's implementation objectives and understand the ICDP facilitator's opinion on both how much progress ICDP has made and what effect ICDP has had on Jusoor's caregivers.

Thirdly, the Principal of each of the three schools was interviewed (see Appendix B). These provided a data point from an administrative perspective on the workings of ICDP in the classroom, as well as additional context to why some interview results within each school turned out the way they did.

For the fourth step, the process was split into two: interviewing caregivers who had undergone ICDP training (see Appendix B) and those who hadn't (see Appendix C). As roughly 85% had undergone some element of ICDP training, there was a large enough sample for both caregiver types. The purpose of this separation was to delineate more clearly between before ICDP and after six sessions of ICDP for evaluation.

Finally, groups of caregivers (sometimes inclusive of those who had already been interviewed) were interviewed in focus discussion groups. Information brought up in individual interviews were further probed in these discussions to solidify evidence.

Data Analysis Process Delineation

Firstly, once the data was collected, the audio files from 18 interviews and two focus group discussions were transcribed. Secondly, transcripts were organized by school association. Thirdly, transcripts were analyzed and coded into categories corresponding with each of the three ICDP implementation objectives: (1) *Change caregiver misconceptions* (2) *Enhancing caregiver-child interaction,* and (3) *Enhancing caregiver PSS support.* Fourthly, implementation objectives were further solidified through additional communication with Jusoor's ICDP facilitator over email. Fifthly, coded data was further stratified into *Before ICDP* and *After ICDP* sub categories. Sixthly, to aid in evaluation

justification, an evaluation rubric was created and used to assess how closely ICDP results aligned with their corresponding objectives, using the Jusoor's implementation objectives for ICDP as evaluation criteria. Specifically, each objective was given a score of 1, 2, or 3 based on how effectively they are addressed by the training results. The scoring rubric used is shown in Table 4. Finally, recommendations were crafted and proposed for each of the objectives that were not fully met.

Table 4. Evaluation rubric for Jusoor's ICDP implementation objectives

Score	Definition
1	Does not meet objective
2	Somewhat meets objective
3	Meets objective

DATA ANALYSIS

This section will be partitioned into four sections (one for each objective). Each section will further define the objectives and evaluate the corresponding findings.

Objective 1: Changing caregiver misconceptions

Definition. Caregiver's conception of the child is the first component of ICDP addressed in the ICDP program. It is the precursor tool to developing legitimate positive interaction. This is because in order to promote a child's positive development, it is necessary for the caregiver to "perceive the child as a person [who both has] potential for development" and who he/she can "identify with empathetically" (Hundeide 2006).

Initial Problem. Since its establishment, Jusoor has struggled with promoting the positive perception of a child and consequently changing the misconceptions of its caregivers. Jusoor's program director blames this on the cultural polarity of the region in which Jusoor is located, the fleeting lifestyle

of many caregivers which results in the circulation of varying ideologies, and the high stress they are under as refugees themselves (Tutunji, Interview, February 21 January 2017). The practice of these misconceptions within Jusoor has proven to stagnate education success, and even traumatize children. For this reason, Jusoor sought to change these misconceptions of its caregivers through ICDP.

Evaluation.

Table 5: Objective #1 evaluation

Objective	**Score**
1: Changing caregiver misconceptions	3

Objective #1 received a score of a *3* because across all three schools ICDP has yielded success in correcting caregiver misconceptions by promoting appropriate disciplinary action through instilling tolerance of irritability in caregivers, educating caregivers on instruction methodology, and correcting caregivers when affiliating religion with assignments.

Regarding disciplinary action, before ICDP, caregivers were quite irritable and not sensitive to their students' personal space and psychosocial well-being. Consequently, according to various Jusoor caregivers across all three schools, and validated by ICDP facilitator and site manager, caregivers would get annoyed/give up easily and end up yelling, pinching, and sometimes hitting students. As deemed by both ICDP and Jusoor, such behavior is unjust and calls for reform. In contrast, after only a few sessions of ICDP, caregivers unanimously indicated that they immediately felt they were "more tolerant and resilient when working with [their] students," and also cleansed of their misconceptions of how to engage in disciplinary action. One anecdote that illustrates this transformation is when a student rushed into class after the bell rang with marbles clanging in his pocket. The caregiver immediately told him to throw away the marbles for 'playing with them', despite considering their significance to the boy. Following the boy's retaliation, the woman dragged him out of the class by the ear instead of handling the scenario

respectfully in front of the class. The caregiver clearly reacted out of unnecessary frustration and misconception of the child's vulnerabilities and intent. It ends up that the child had no intention of playing with the marbles, but due to the caregiver's misconception of his intentions was reprimanded. Reflecting on this anecdote after enrolling in the ICDP training, the same caregiver indicated that now she is able to change her views of the children and "look at them through different angles [(perspectives)." with a new approach to confrontation.

Regarding teaching methodology, although there are many teaching approaches, not all are appropriate for traumatized, adolescent children. Based on prior experience, one caregiver thought his classroom environment should be free-willed and experiment filled. This resulted in unanticipated trouble with instituting rules to regulate his students. Through the ICDP program, this caregiver fixed his misconception and realized that according to research, children need structure and their shared experiences to be explained, because when "left up to their own devices," their creativity can only progress so far. Just as it did in this anecdote, ICDP helped refine the teaching methodology of most caregivers at Jusoor.

Finally, regarding the use of religion in the classroom, before ICDP, there were numerous cases where caregivers aligned religion and work in order to incentivize students to complete their tasks. One anecdote is when a caregiver exclaimed "you must to do well or else God won't love you." Considering the dominant presence of religion in these children's lives for yielding hope and also yielding trauma developed through ISIS encounters, this misconception is extremely damaging. Since the ICDP training however, according to both Michelle and the principals of the Beirut Center, Tent School, and Bekaa Center, similar scenarios have yet to recur.

After evaluating objective #1, based on the overwhelmingly positive feedback from the ICDP training in addressing the aforementioned misconceptions of its caregivers, it is clear that the mark of a *3* is justified.

Objective 2: Enhancing caregiver-child interaction

Definition. Caregiver-child interaction is the primary focus of the ICDP program. This is because it plays the largest role in shaping the psychological well being of students. In the classroom, caregivers are guided in how to interact via eight guidelines. The three dialogues and their corresponding eight guidelines are displayed in Table 6.

Table 6. Three emotional dialogues & eight guidelines

Dialogue	**Guidelines**
The Emotional Dialogue	1. To show affectionate feelings 2. To follow the child's initiative 3. To establish close emotional nonverbal and verbal connections 4. To praise and appreciate the child's endeavors
The Meaning Dialogue	5. To help the child direct her attention toward common experiences 6. To provide meaning to the child's experiences 7. To enrich and develop the child's experiences through explanations and comparisons
The Regulative Dialogue	8. To lead the child step by step and to introduce norms, values, and set limits in a positive way by offering alternatives

Initial Problem. Since its establishment, Jusoor has drastically improved its caregiver child interaction. Initially, interactions were extremely chaotic. Students fought amongst each other and argued with their caregivers. Additionally, caregivers didn't know how to enforce discipline correctly, and instead were left only to engage through inappropriate conduct. Following numerous intervention efforts such as bringing in UNICEF and Right to Play, improvements were made. However, according to a report conducted by the principal of the Bekaa Center, caregiver-child interactions were still insufficient. Therefore, ICDP was introduced to address this weakness.

Evaluation.

Delimitation. Since only six of eight guidelines have been addressed in the ICDP program thus far, and consequently the Meaning Dialogue has not been completed, only the emotional dialogue guidelines were evaluated.

Table 7: Objective #3 evaluation

Objective	**Score**
Guideline 1: To show affectionate feelings	3
Guideline 2: To follow the child's initiative	3
Guideline 3: To establish close emotional nonverbal and verbal connections	3
Guideline 4: To praise and appreciate the child's endeavors	2
Overall Objective 3: Enhancing caregiver-child interaction	2.75

Guideline 1. Guideline 1 received a score of a 3 across the three schools because caregivers showed in improvement in their affection-related child interactions. Although the premise of this guideline (showing love) aligns closely with human nature, some components of this guideline were only carried out as a result of the ICDP program. Specifically, before ICDP, when students would do something in class for the purpose of getting attention, caregivers confessed they often did not realize the immense impact that a short interaction consisting of positive affection could have on a child, and did not know how to respond during class in an effort to help solve the conflict. However, after ICDP, all these reservations were eliminated. For example, for one of the caregivers, one students ripped up his notebooks everyday. For weeks the caregiver brought him a new notebooks, and the same day it ended up in shredded in the trash. After engaging in the ICDP program, in applying one of the many ways of showing love, the caregiver hugged the child before and after class everyday. Immediately, the student

stopped ripping up his notebooks and instead focused his attention on the classroom lesson. Every other caregiver interviewed identified a personal epiphany associated with a classroom experiences similar to this one, thus confirming the success of Guideline 1.

Guideline 2. Guideline 2 received a score of a *3* because caregivers showed improvements in following their student's initiative in interaction. Before ICDP, caregivers indicated that they would approach the classroom with narrow perspectives of how to teach concepts. Additionally, they indicated that they would run class in a structured, traditional teaching manner with little conversation between caregivers and students and opportunity for independent initiatives. These approaches yielded little classroom creativity, little accommodation for student-specific needs, and little overall development of independence. This directly contradicts Guideline 2's goal of allowing the child to develop confidence and independence through following their own initiatives under their caregivers guidance. After ICDP, caregivers indicated that they approached class with an open mind and tried to better accommodate their student's needs while still achieving their classroom objectives. For example, in class caregivers added more circle group discussions to not only promote students taking the initiative in sharing their own perspectives, but also promote the ideals of other guidelines (ex: #3). Additionally, in one caregiver's classroom a hyperactive child would not participate in class and purposefully destruct school property because she found learning to be "not cool" and preferred playing instead. Although initially unsure of how to handle this situation, after ICDP and working closely with Michelle, he realized that integrating physical activity into classroom learning would engage this student. Specifically, to learn vocabulary, he put flashcards on the board and had students line up to throw balls at the word he called out. By framing this as a form of play, the caregiver achieved his objective of educating the student while also accommodating the child's needs. Based on these anecdotes, it is clear that this guideline was achieved, thus it confirming its score of a *3*.

Guideline 3. Guideline 3 received a score of a *3* across the three schools because it was sufficiently met. Before ICDP, caregivers indicated that they would disregard emotional nonverbal communications entirely and have distant relationships with their students. In contrast, after ICDP, they noted that they learned how to appropriately speak with students, how to interpret their body language and tone, and how to use gestures and expressions effectively. Specifically, they learned the power of even the smallest gestures and body language, and the importance of eye contact, smiling, and making the child feel as though the caregiver is their equal. One anecdote that exemplifies this learning is when a student lost his books for school so he stood outside crying. In this scenario, before ICDP the caregiver indicated that he would have reprimanded the child for losing these costly books using a strong, scolding tone and domineering body language. However, having occurred after ICDP, he instead used ICDP's non-verbal communication suggestions of speaking with sincere, soft tone and crouching to the child's eye level to make the child feel comfortable while answering questions. As a result, the child stopped sobbing and opened up to the caregiver in answering his questions. This is significant because instead of further exacerbating the child's psychological traumas from the home, it indirectly aided the child's psychosocial well-being through re-instilling a sense of trust. It also proves the success of implementing guideline 3.

Guideline 4. Guideline 4 received a score of a *2* across the three schools because it was somewhat met. Before ICDP, caregivers would show praise by administering gifts to the best students and acknowledging how personally happy they were that the student succeeded. Additionally, regarding school assignments, caregivers would provide feedback primarily focused on the mistakes (negatives) of the assignment. These praise approaches isolated inferior students and made them feel more insecure, which contradicted the premise of Guideline 4 which is to transmit feelings of self-worth and competence to the students. In contrast, after the ICDP program, many caregivers corrected the faults of their initial praise approaches align with Guideline 4. For example, to reform a friendly vocabulary memory game with prize incentive to fulfill this guideline, throughout the competition a caregiver gave out apples to

each winning student, then at the end he distributed apples to all students that had never won a round. This not only rewarded the hard work of those had had won, but also recognized all students for their efforts which consequently boosted their self-esteems. Although in most caregiver-child interactions this guideline was met, it came across in interviews at the Beirut School that some caregivers were unknowingly showing praise in the aforementioned *before ICDP* manner. Therefore, a *2* was given due to considerable room for improvement.

Wrap up. With a score of *2.75/3*, it is clear that ICDP's implementation has successfully met Jusoor's objective of enhancing caregiver-child interaction. The purpose of this objective was to mitigate any poor interaction in the classroom, yielding a positive learning environment that both the students and caregivers enjoyed. Drawing together this conclusion, the Jusoor site manager speaking on behalf of all three principals and the ICDP facilitator confirmed that "the behavior of the teachers is totally different...they are not complaining like before and the children are far more happy."

Objective 3: Enhancing caregiver PSS support

Definition. Although an inferior focus to child PSS, caregiver PSS is also an objective of ICDP. In this study, caregiver PSS support is defined as the support offered by those in Jusoor's community promoting the psychosocial well-being of Jusoor caregivers.

Initial Problem. Since its establishment, Jusoor has struggled to acknowledge the necessity of caregiver PSS and address the resulting trauma. This is because Jusoor's focus is on its students, and the caregiver volunteers are primarily refugees themselves that are more focused on dedicating their time to developing the younger Syrian generation than caring for themselves. Recently, however, Jusoor has seen high turnover rates year to year of caregiver quitting their teaching jobs. The reason for this is that they feel that their emotional instability, exacerbated by their students' probing at personally sensitive refugee

crisis scenarios, is too much to handle. In an effort to mitigate these issues, Jusoor, in alignment with its Year five focus on caregiver PSS, introduced ICDP.

Table 8: Objective #3 evaluation

Objective	**Score**
3: Enhancing caregiver PSS support	3

Objective #2 received a score of a *3* since the ICDP program's results were unanimously positive indicated a definite improvement since its implementation.

Before ICDP, caregivers suffered emotionally as indicated above, and interpersonally. Specifically, caregivers across all three schools indicated that they struggled to provide explanations to student questions derived from their individual traumatic experiences, as well as handle student-student drama. One anecdote that exemplifies the former best is when a caregiver had to explain to a girl why people kill each other after she broke down sobbing because their class discussion triggered her memory of watching ISIS bury her friend alive. Since this caregivers had been tormented by ISIS beforehand, this was hard for him as it triggered an emotionally disturbing soft spot for him that he was trying to forget. In order to heal from these experiences, the caregivers indicated that they sometimes go to the beach, draw, meeting with friends, and speak with Michelle. Although somewhat helpful, the caregivers indicated this PSS was not sufficient. Spurred from the increased irritation from lack of PSS, interpersonal relationships among caregivers were not healthy at some schools, namely the Tent School, which further exacerbated the psychosocial insecurities.

In contrast, since ICDP's introduction, both interpersonal relationships and personal caregiver PSS improved drastically. All parties (site manager, ICDP facilitator, principals, and caregivers), concluded that they are all more connected, cooperative, and better listeners. Now, many identify Jusoor

as their "family." In fact, outside of teaching hours, they often "go out together, share money to help someone struggling, visit each other in hospitals, and even go to each other's weddings." It is needless to say that although beforehand caregivers argued a lot, now they are more sensitive and collaborative. The caregiver PSS support agents used for this collaboration include WhatsApp chats and the soon-to-be-established ICDP Club designed to mimic the current discussions that occur within ICDP training. On these forums caregivers share videos and photos of themselves teaching and in return they receive positive constructive feedback. In addition to such proactivity, even go of their way to find youtube videos online to enhance classroom dynamics. Regarding personal caregiver PSS, the majority of caregivers said their motivation to teach had been rejuvenated. For instance, one caregiver at the Tent School indicated that she now comes home daily relaxed and wakes up refreshed and ready for the new day in contrast to how she felt before ICDP when she came home from work stressed and crying.

Seeing as ICDP not only drastically enhanced the personal PSS of caregivers and enhanced interpersonal working relationships, but it also incentivized motivation and proactivity, it clear that Objective #2's mark of a *3* is justified.

CONCLUSION

Table 9. Objectives analysis results

Changing caregiver misconceptions	**Enhancing caregiver-child interaction**		**Enhancing caregiver PSS support**
	Guideline	**Score**	
	#1: *To show affectionate feelings*	3	
	#2:*To follow the child's initiative*	3	

	#3: *To establish close emotional nonverbal and verbal connections*	3	
	#4: *To praise and appreciate the child's endeavors*	2	
Average Score: 3	*Average Score:* 2.75		*Average Score:* 3

Summary of Findings

After extensive evaluation, the researcher concluded that the overall implementation of ICDP in Jusoor's three safe schools met the four objectives that Jusoor had intended to meet. The first objective of changing caregiver conceptions was met without contention. The second objective of enhancing caregiver-child interaction, which was evaluated within the context of the emotional dialogue, was met with some identified room for improvement. Specifically, Guideline 1, Guideline 2, and Guideline 3 (see Table 8) all met the objective; however, Guideline 4 only somewhat met the objective due to mildly concerning caregiver practices for showing praise. The third and final objective of enhancing caregiver PSS support was met without contention.

Recommendations

Since ICDP Objective #2 with a focus on Guideline 4 was only somewhat met, there is significant room for improvement. Based on the field research conducted, the researcher identified the following recommendations for how to enhance this objective and the overall success of ICDP. Firstly, Jusoor should allocate more time for caregivers to work with the ICDP facilitator. All interviewees unanimously indicated that they felt they would greatly benefit from more time working through the ICDP components with their ICDP facilitator. To allow for more program attendance if program time and frequency is

increased, caregivers felt the program should take place during the summer or at the start of school during the five day Jusoor caregiver training. Secondly, the ICDP program should provide more opportunities for ICDP observation and case study analysis. Caregivers unanimously indicated that they would benefit from having access to more specific case studies and lesson videos, as well as access to observing caregivers in other schools using ICDP. These two recommendations specifically would allow sufficient caregiver training to change the current Objective #2 score to a *3*. Thirdly, in order to further combat issues with disobedience, violence, and hyperactivity, Jusoor should work with the ICDP facilitator to integrate more action based activities into ICDP. Since this was successful for caregivers that did integrate action based activities, and also since many caregivers indicated they would like organizations like Right to Play to come again to Jusoor on implementing activity into classroom learning, this practice should be made universal for all caregivers.

Implications

The results of this study have both local implications for Jusoor and broader implications for the international community. For Jusoor, these results inform the site manager that continuing the use of ICDP is worthwhile. For the ICDP facilitator, these results both depict the strengths and weaknesses of her teaching, and provide recommendations to enhance the program within the context of Jusoor. For the caregivers, the process aided them in self-evaluation, and these results will provide understanding of how they can improve as caregivers. For the main ICDP NGO, these results further prove the effectiveness of the ICDP components, and also prove that they are effective when implemented within the context of the Syrian Refugee Crisis. For the education NGO community, these results validate that the integrated PSS approach is effective, and ICDP is a proven agent for such integration. For the rest of the international community, these results indicate how severely Syrian children have been traumatized by the Syrian

Crisis, and how important it to help Syrian refugee children as their PSS and education are the cruces of Syria's successful reconstruction.

Limitations

Although the results of this study were reached through a detailed research method, they may have been slightly influenced by certain limitations and biases. Firstly, due to time, data collection was not well triangulated. Although it was triangulated across varying authority levels, it would have been ideal to triangulate across different data collection methods such as a questionnaire in addition to interviews. Secondly, the sample of teachers selected for interviews was not random, but instead subjects volunteered if they wanted to be interviewed when asked by the researcher. This may have produced data that was more positive than it should have been. Thirdly, some interviews and focus group discussions occurred in the vicinity of the Jusoor site manager and ICDP facilitator, which may have influenced the subjects away from responding impartially when answering questions regarding Jusoor and ICDP. Finally, as only six out of eight sessions of the ICDP program have been completed, these results are premature. However, considering that the majority have already been met, it is anticipated the results would only improve.

Further Inquiry

Based on the results and above limitations, the researcher recommends further research be conducted to evaluate these objectives again six months after the ICDP program finishes (standard time for ICDP evaluations). During this evaluation, data collection should be further triangulated across different data collection methods Additionally, although it was not evaluated in this study, through observation and interviews most notably with the ICDP facilitator, the researcher learned that violence

was a major disruptor of PSS and classroom learning. For this reason, he recommends that along with a check up on the aforementioned objectives, the mitigation of violence should be the focus of this study.

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APPENDICES

Appendix A - ICDP Facilitator Question Set

Topic 1: ICDP Background & Personal Affiliation

- How did you become acquainted with ICDP?
- What is your experience with ICDP?
    - How long have you been with ICDP and been an accredited facilitator?
    - Have you hosted caregiver sessions before through other field projects or is Jusoor your first?

Topic 2: ICDP-Jusoor Relations and Initial Expectations & Objectives

- How did you come to join Jusoor?
- How was PSS administered at Jusoor before ICDP?
- Why did you chose to implement ICDP into Jusoor schools versus other PSS programs?
- What was/is your initial goal/expectations for its implementation give your ICDP training? What were your objectives?

Topic 3: ICDP specifics

- Who funds your ICDP training and how is budgeting renewed?
- What support does Jusoor offer?
- Describe your ICDP program training.
    - What is the general structure and content?
    - How do the three dialogues, 7 sensitizing principles, and 8 guidelines relate to each other and ICDP's goals?
    - When did your meetings start and end? How often were they?

Topic 4: Training reflection

- General:
    - How many caregivers have you been able to train?
    - How was the group's level of activity and engagement in general?
    - Would you classify the training thus far as a "success" under ICDP – in what way?
    - What concepts were not well received or disliked?
    - What are areas do you see room for improvement? What do you have in mind?
- Logistical challenges:
    - What logistical challenges have you faced thus far in ICDP training?
        - Geographical challenges?
        - Political challenges?
        - Funding challenges?

§ What are your forecasted challenges?\

- What effect has this had?

· Guideline challenges:

- Given the context, how many guidelines were you able to teach?
- Based on this, in what areas do you feel the caregivers will be inadequate in the classroom?
- Of the six guidelines, which do you believe to be most relevant to ICDP @ Jusoor and present in caregiver? Why? Please provide examples.
  - § Given the obstacles faced, what are your current expectations for your caregivers for these select few guidelines?

· Caregiver Take away:

- Application:
  - § After having led these sensitization groups for caregivers, what are the most important effects that you have observed in the caregivers?
  - § What are the most important effects that participants tell you about the observed in children?
  - § Have you personally observed these effects in the children? If so, please describe

Topic 5: Future Goals:

- Given your current progress, what is your vision for ICDP in the future?
  - Since coming into the program, how have your goals adjusted?
  - Based on what you have observed/taught, what would you hope to observe in the near future?
- If you had unlimited funding, where would you take this program?

Appendix B - Jusoor School Principal and ICDP-Caregiver Question Set

Topic 1: Background Information:

- Please tell me a little about yourself.
- How long have you been working at Jusoor?
- What motivates you to work at Jusoor, with a focus on PSS?
- If presented with an opportunity to help fix Jusoor, would you deem yourself too busy or uninterested?

Topic 2: Pre-training:

- What have you personally gained from being a caregiver?
- What was schooling like before ICDP? Did you find it effective in aiding psychosocially damaged children?
- Describe a normal class structure and caregiver-child interaction during a class?
- How did you view your students initially? Any bias perspective?
- How did you initially punish disobedient children?
- How did you deal with anger and frustration?
- In teaching, what are your strengths and weaknesses?

Topic 3: Training Experience

- General:
    - Tell me how was it for you to participate in the sensitization meetings
        - § Did you feel safe to share vulnerabilities?
        - § Was the environment collaborative and were you comfortable?
- Specific content:
    - What was easy to pick up on?
    - What was most challenging about this course?
    - What concepts/guidelines weren't very clear – why?
    - If you were to give tips and tricks to a newly enrolled caregiver, what would you say and why?
    - After having been through the majority of this course, is there anything that you feel should be improved or changed (point 3 above checking the quality of the training)

Topic 4: Post-Training

- Personal influence:
    - Did you benefit from participating – in which way?
    - What did you learn from the training? What are the most important takeaways?
    - Do you feel more confident as a professional caregiver now – in what way?

    - Has this training changed the way you view your role as a caregiver for the children?
- Classroom influence:
    - Has this influenced your relationship with your students – in which way? Describe the atmosphere.
    - How do you view the children now? Do you feel you have been made more aware of their positive characteristics?
    - Do you have increased attention for what the children find interesting?
    - How has the training impacted the children's grades and interactions – in what way?
- Overall Takeaway: (if not enough data)
    - Coming out of the training, what are the three most significant things that have changed? (better or worse)

Topic 5: Classroom Implementation reflection

- General:
    - How has your classroom experience been?
    - What challenges have you faced?
    - What have you personally gained from being a caregiver?
    - Do you find training to therapeutical?
- 8 Guidelines: In class…
    - 1. How do you show your students love?
    - 2. How do you give space to your students' initiatives? And give positive response to it?
    - 3. How do you establish intimate moments with students…trough taking, facial expression, body language?
    - 4. How do you praise your students? How do you express approval for efforts or achievements?
    - 5. How do you focus your attention with your students' so that you share experiences together?
    - 6. How do you describe and give meaning to your students' experiences? How you do it with enthusiasm?
- How well do you believe you are implementing the 8 guidelines promoted in the training course?
    - Which are you weaker at?
    - What are you stronger at?
    - Which guidelines do you feel are most important? Why?

Appendix C- Non-ICDP Caregiver Question Set

Topic 1: Background Information:

- Please tell me a little about yourself.
- How long have you been working at Jusoor?
- What motivates you to work at Jusoor, with a focus on PSS?
- If presented with an opportunity to help fix Jusoor, would you deem yourself too busy or uninterested?

Topic 2: Classroom Interaction

- General:
    - What have you personally gained from being a caregiver?
- Classroom:
    - How has your classroom experience been?
    - Describe a normal class structure and children's interaction during a class?
    - What challenges have you faced?
    - How do you deal with anger and frustration?
    - How do you punish a disobedient child?
    - In teaching, what are your strengths and weaknesses?
- 8 Guidelines: In class…
    - 1. How do you show your students love?
    - 2. How do you give space to your students' initiatives? And give positive response to it?
    - 3. How do you establish intimate moments with students…through taking, facial expression, body language?
    - 4. How do you praise your students? How do you express approval for efforts or achievements?
    - 5. How do you focus your attention with your students' so that you share experiences together?
    - 6. How do you describe and give meaning to your students' experiences? How you do it with enthusiasm?
- What aspects of teaching PSS do you believe are most integral for classroom interaction?