School-Based Intervention in the Context of Armed Conflict: Strengthening Teacher Capacity to Facilitate Psychosocial Support and Well-Being of Children

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Abstract

The research question posed in this paper, is whether the designed and implemented Psychosocial Support and Crisis Intervention (PSCI) program worked successfully, enabling teachers to develop sufficient expertise in recognizing and providing appropriate support to traumatized children after the armed conflict in Georgia in the Caucasus region in August 2008. The study is based on the evaluation of 114 trained teachers from twelve schools in Gori city one year after the armed conflict. Study results reflect that PSCI program was strengthening capacity within existing institutions in the community. The teacher training was found to be feasible and satisfactory, as demonstrated by high level of satisfaction among participants in relation to raising awareness of trauma and other relevant knowledge in order to support children to cope better with the aftermaths of the conflict. Knowledge and skills consistent with the needs of distressed/traumatized children with peer support, supervision and guidance results in more comprehensive, efficient and child focused outcomes. Although children's psychosocial functioning was not studied, responses from teachers suggest the increase in children's well-being. The program had an additional positive impact on teachers' well-being, suggesting its value in post-conflict recovery contexts.

Keywords: teachers, psychosocial, armed conflict, children, school, well-being, Georgia

1. Introduction

The lives and well-being of children are influenced by diverse forces involving instability, violence, traumatic events, including conflicts and wars, having a serious threat or harm on the children (Goldin, Levin, Persson, & Hägglöf, 2001; Jones, 2002; Sims, Hayden, Palmer, & Hutchins, 2002; Pedersen, 2002; Smith et al., 2003; Ronen et al., 2003; Gupta, 2005; Pfefferbaum et al., 2006; Stallard, 2006; Giacaman, Abu-Rmeileha, Husseinia, Saabb, & Boyceb, 2007; Shortall, 2008; Bhutta, Yousafzai, & Zipursky, 2010; Harel-Fisch et al., 2010). Globally, most of the victims affected by armed conflicts are children (Friedrich, 2008; Attanayake et al., 2009). Even when children are not at immediate physical risk, there is the question of psychosocial impact of war and its aftermath (Brymer, Stuvland, & Medway, 2005; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; United Nations, 2009; Elzein & Ammar, 2010; Zipursky, 2010; Ager, Blake, Stark, & Daniel, 2011; Wolmer, Hamiel, Barchas, Slone, & Laor, 2011). Children are the most dependent and vulnerable members of the society, and have only limited coping strategies (Trebješanin, Hanak, & Kopunovic, 2000; Myers-Walls, 2004; Vymetal, 2010), therefore there is a growing recognition to find effective ways to support and promote children's well-being and recovery from experiences of trauma. This paper presents a research exploring teachers' experiences of a multi-phased psychosocial training program designed and implemented after the armed conflict in Georgia (Caucasus region) in order to support children's recovery from trauma and enhance their resiliency and well-being.

2. A School-Based Approach for Strengthening Teacher Capacity to Promote the Well-Being of Children

Several authors have indicated the importance of psychosocial support for children affected by traumatic events through community and school-based approaches (Chase et al., 1999; Dybdahl, & Pasagic, 2000; Thabet, & Vostanis, 2000; Hosin, 2001; Cohen, 2005; Allen, Pfefferbaum, Cuccio, & Jeanna, 2008; Betancourt & Khan, 2008; IFRC, 2009; Ager et al., 2011; DeMause, 2011; Hasanovic, 2011; Fernando & Ferrari, 2011; Jordans et al., 2011; Punamäki, Quota, & Miller, 2011; Ellis et al., 2012).

Furthermore, school and teachers can facilitate children's recovery from trauma (see Alisic, 2012), having a significant impact on their student's well-being (Winthrop & Kirk, 2005). Wolmer with colleagues (2005) have found that teachers promote peer interactions and support in the most natural support system outside of the family. In emergency contexts, teachers play a key role in facilitating integration of (displaced) children in schools as well as in helping children and attending to children's physical, cognitive and psychosocial needs (Gasic Pavisic, 2005). Early identification of traumatized children in school and timely referral to appropriate treatment will likely to improve outcomes for many of these children. School-based psychosocial programs in the aftermath of the war and armed conflict are therefore vital for identifying children in need of necessary services.

The foundation for the study is based on the theory of ecology (Bronfenbrenner, 1979). Ecological approach emphasizes the dynamic interaction between children and the environment in which they live, thus recognizes that the assistance to war-affected children often occurs in a social milieu, and within existing institutions in the community such as schools (Walton, Nuttall, & Nuttall, 1997; Chase, 2008). This perspective highlights the importance of the local support systems for the child. Wars and conflicts destroy ecosystems (Winter, 1998). Strengthening the capacity within the community is seen as a reconstruction of local ecosystems (Chase et al., 1999; Hanson et al., 2008). In conflict situations, schools can provide a "supportive context" for children within the larger social ecology (Betancourt, 2005, p. 311). Bronfenbrenner's theory enables to consider the role and importance of the school as the resource to foster the resilience in children affected by the conflict.
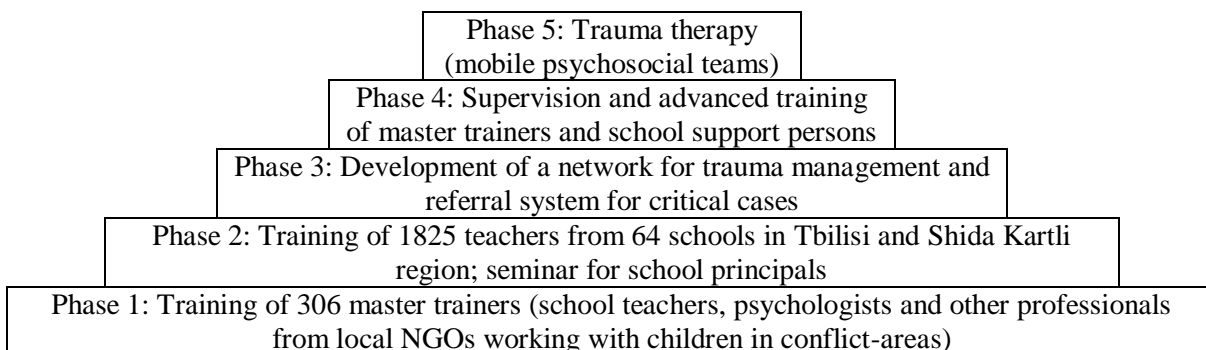
2.1 The Case of Georgia

In order to describe the psychosocial training program, some background is necessary. The Republic of Georgia in the Caucasus region has a population of 4.5 million, from which approximately 1 million are children (National Statistics Office of Georgia, 2013). One of the largest cities is Gori, the regional capital of Shida Kartli, located in the Northwest of the capital Tbilisi (47 miles). Immediately after regaining independence in 1991, Georgia was confronted with several severe internal conflicts in Abkhazia and South-Ossetia, e.g., the 1990–1992 South-Ossetia war resulted in approximately 1,000 casualties and displaced around 60,000 people (see Pamela, 2008; Gylfason & Hochreiter, 2009) and the Georgian-Abkhazian war in 1993 claimed up to 10,000 lives and displacing around 250,000 people (Toft, 2001). These armed conflicts resulted thousands of victims, including children and their families, however there was no professional crisis intervention developed and provided for traumatized people. In August 2008, the outbreak of a new armed conflict led to the displacement of over 128,500 people in parts of the contested regions of South Ossetia and Abkhazia and other regions within Georgia, of which 38,610 were children under the age of 18 and 5,700 children under two years of age (UNICEF, 2008).

Displacement causes human suffering (deprivation, exclusion, exposure to violence) (Berman, 2000; Tarkhan-Mouravi & Sumbadze, 2006; Giacaman et al., 2007), increasing the psychological and physical vulnerability. For children in Georgia (especially in Shida Kartli region), some of the consequences were direct traumatic experiences such as bombing, seeing dead and wounded people, other consequences for children were more indirect, resulted from loss of normal everyday life, including disruption of schooling. High levels of both physical and psychological abuse by parents and teachers at home and in schools were documented. Teachers needed additional skills to help manage displacement-related stress, also training in helping to identify and respond to psychological distress and trauma-related behaviours in children when returning back to schools (Ager, Blake, Stark, & Daniel, 2011, p. 1047).

2.2 The Model of the Psychosocial Support and Crisis Intervention (PSCI) Program

In the initial months after the conflict, the Psychosocial Support and Crisis Intervention (PSCI) program was implemented by the UNICEF Georgia together with the Ministry of Foreign Affairs of the Republic of Estonia, and the Ministry of Education and Science of Georgia. The overall aim of the initiative was to develop a system of a psychosocial support for children, benefiting up to 40,000 children. The purpose of the program was strengthening community resilience and building on the capacity in existing systems by enhancing skills and competencies in teachers to be able to support the psychosocial recovery of displaced, returnee and conflict-affected children, to understand, identify and refer children with symptoms of various psychological and behavioural problems to trauma therapy. It was crucial for the effort to shift into the early recovery phase to have the long-term impact and feed into the current institutional system and settings.

The PSCI program consisted of five phases, with the following core aspects: the combination of intensive teacher training and supervision, development and coordination of a network for trauma management and referral system inside and outside the school, provision of trauma therapy for children and their families through mobile psychosocial teams, see Figure 1. The program was carried out over duration of 9 months.

Phase 5: Trauma therapy
(mobile psychosocial teams)

Phase 4: Supervision and advanced training
of master trainers and school support persons

Phase 3: Development of a network for trauma management and
referral system for critical cases

Phase 2: Training of 1825 teachers from 64 schools in Tbilisi and Shida Kartli
region; seminar for school principals

Phase 1: Training of 306 master trainers (school teachers, psychologists and other professionals
from local NGOs working with children in conflict-areas)

Figure 1. Phases of the PSCI program

In the first phase, several hundred teachers and other NGO professionals working with children in conflict-areas (n=306) were trained during two weeks as master trainers in how to identify and provide support for distressed, traumatized children at school (a three-day training with personal consultation). Trainings emphasized an understanding of child development and child metal health issues, traumatic reactions and crisis reactions of children, posttraumatic stress disorder, aggressive behaviour, ethics of facilitator, self-help etc. (see also Table 1).

In the following phase, two-day training for 1825 teachers from 64 schools (n=112 groups) in Tbilisi, Rustavi and Shida Kartli region was carried out during five weeks by the core group of master trainers (n=59). Schools were identified as amongst those most severely affected by the conflict, based on the information from Resource Centres (local offices of Ministry of Education and Science), including schools in new settlements. All trained teachers received a training package (psycho-educational material, contact information of master trainers and list of psychosocial and therapy services for referral). Two active trained teachers and/or school psychologist were appointed as contact/support persons in schools on a voluntary basis, with a role to refer children in need of a trauma therapy to services identified in the third phase. At the same time, seminar for the school principals about the contact/support person's role in school in organising psychosocial support was held.

In the third phase, development of a network for trauma management and referral system for critical cases between schools and professional NGOs was developed. As the establishment of such a network was new to schools and NGOs, UNICEF was tasked with establishing and coordinating the network of local services for traumatized children. In the next phase, a small number of master trainers' (n=10) and contact/support persons' training and supervisory skills were strengthened for carrying out supervision sessions with teachers (a three-day advanced training on transactional analysis, conflict and burnout, coping strategies, supervision, and debriefing).

In the final phase, the service of mobile psychosocial teams (psychologists from NGO Children of Georgia) for the intervention on referred cases (severely traumatized children and their families, referred by master trainers and school contact/support persons) was initiated in Shida Kartli region. Regular meetings between mobile psychologists and master trainers took place twice a month in order to discuss the referrals and overview of the situation in schools. Furthermore, brochure "Child in Crisis" for parents was published (n=4000) and distributed to schools, master trainers, mobile psychologists and other network organisations providing services for children and their families.

3. Method

This paper draws on a small-scale study that explored teachers' evaluation of the PSCI program in supporting children's recovery with the aftermaths of the conflict and enhancing their psychosocial well-being. The research question that guided the study was "whether the designed and implemented PSCI program worked successfully, enabling the teachers to develop sufficient expertise in recognizing and providing appropriate support to traumatized children?" The study is based on the evaluation of trained teachers in Gori city.

3.1 Participants

The participants were approached to provide their reflections on their experiences applying knowledge and skills acquired with the training during one year after the armed conflict. Current study includes evaluations of 114 trained teachers from twelve schools in Gori, i.e., 25.0% from all the trained teachers (n=456) in Gori city (city that suffered the most from the armed conflict). In total, 180 questionnaires were distributed (15 questionnaires to each school), from which 114 questionnaires were returned, representing a response rate of 63.3%. Six questionnaires were completed less than 25% and for this reason were excluded from the analysis. Participants were recruited through a random selection.

Gender distribution shows that most of the respondents were women (99.1%). The age distribution of teachers varied, with a range from 20 to 67. The largest age group of respondents fell between ages 51-60 (30.3%), followed by ages 31-40 (24.5%) and 41-50 (24.5%). All the teachers, except for one had secondary education in the given field.

3.2 Data Collection

The survey was administered in a school setting, at the teachers' workplace. School principals were first contacted and asked the permission for the teachers to participate in the study, at the same time providing background information about the research. As principals took part of the seminar in the third phase of the program, they were aware of the importance of the program evaluation. Permission to carry out the study was granted from the Gori Resource Centre.

Data were collected via questionnaires conducted by one of the master trainers. Data collection procedures were carried out from September 29 to October 02 in 2009. This data collection method was deemed the most appropriate and time/cost effective means of reaching participants. The survey included a pilot test of the data collection with a small group of teachers (n=8) in order to ensure the clarity of the questions, including misinterpretations, non-responses/skipped questions.

Demographic information was collected from all participants including age, education, and nationality. The main topics in the questionnaire involved evaluation of the training, including its usefulness in practical situations, respondents' assessment of the post-traumatic stress symptoms of children affected by the armed conflict, support and assistance provided for children, specific cases in which respondents applied knowledge and skills learned from the training. Further, the situation of teachers and their feelings associated with the armed conflict and possibilities to receive support for themselves were explored. Likert scale questions (5- or 10-point scale) were mainly used. The questionnaire consisted of one open question: "Please provide a short description of the case/problem/situation of a traumatized child and the support provided for the child/children". Several questions included the possibility to give commentary/reasoning.

All respondents gave their informed consent to participate in the study and were not compensated. In the process of data collection, confidentiality and anonymity of information regarding records and study participants were considered. The data were translated into English language for the analysis. All data from the survey will not be used in the present context; the findings reported in this paper relate solely to the research question.

3.3 Data Analysis

Statistical analysis was performed with statistics program SPSS. The descriptive statistics display the general statistics, means and standard deviations. Significance level was set at $p < .05$. In order to categorize data, responses to open question were coded to discover patterns among the data. Coding was done manually. Quotations from opened question are presented in the paper to illustrate the connections between raw data and the conclusions drawn. As this study explores teachers' experiences with the training program, precise numerical representation of responses is generally not provided (Rubin & Babbie, 2008, p. 404). Nevertheless, categories are presented in an order that approximates their relative frequency in the data. Commentaries are coded and frequency of codes is shown. Some results are presented in tables.

4. Findings

4.1 General Evaluation of the Teacher Training and PSCI Program

Participant satisfaction with the training and usefulness. In general, satisfaction with the training was high– 90.4% (n=103) of the sample reported the training as "very satisfied" and 8.0% (n=9) as "satisfied", with an average of 4.9 (SD=0.3706). Capability of supporting (a) children within the school setting, and (b) advising colleagues and parents concerning distressed and traumatized children after the training based on the knowledge and skills provided was assessed with an average 3.9 (SD=0.6165) and 4.1 (SD=0.5065) respectively. Commentaries given by teachers in relation to capability of providing support indicated to skills for coping with teachers' own stress/trauma (addressed 26 times, n=26), increased self-confidence in providing support (n=17), commitment to the well-being of children in school/community (n=11).

Majority of contact/support persons (75.0%, n=18, appointed in schools on a voluntary basis) participated in the study. Supervision training was assessed highly, with an average of 4.8 (SD=0.5483). Commentaries given by them about the supervision training indicated the importance of self-ventilation (n=14), and establishment of a peer support system in schools (n=9). Although the sample consisted of a few contact/support persons compared to the rest of the sample, statistically significant difference emerged between these groups in relation to capability of providing support to children, $p < .001$ and in relation to feeling desperation, $p < .001$ and powerlessness, $p < .001$ during the last year after the conflict. Strongest feelings participants had experienced one year after the conflict in general, were sadness (the average of 4.55, SD=0.778), fear (the average of 4.37, SD=1.125), and desperation (the average of 4.16, SD=4.16). Teachers' feelings were less connected to guilt (the average of 2.10, SD=1.470), shame (the average of 2.47, SD=1.612), and loneliness (the average of 2.65, SD=1.590).

Usefulness of the themes and the PSCI program. In 2008, teachers in Gori city (n=432) were asked for a feedback to rank the main themes of the training, which they considered most useful themes related to the situation of children and support they might need. As seen from Table 1, teachers deemed three most useful themes as trauma crisis: factors influencing the behaviour, late trauma reactions, and aggression of a traumatized person. Generally the similar feedback was noticed in other groups (Tbilisi, rural areas in Shida Kartli region). In 2009, during this study, teachers were asked to evaluate the same themes a year later. In the context of supporting children better cope with the aftermaths of the conflict, most three useful themes were identified as opportunities for support and assistance, trauma crisis: factors influencing the behaviour, and model of stability.

Table 1. Usefulness of the themes covered at a training

Theme	2008*	2009**		
	Ranking	Ranking	Mean	Std. Dev.
Trauma crisis: factors infl the behav	1	2	4.12	0.782
Late trauma reactions	2	5	3.96	0.803
Aggression of a traumatized person	3	10	3.62	1.074
Developmental and trauma crisis	4	6	3.95	0.877
Post-Traumatic Stress Disorder (PTSD)	5	7	3.91	1.009
Model of stability	7	3	4.08	0.921
Primary and secondary victims	6	8	3.77	1.073
Opportunities for support and assistance	9	1	4.34	0.973
Trauma influence on quality life	8	4	3.96	0.981
Debriefing, defusing, supervision	10	9	3.68	1.059

*In 2008 Likert scale was not used; the sample of 2008 and 2009 are not statistically comparable
**In 2009 5-point Likert scale was used (1=don't agree at all, 5=agree totally)

Comparing the usefulness of the themes directly after the training and a year later, some differences can be seen. A year after the training the teachers had re-evaluated the relevance of the themes. In everyday life, in a school setting, participants applied more skills and knowledge on how to create a safe, stable environment for children, including identifying and referring children with symptoms of various psychological and behavioural problems to a trauma specialist ("Opportunities for support and assistance", "Model of stability").

A year ago, before the actual "support", these themes were considered as one of the least needs/least useful themes of the training. It is difficult to say if these changes are due to the needs change depending on the amount of time since the crisis occurred, teachers having more time to reassess what is important or something more. Participants had a chance to write additional commentary on what were the most useful elements of the training. Following elements were addressed: concrete methods for starting a conversation with the child (n=11), establishing a safe environment for a discussion about trauma, including physical environment (n=9), method of a group work (n=6), understanding of the symptoms of a traumatized child (n=6), and knowledge and practical skills to relieve aggression (n=5).

An important component of the PSCI program was the establishment of a peer support system in schools. One of the questions explored the peer support in the school before (the average of peer support of 2.3783, SD=0.5568) and one year after the training (the average of peer support of 3.8889, SD=0.6165), showing statistically significant difference, $p < .005$. It can be said that this element of the program was considered useful and important for participants.

4.2 Support provided for the child/children in school

Almost third of the teachers reported having several children in their class with serious traumas caused by the conflict–the average number of 4.8 (SD=3.9543), with a range from 1 to 12. These children had a close relationship with a person who experienced armed conflict (62.8%), being displaced (40.6%), being in the direct war situation (33.7%), having witnessed a bomb explosion (20.3%), and losing a home in a fire (7.1%). Problems expressed in schools were related to feelings of intense distress when reminded of trauma, difficulties in concentrating; increased aggressiveness (breaking things), including anger outbursts; fear of sound (helicopters, causing loss of concentration and disruption of the class).

Almost half of the teachers (42.7%) remembered a case they provided help/support for the child/children based on the knowledge and skills they learned from the training. Some of the teachers (n=23) wrote a short description of the case and help what was provided. This data was derived from a question "Please provide a short description of the case/problem/situation of a traumatized child and the support provided for the child/children". Categories and sample responses are presented in Table 2.

Table 2. Skills and knowledge applied (acquired with the training): categories

Identifying and referring children to trauma therapy: "This one boy in my class had flashbacks of bombing next to his home, also constant nightmares /…/." (R2). The children referred to therapy were mainly from 8-9th grades.

Encouraging children to express their emotions without a judgement: "The boy wanted to talk about the war constantly. Colleagues who did not attend the training, advised him to forget, not to talk about it. They just advised to go to church to pray. It increased his aggression. I listened to him. He expressed his thoughts and felt calmer afterwards." (R47); "/…/ I arranged the seats in a circle and they all talked and we supported each other. I did not know before that talking helps." (R13); "The relative was killed in a fire due to bombing. /…/ We talked a lot. /…/" (R68)

Creating a safe environment: "Children were scared of everything and parents were punishing them for being aggressive, hectic. Most important what I learned was to create a safe environment for children for dealing with their feelings. I didn't think about it before." (R27)

Resolving peer relations: "I learned to be the mediator. /…/" (R101)

"Writing therapy": "/…/ The girl couldn't talk and I advised her to write in the journal to express her thoughts. She opened up more." (R112)

Group work: "Group work is a useful method, it is therapeutic. /…/" (R64)

As seen in Table 2, the training raised the awareness of trauma and the need for assistance/support. Another crucial aspect indicated in examples was related to expression of feelings. Children were in need of expressing their feelings connected to distress/trauma but in Georgian society it is not common to express such feelings, not in the school, neither at home. Participants' responses demonstrated the importance of understanding the meaning of expressing feelings, as well learning techniques and methods to communicate in the matter.

Responses also underscored the significance of the safe and secure environment in relation to physical and emotional safety.

Half of the teachers wrote additional commentary, stressing the need to provide PSCI training for all the (kindergarten) teachers and parents, and expressing the gratitude for the PSCI program and teacher training. Respondents emphasised the training to serve also as the ventilation of their own stress, fears, giving hope and self-confidence for the future, as one teacher noted: *These trainings helped as to stay human, supportive of each other, which is very important in a situation like this. It [training] was like a God's gift for us, the light in that darkness and horror /.../ I lost my home but this training have given me hope to look in the future"* (R71).

5. Discussion

School is recognized to play a role in providing protection for children whose lives are affected by war, displacement and the general disruption of normal life (Kirk & Winthrop, 2007; Wolmer et al., 2011). The breakdown of traditional support systems or lack of traditional support systems underscores the importance of an ecological approach on program design and implementation, helping war-affected communities to recreate supportive social networks (Hosin, 2001; Allen et al., 2008). After the armed conflict in Georgia, schools and teachers were seen as an important resource of the community for helping and supporting traumatized children. Maximizing their resources and enabling ongoing (social) supports may be warranted for improved social functioning and sense of well-being (Chase et al., 1999), operating as a protective factor against the negative effects of trauma. Findings reflect that in general PSCI program was strengthening teacher capacity in identifying and referring traumatized children in need of trauma therapy and improving emotional well-being not only for children but also for teachers. The teacher training was found to be feasible and satisfactory, as demonstrated by high level of satisfaction among the participants in relation to raising awareness of trauma and other relevant knowledge in order to support children better cope with the aftermaths of the conflict. The results of the study indicate that basic help and support was provided for children; training program appeared to meet the needs of the traumatized children according to the teachers. However, in a culturally specific community where main coping mechanism with trauma is praying, more emphasis is needed to be placed on learning the importance of expressing emotions and specific techniques and methods to cope with feelings other than praying.

High level of satisfaction was also found with supervision training and peer support system in schools. Results revealed that participants themselves had suffered from traumatizing experiences related to the armed conflict, experiencing the same disaster as the children. Yahav (2011) notes that teachers' own personal experiences of trauma may have a strong impact on their ability to support the children and provide them with a secure base, environment. Teachers' successful coping with their own trauma may contribute to a more efficient implementation of a program. Capability to support and help others was found higher together with supervision in this study. For this reason, program that is aimed to enhance skills and competencies in teachers, should at first focus on the well-being of teachers. Here the supervision plays an important role. Participants (key/support persons) who participated supervision training, were to report improved confidence about their ability to help the children and counsel the parents and colleagues. Knowledge and skills consistent with the needs of distressed/traumatized children with the peer support, supervision and guidance results in more comprehensive, efficient and child focused outcomes.

Wolmer with colleagues (2005) refer to teachers as potential clinical mediators. However, they need adequate training and empowerment in order to provide support for children. Empowerment of teachers can function as a protective factor in children's resilience to trauma. Therefore the role of teachers in helping children cope with war/conflict cannot be understated. School and teachers provide children a structured setting and the ties between the teacher and the child may often provide the only normalcy/stability, familiar environment they possess (Winter, 1998; Richardson, 1999; Jagodic, 2000). The psychosocial benefits of the PSCI program included: (1) providing teachers with the tools.to cope with their own traumatic events; (2) establishing peer support activities in schools for teachers; and (3) strengthening local capacity (including social support) in general for ensuring more effective intervention and systematic functioning in response to the needs (before the armed conflict there was no sustainable system of social services or referral mechanisms). The knowledge teachers acquired from the training is valuable also in a daily school life as stress and traumas can occur from different every day events.

Therefore, it can be said that this multi-phased psychosocial training program enables teachers to develop sufficient expertise in recognizing and providing appropriate assistance to traumatized and other children in need of support.

5.1 Limitations

There are several limitations which apply to this study. First, this study gathered only limited data from teachers' self-reports, also the sample size is small, therefore these findings are exclusive to the particular study context and there is no intention to seek generalizations. Second limitation concerns the lack of documentation regarding the reliability and quality of PSCI program. Another weak point of the study is the absence of a control group which limits detecting and measuring training effects precisely. Fourth limitation is the use of a rather simple questionnaire for assessing the teachers' evaluation of the training program. Despite these limitations, the study's findings still contribute to the initial evaluation of the PSCI program. Future research may benefit from obtaining parental report in regard to children's psychosocial functioning, also well-designed and larger scale evaluation study (involving trained teachers from Shida Kartli and other regions) with standardized instruments would allow making more definite conclusions.

6. Conclusion

The current study represents an attempt to evaluate the psychosocial training program (PSCI) in the context of children's well-being. This study suggests that the school-based intervention may be useful in supporting the children in the aftermath of the armed conflict, providing knowledge, skills and techniques for (1) identifying child in need for support and referral; and (2) helping children to express and cope with their feelings. Although children's psychosocial functioning was not studied, responses from participants suggest the increase in children's well-being. The program had an additional positive impact on teachers' well-being, suggesting its value in post-conflict recovery contexts.

The findings provide direct input into teachers' education–training of teachers in understanding children's psychosocial needs should be integrated into general teacher education methodology. Furthermore, psychosocial training for supporting children in post-conflict areas should be broadened in the community, involving kindergartens and parents. PSCI is a simple psychosocial program, which can be carried out within a limited period of time, being appropriate for reaching a high number of teachers and children. Similar model based on PSCI program has been applied in Estonia, providing teachers in schools with skills for early identification of children in need (in the context of social problems).

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