



Working Paper

**Helping Children Overcome Disaster Trauma
Through Post-Emergency Psychosocial Sports Programs**

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A Working Paper

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Executive summary

Using sports as a method to support children and youth who experience trauma in a disaster is a new application in the field of sport and development. But beyond anecdotal data claiming that these programs are successful as treatment and prevention programs, we have no empirical data that these programs are truly effective. For example, it is not understood how exactly these sports programs might be effective in resolving the children's stress and trauma, nor has it been clarified if psychosocial sports intervention programs might be useful in preventing future mental health problems in traumatized children.

The primary aim of this report is to review possible theoretical underpinnings and practical methods utilized by psychosocial sports programs in helping children traumatized in disaster. The method of assessment will be to examine existing research and documentation on the subject of psychosocial sports interventions with youth traumatized by disasters, and to draw upon the learning examples from currently active psychosocial sports programs in the field.

Sports and play activities are culturally intrinsic and naturally occurring activities that can have a stabilizing impact on individuals and communities after a disaster. Sports and play activities access and activate innate resiliencies that can naturally strengthen, heal and protect individuals in times of extreme stress. Coaches hold a key function in how sport and play is utilized as a psychosocial intervention, and methods used to train coaches will be influential on the effectiveness of the programs implemented. What is necessary now is active field research to further investigate and communicate what is working in field programs, sharing this with other practitioners and researchers, so a body of work knowledge develops. The findings of this project support what many already believe is true:

that sport and play are in fact effective healing methods for supporting children and youth in overcoming from the ravages of trauma from disasters. And further indications are that introduction of equity oriented sports programs may also have unforeseen positive, significant community and social level impacts.

1 Introduction*

The vast transformations taking place in the world today, including increased terrorism, wars and significant environmental disasters, have led to radical changes in the landscape of humanitarian assistance. These events have forced aid agencies to modify their ways of thinking and intervening on post-conflict and post-natural disaster situations. One of those major changes is a movement away from exclusively material and technical forms of interventions in emergency settings, to now a heavier focus on public health programs, which includes mental health care.

A debate has begun over the question of whether it is possible to help mass victims of disasters to recover from tragedy strictly through the use of Western mental-health models. Unfortunately the Western models of mental health and psychopathology do not always fit the reality of other cultures, nor fully address the moral and spiritual needs of devastated populations. Moreover when it comes down to creating mental health services in the field, it becomes clear that one could not put a psychiatrist or psychologist behind each victim, as it is not a cost effective way to implement a program. Finally, scientific research in the field of trauma has thus far shown a bias towards focusing on the vulnerability and psychopathology of the affected populations, rather than on their capacity to draw from their own mental and moral resources.

The western mental health paradigm, despite its shortcomings, has been able to awaken the international community to the terrible reality of psychological trauma as an aspect of disasters that can no longer be ignored. The most effective ways of helping traumatized populations to overcome their predicament remains open to debate. There has been a recent evolution in the conceptual framework underlying humanitarian interventions in mental health care, on which a focus on a population's strengths and resiliencies are a core concept.

In recent years international governments, humanitarian aid organizations, and corporations have been turning to sports and play programs as an innovative method to address numerous health and social problems. And projects have begun that utilize sports as a 'psychosocial' intervention in countries that have suffered from disasters, including natural catastrophes, internal conflicts, wars or illness pandemics. A central question in implementation of these programs is: can children and youth who have experienced severe stress and/or psychological trauma due to disasters, be supported in restoration of normal healthy coping functioning and be prevented from experiencing more long term mental health problems through their participation in sports and play activities?

This report will explore these questions in more depth, by examining relevant background theory, plus examples of the uses and research of sport as a psychosocial intervention tool in rehabilitating children and youth from disaster related trauma. The ultimate aim being to begin to identify effective mechanisms of psychosocial sports interventions, and identify best practices in implementation of psychosocial sports programs. The intention is for this collected information to contribute to the practical knowledge of this field of work, and used to inform future program implementation and research. Two basic hypotheses about the potential for sport as an effective agent in international post-emergency work are the basis of this report:

1. That the use of sport as a psychosocial intervention has a significant impact on helping children and youth recover from trauma after experiencing a disaster
2. That the coaching relationship with children in humanitarian sports programs will have a significant impact on assisting children and youth to recover from disaster related trauma

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2 Theoretical considerations

2.1 Psychological trauma and disaster

What is psychological trauma? Trauma occurs when a person is directly or indirectly exposed to a life-threatening event, and in the experience of this serious threat to life, the person's response is one of intense horror, fear and/or helplessness (or in children, the response must involve disorganized or agitated behaviors). The World Health Organisation defines disasters as „any occurrence that causes loss of human life, deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community“ (WHO/EHA; 2005, p4). Therefore an experience of trauma in a population is common after a disaster event, because when faced with a disaster the experience of terror and helplessness in people is similar all around the world, whatever their cultural background.

2.1.1 Psychological trauma

The experience of a life-threatening traumatic event and concurrent experience of horror or terror after a disaster, is not in itself a psychiatric illness, but it can result in one of three emotional responses that could potentially develop into a mental illness:

1. Acute Stress Response, which can be experienced within minutes of the stressful event, and involves a person feeling dazed and disoriented, or agitated with panic. This response lasts no longer than 2 or 3 days, and often resolves in a few hours.
2. Acute Stress Disorder has a similar symptom response as the Acute Stress Response, but the occurrence lasts for a minimum of two days to a maximum of one month, and occurs within four weeks of the traumatic event.

3. The most severe response to a traumatic event is Post-Traumatic Stress Disorder (PTSD). The symptoms of PTSD must occur continually for longer than a month, and the person's response involves persistent re-experiencing of distressing recollections; nightmares; „flashbacks“ (re-experiencing the trauma while awake); reduced ability to participate in significant activities; and irritability or anger outbursts. PTSD has acute, chronic and delayed onsets (in delayed onsets, the PTSD symptoms can emerge years after the traumatic event, in response to a stressor that reminds a person of the original trauma event, which is most commonly seen in soldiers who were in significant combat).

Children show symptoms of PTSD in subtle and different ways from adults, and tend to be much more somatic and behavioral in nature. In young children, the experience is often presented through repetitive play that expresses themes of the trauma.

2.1.2 Disaster

There is a large body of research and theory about the nature of disaster, the impact of disaster on communities, and on appropriate psychosocial responses to these events. This current study is focusing on how the impact of stressful and traumatic responses to disasters in children can be limited or prevented by sports and play activities, and so will limit in-depth discussion here and refer the reader to other sources (Parkes, 1997; Dougherty, 1999). It is important to explore disaster as it might relate to implementation of programming, and to give an overview of a few of the most common explanations.

The simplest distinction most commonly made about disasters is whether it is man-made (i.e., war and conflict), or is a natural disaster (i.e., earthquake, storm, etc.), and these two types of disasters are believed

to have a different quality of impact on the people involved. As natural disasters are an act of nature, these events are seen to have more of an emotionally neutral impact on people, since the source is impersonal. On the other hand, the consequences of war and conflict can cause a whole population to experience distrust, fear and animosity, as the source is quite personal. The basic distinction between natural and man-made disasters is that „communities who have experienced natural disasters tend to come together, whereas communities impacted by conflict tend to be more torn apart“ (Orner and Schnyder 2003, 82-92).

This distinction between man-made versus natural disasters however, is not always so easy to make. For example, it often occurs that a natural disaster can happen in a region that has had a history of conflict, and the collective response can be unpredictable. In Aceh, Indonesia, the collective response to the tsunami actually helped to end the long civil war going on there. Conversely, in Sri Lanka the response to the tsunami has apparently not ended the civil conflict there. We have also seen in New Orleans after Hurricane Katrina, that the poor response to that disaster has uncovered many social problems that remain unsolved, and are a cause for much discontent in that region.

Another way that disaster is viewed has to do with the speed of onset (Barton; 1969). While a sudden disaster (e.g., an earthquake) requires an immediate emergency response, after a number of weeks the emergency has passed and there is an opportunity to address the impact it has had. In contrast, slow onset disasters (e.g., hurricanes, famines, pandemic disease outbreaks) are events that build up slowly with clear warning signs, so preparation and preventive action can be taken before it becomes a full-blown disaster. However once a slow onset type of disaster has occurred, the impact on the affected society can have a much bigger impact and take much longer to recover from. As an example, due to the AIDS pandemic Zambia

now has a population where over 40% of the population is 15 years of age or younger. The development issues there are going to be quite different than from a population where it was struck by a sudden onset disaster. One of the problems with thinking linearly about disaster is that this doesn't take into account other issues. For example, with so many children dying of hunger and malnutrition each year in the world, how can we say that is not a disaster, even though it does not fit the description of a discrete event?

Again, the importance of any discussion about the nature of disaster is really to understand how a sports program being implemented in the field might be impacted by the circumstances of the disaster it is responding to, and how it can be most helpful. In this case, while there are basic emergency response methods that can be utilized in any situation, emergency and post-emergency programs must be flexible in addressing the specific needs of the situation and the people affected. „It should be understood that there is no single, universally applicable recipe for responding to disasters which occur in many forms and situations. (...) Perhaps the greatest source of variability, both in the effects of disaster and in the most appropriate responses, stems from differences between countries' level of economic development and the cultures in which a disaster occurs. It would be impossible and inappropriate to give suggestions as to how to respond to every variation of disaster“ (Ehrenreich, 2001 p 5).

2.2 Timing of the response to disaster and trauma

The main focus of an early emergency intervention to a disaster is to offer food, shelter, clothing, medical aid, family re-unification, and the manpower to provide all these services. Even in the early stages of an emergency, while the assessment and establishment of response needs are still being completed, the quick re-establishment of such simple activities as sports, play areas,

and sites for religious practices in an affected community can make a significant and quick contribution in the stabilization of the crisis situation (Petevi 2001). It must be noted that any structured sports program that addresses trauma is really best suited for the post-emergency period, as explained below.

Researchers have identified phases of disaster and post-disaster efforts, and the kind of responses any people involved have to these events. (Ehrenreich, 2001, 45-47; Colliard 2005, 14). This model suggests four phases:

- Heroic or rescue phase, which is the first week after a disaster, and involves efforts for survival and rescue
- Honeymoon/inventory phase, from the second week to about the fourth month after a disaster, where basic needs are being attended to and a willingness to help others emerges
- Disillusionment phase, from approximately the fourth month to the two year point, where the reality of the destruction and loss settles in, along with grief and depression, and requires considerable work to stabilize structures
- Reconstruction phase, which is two years and later after a disaster, where for the community there is the emerging out of the despair towards empowerment and renewal (though in some cases, an emergence of more chronic health and mental health problems)

The needs of traumatized populations being different in each of those phases, any sports programs will have to take their reality into consideration, and bring specific aid to specific needs. In response to a disaster, any post-emergency program „should not be implemented too soon, but also not too late“ (Van Ommeren 2005, 73), as there is a need to allow a population affected by a disaster to have time to respond, to access its own resources and resiliencies. As much as possible, the affected population must be encouraged to take control and make decisions about what is needed to rebuild their com-

munity. However there is no apparent gain in pursuing post-emergency focused psychosocial program interventions beyond two years after the disaster event (Colliard 2005, 10). And actually, in the spirit and respect of the principle of sustainable development, a last phase of hand-over of a program to the community should be already included in any contingency plan, which entails sufficient time to train and prepare the community on how to manage its affairs. This model gives important information to be aware of when planning and implementing a psychosocial sports program after a disaster.

2.3 The psychosocial concept

Despite many years of extensive establishment of psychosocial programs for youth and community care, there is an ongoing debate on what constitutes psychosocial assistance. The meaning of the word psychosocial must be understood here: „the term „psychosocial“ refers to the dynamic relationship that exists between psychological and social effects, each continually inter-acting with and influencing the other. „Psychological effects“ affect different levels of functioning, including cognitive (perceptions and memory as a basis for thoughts and learning), affective (emotions), and behavioral. „Social effects“ pertain to altered relationships, family and community networks, and economic status (UNICEF 2005).

The term „psychosocial“ also points to a non-medical model of rehabilitation, based on a number of principles that have emerged in the last few years. These principles include a focus on community empowerment, where programs are based on the respect of local culture and traditions, and helping the individual through helping the community by supporting collective resilience. Any psychosocial program should be tailored to these local contexts, needs and resources. This psychosocial approach, while recognizing the important contributions of mental

health, needs to explain how interventions can help improve coping skills and the return to health of individuals, families and communities in easy to understand non-psychiatric terminology.

According to experts on development of psychosocial community interventions, implementation of psychosocial programs should be based on eight principles:

1. Contingency planning before the acute emergency
2. Assessment before intervention
3. Use of a long-term development perspective
Collaboration with other agencies
4. Provision of treatment in primary health care settings
5. Access to services for all
6. Ongoing staff training and supervision
7. Ongoing monitoring and assessment of program effectiveness
(Van Ommeren, et al. 2005, 72).

It follows from these principles, that skills and research in the field of humanitarian psychosocial intervention through sports and play activities should be multidisciplinary. Disciplines involved should address the needs and development of children and youth through education, child psychology principles, pediatric medicine, sports education and medicine. Also a full knowledge of psycho-traumatology and disaster psychology is necessary. And in order to implement a psychosocial program, agencies must be fully aware of all facets of humanitarian assistance in emergency settings. Ongoing training of staff is also of paramount importance and should emphasize the multicultural aspects of intervening, with knowledge of anthropology, a fairly good comprehension of local politics, gender issues, etc. In other words, the more comprehensive the knowledge the better.

Unfortunately, international emergency responses to disaster are by nature not the most conducive to the slow, careful reflection and research preparation necessary to build a sound contingency plan. After a di-

saster, heavy material and human resource responses are rushed to the field within 48 hours. Much of the time, resulting psychosocial projects are likewise built in a hurry, which can be poor substitutes for well thought through, planned and implemented programs.

2.4 Key variables in implementing programs and research

When considering the implementation and research of any psychosocial sports intervention program after a disaster, there are several common and key variables that might impact the success of a program: The differences in responses between age, gender and culture are significant, and so must be factored into any design.

2.4.1 Age

The age of children who may potentially be assisted by sport programs after a disaster is very important to consider. Children have been found to react differently in disaster situations according both to their age and to their developmental phase. This will involve the type of support they may have, and their ability to cognitively, emotionally and physically cope with extremely stressful or traumatic situations. Younger children tend to show symptoms of trauma or severe stress through behavioral agitation and somatic complaints, whereas older youth tend to express symptoms that manifest more socially. What is important though, is that there is a recognition that the needs of children will change with age, so a psychosocial sports program intervening with an 8-year old child cannot not be set up like a sport program for 16-year old: the coaching and treatment of the children has to be adapted according to their age.

One example of this involves the study of the sport and play programs after the Bam earthquake (Colliard 2005 42), where it was believed there would be an increased amount

of problems due to trauma in the youngest group of children (age six and younger), because of their less developed coping skills and because of their closer dependence on their traumatized parents. But surprisingly, it was found that it was the children aged seven to eleven, and particularly the boys, who showed the highest incidence of problems. Taking this example further, it is known that children between the ages of 7 and 11 have more need for order, need to belong, and need for challenge (Piaget 1959). A disaster situation, with its inherent physical and social chaos, will significantly impact order, the ability to have or maintain a peer group, or for these older children to show that they are competent and skilled. A child aged 7 to 11 needs encouragement to express his/her concerns through this symbolic play, and needs help to rebuild his/her social peer structures. This particular result would suggest the need for an understanding of cognitive and emotional developmental phases of children, when programs for children are being implemented.

Children are also especially vulnerable in their inability to cope with loss. There have been discussions about whether or not to protect children by sending them away from the scene of the disaster (Ehrenreich 2001, 26). But which is worse, separating a child from their loved ones which then can add to the trauma of disaster, or keeping the children with their families, but still within the disaster situation? One effective response to this conflict is through the establishment of sport and play structures very early after a disaster, which can immediately assist a child socially and psychologically by normalizing the situation, re-establishing supportive social networks, and by temporarily removing them from the stressful family environment. Another creative way this dichotomy has been dealt with in disaster settings, has been by emergency crews building play, sports and education areas right next to the temporary housing created for the affected families, so there is space for their own involvement, while still remaining close and

connected to their families (Interview with Christoph Schwager, September 2005).

2.4.2 Gender

Wars, natural disasters and other unstable situations affect men, women, boys and girls differently, because they have different roles in society. „Gender roles are the socially constructed differences between males and females. Gender is also shaped by social, economic and cultural forces, and so varies between cultures and social groups. Gender differences are manifested in a number of ways such as gender roles, and social and cultural practices.“ (Norris, 2005, p7)

There have been many studies showing that females tend to respond better in crises than males. This could be an artifact of cultures that require boys not to show or express feelings. Boys older than a certain age in many cultures are also restricted as to their participation in such activities as arts (since these are associated with women's roles), where they might have an opportunity to resolve issues symbolically (Colliard 2005). It is also common knowledge that for women the idea of talking about problems is much more likely to occur than for a man.

Different cultures also have varying ideas about the capacities of boys and girls, and about what is beneficial and non-beneficial for them. In some cultures girls are not even allowed to participate in sport programs or take part in activities that allow girls and boys to participate together. Women are often expected to conform to gender stereotypes, and assume accepted socio-cultural roles, often facing serious repercussions if they fail to comply.

One current researcher of sports and gender issues (Meier, 2005), sites examples of gender roles and stereotypes, and how these have been creatively worked with and changed, so girls can more actively participate in sports:

- Girls in Zambia were not playing football, and it was always assumed in their village that this was because they didn't want to. But it was discovered that the girls did not feel comfortable playing in dresses, where their bodies might be seen. When these same girls were offered sports pants and other sport gear, they immediately wanted to play (and did).
- After a certain age in many cultures, girls are not allowed to play sports in the presence of men. Likewise, there are only certain times of the day when it is culturally acceptable for girls to play sports. Both of these issues were dealt with in Egypt, where it was discovered that girls could play sports in the very early morning, when it wouldn't get in the way of family duties, and they could have privacy.

Gender politics are a mirror of society, and often one can find that if girls and women can participate in sports, they are also more active in that society (Meier 2005). Sports activities, when implemented with gender sensitivity, can positively impact a culture, allowing women greater freedom to participate in and contribute to their society.

2.4.3 Sensitivity to cultural and political context

Individual and community experience of disaster can differ significantly from one culture to the next. „Whereas physical health risks and injuries sustained as a result of a disaster are generally similar across cultures, the psychological responses to disasters, loss and surrounding stressors tend to be different among cultures“ (Dougherty, 1999, p5). It is therefore of key importance to have familiarity with the specific cultural norms, perceptions and experiences of any culture that a program may wish to provide post-emergency services in. In fact, success or failure of programs will reflect the degree that those services understand and integrate the local culture, customs and beliefs into plan-

ning and implementation efforts. Further, it goes without saying that this cultural sensitivity must extend to the level of encouraging local input and involvement in any programmatic efforts.

A factor that must be seriously considered by any organization wanting to successfully implement a program in a community is to be aware of who are the politically strong and weak. As much as possible, it will be important to try to be a neutral force, and any services implemented must equally serve and benefit all in a community. And it would be destructive to side with the strong against the weak, reinforcing past inequities, and this could easily occur when team sports are being played in a community: „If a team sport is implemented incorrectly, it can actually worsen existing conflicts and divisions, and thus create (or recreate) more problems than it solves. It is therefore crucial that care and awareness are present by making sure teams are composed of members of different groups, with effective facilitation of communication, and awareness of each member and culture“ (Guest 2005).

2.5 Contribution of sports and play to the development of youth

Decades of research have documented that both play and sports have a crucial role in the optimal growth, learning and development of children from infancy through adolescence. They offer a dynamic process that develops and changes as it becomes increasingly more varied and complex through the aging process. It addresses the development of children on these levels: physical, cognitive, emotional, and social.

Past studies (Piaget 1959; Erikson, 1978) indicate that play provides the experience children need to learn social skills. Through play, children become sensitive to others' needs and values, learn to handle exclusion and dominance, manage their emotions, learn self-control, plus share power, space,

and ideas with others. At all levels of development, play enables children to feel comfortable and in control of their feelings by allowing the expression of unacceptable feelings in acceptable ways, and providing the opportunity to negotiate and resolve conflicting feelings. Psychologists believe that play is also necessary for assisting children to master emotional traumas and disturbances, such as exemplified in the clinical practice of play therapy.

It must be said however, that sports programs have a positive contribution to make to child development only under certain conditions. „While popular representations of sport often implicitly assume it has some intrinsic nature (either good or bad), sport itself is actually a neutral, or empty practice that is filled in with meanings, values, and ideas by the culture in which it takes place and the individuals who take part“ (Guest 2005). This has significant implications for the implementation of sport programs in a disaster context:

1. The usefulness of sport (in this context) depends entirely upon the manner in which sport is employed.
2. The understandings of sport employed by NGOs using sport for post-emergency psychosocial interventions, may be very different from the meaning of sport for the beneficiaries of these services.
3. Any characteristics that are developed through sport come through in the process of interacting with coaches, leaders, teammates, parents, friends, and organizations that are in their daily lives, all of who can have either positive or negative influences.
4. Sport experiences have the potential to develop antagonism or affection: the choice often depends upon the nature of the competition, and the care with which programs are designed and implemented (Guest; *ibid*).

Later, in the section where psychosocial programs will be examined, the manner in which a sport is employed, the meaning of sports for the beneficiaries, the quality of relationships, and the nature of the sport cooperation versus competition will be revisited.

3 Emerging concepts in the field

3.1 Resiliency

In the field of mental health, it has long been believed that there is a high correlation between the experiencing of severe traumatic events and the development of psychiatric disorders. To be clear though, the experiencing of a trauma is not itself a psychiatric illness, nor does the experiencing of a trauma mean it will become a psychiatric illness. „The normal psychological coping mechanisms of human beings subjected to traumatic experiences should not be overlooked. It has been found that in the West significant proportions of people (60-90 percent) are able to integrate their traumatic experience by themselves. This coping process (the ability to integrate the experience) should be regarded as a normal reaction to an abnormal circumstance“ (De Jong et al 2003, 186). If the majority of traumatized populations seem to be able to overcome the worst of traumatic events on their own, what is it exactly that helps them do that?

This adaptation process is called resiliency and this paper has a particular interest in examining the influence of resiliency in children and youth. Resiliency can be described as an inner strength, responsiveness and flexibility that some individuals have more than others, that either enables them to withstand stress and trauma completely, or helps them to be able to recover to a healthy level of functioning more quickly after a traumatic event. Understanding what the characteristics of resiliency are, understanding what makes one child more resilient than the next, and most significantly, how resiliency might be promoted in children via participation in a sports program is of crucial importance.

Research on resiliency has identified key „protective factors“ that might prevent mental illness and „risk factors“ that can cause a higher likelihood of mental illness. In order to build resilience in a child, it is essen-

tial to identify protective factors that buffer the detrimental effects of risk factors. These protective factors include the significance of community support in the form of caring interactions between adults and children who are not related, and the unconditional acceptance of a young person by an older person, which assists in the development of increased self-esteem in the child. Social support can be introduced at any stage of a child's life and may compensate for a lack of other protective forces (such as a warm supportive family). Social support may benefit older children and teens who have already been exposed to and adversely affected by long-term hardship, by intercepting their negative life trajectories and preventing further exposure to high risk situations. Social support can also exert influence by teaching a solution oriented coping style, which has been found to be a strong predictor of resiliency, because those who cope through problem-solving methods can enhance the possibility that life's challenges will be resolved successfully. Additionally, the development and promotion of healthy and supportive peer relationships, along with offering youth opportunities to help others and be able to make contributions to the community are also key protective factors (Tiet et al 1998; Wolkow & Ferguson; 2001; Sarason & Sarason 1990; Duncan & Arntson 2004; Markstrom et al 2000).

The significance of the concept of resilience, and how this might be relevant to psychosocial sports programs for youth, lay in the fact that any organization that wants to help children should take care to include these identified „protective factors“ in programming. Surely, it will likely be discovered through assessment that most successful programs will be utilizing many of these factors already, but it will be important to identify and communicate this knowledge as a part of any successful program structure and curriculum. Moreover, these factors can become invaluable indicators in the monitoring mechanisms of any sports program based on resiliency.

Protective Factors and qualities of resilience

Learning and utilizing a solution-focused coping style

Ability to think before acting

Social support: having connection with others and experiences belongingness

Nurturing and caring interactions between unrelated adults and children

Being independent and able to request help when necessary

Curious and explores the environment

Plays actively

Ability to adapt to chance

Able to make contributions to others

Community involvement and community contributions

Participates in Cultural practices and routines

3.2 Sport as a humanitarian psychosocial intervention tool

The key underlying idea to psychosocial youth sports and play programs addressing trauma, is that participation in such activities assists youth who have experienced severe emotional conditions as a result of a disaster to restore their social and psychological health. The primary focus of any intervention should be on supporting the natural healing process by restoring as quickly as possible the stability of a whole affected community. Moreover, it is commonly understood in the emergency field that interventions are best accomplished via group experiences in community settings, where the most individuals can be helped in the quickest manner through collective support of the group. Focusing solely on individual interventions in a mass victim situation will also not be as effective, and a waste of valuable manpower and resources.

Literature on the subject of youth in emergency and post-emergency situations specifically acknowledges that there are definitely situations where it is appropriate and necessary for certain individuals to receive attention (e.g., a child with a debilitating psychosis, unable to function in a group program). However, these interventions by necessity must occur within the context of an overall health system intervention, and any individual intervention must be applied in culturally relevant ways (Van Ommeren, 2005; Summerfield; 2002).

Therefore the psychosocial approach addresses the resolution of stress or trauma, both on individual and on a community basis, via activities that attend to social and psychological issues simultaneously in gentle and non-intrusive ways. Sports and play activities can assist youth non-verbally to access, express and resolve the myriad issues they face, by giving them a less confrontational means to address issues that they often do not have the intellectual or emotional capacity to deal with otherwise. As children's

problems primarily manifest socially and behaviorally during and after a major disaster, sports can be a neutral and safe „ground“ in which to gain stabilization.

3.3 The significance of coaching in psychosocial sports programs

As noted, the promise of sports and play is as a useful means to engage with and involve kids in non-threatening interventions. The challenge of using sports and play as psychosocial intervention tools however, is that the coaches must not make the mistake of believing that psychological and social health interventions can occur simply by rolling a ball onto the field and letting the children start playing. As was experienced in Bam (Iran) after the December 2003 earthquake, in a play activities and sports program where the project coordinator inaugurated the football field by kicking the ball to start a game, he was surprised to see the children just standing there frozen. The kids were so traumatized by the earthquake and resulting losses that they did not remember how to play. And actually, this was the case in the first months with most sport and play activities.

This experience shows that it is not enough for coaches to just teach a game of sports, but it also requires from them the skills to facilitate the understanding of emotions and interpersonal communication, as well as how to help develop fair play and community ethics. Psychosocial sports interventions are not about winning and losing, but about the process of helping children restore their psychological and social functioning to more normal levels.

It is a well-known fact that children, and particularly adolescents, need role models. When the use of group/team sport and play activities are effectively and sensitively introduced, children and youth are offered opportunities to be engaged by older members of the community, providing them with structured acti-

vities that develop the sense of community, develop the child's sense of self-worth and the ability to communicate more effectively with others. This can result in a strengthening and calming effect for the child. The sports coaches and workers, who are often older „youth“ themselves, are also provided a structured opportunity to actively help and give back to their community through assisting and supporting the community's children and youth in these activities, which can also help these coaches to address their own unresolved trauma. These positive effects then feed back to the community's families, who have less behavioral issues to manage from their children, more time freed up since the kids are out of the house, and thus have less stress and more time available for the valuable work on re-establishing their homes and lives after a disaster.

As an example, the Foundation Terre des hommes - Lausanne is piloting two „train-the-trainer“ projects, which involve the implementation and research of movement, games and sport programs for vulnerable children exposed to disasters in Iran and Columbia. The project researcher had this observation to make about an important aspect of the coaching process to consider:

„Sport coaches often experience the same disaster as the children they will coach, and consequently experience many of the same effects, including significant losses and deep grief. Therefore, any kind of psychosocial post-disaster training of coaches should take into serious consideration the personal emotional needs of coaches, who must recover at the same time they are being asked to help the children to cope with their difficulties. Helping the coaches to understand how to face their own reality is also a great opportunity to give them clear guidance on developing basic psychosocial skills, which will also make a significant difference for the children“ (Heiniger, Meuwly 2005).

3.4 Researching psychosocial sports programs

The use of sports and play activities in humanitarian post-emergency settings as trauma rehabilitation tools is a hopeful development. However, a challenge facing these programs has been the lack of empirical research data collected, both on the short-term outcomes and long-term impacts of these programs on beneficiaries. Empirical data improves accountability, because through the use of research methodologies it can be better established what psychosocial interventions have the most effective outcomes, and how these interventions positively impact youth in adapting to their post-crisis circumstances. Relief agencies tend not to have the financial or technical capacity to implement such research however, and yet more donors are requiring monitoring and evaluation to provide outcome data to verify that the money being given is efficiently and effectively being used. Therefore there is a compelling need to improve existing monitoring and assessment tools, as well as implement empirical research studies on the uses and effects of sports and play programs as psychosocial development tools in humanitarian post-emergency situations.

Unfortunately, psychosocial research has thus far been limited, lacking a systematic approach, and because psychosocial work in the international field is implemented in unstable situations, there are multiple and ongoing challenges that face effectively empirically researching field programs. Yet such is the „wide variety of potentially helpful interventions, it is important to conduct more action research (usually smaller-scale pilot studies in which an impact evaluation is planned ahead of time and circumstances make it feasible)“, and the recent publication of a psychosocial research manual which systematically addresses implementation and evaluation issues can only be seen as a positive development (Duncan, Arntson; 2004, 51).

4 Psychosocial sports programs: lessons learnt

There are numerous psychosocial sports and play programs being established throughout the world, including in response to earthquakes (Iran), to tsunamis (Thailand and Sri Lanka), in refugee camps established for populations fleeing civil wars (Sub-Saharan Africa), in post-war settings (Rwanda), for peace building and cultural integration (South Africa), and as a way to address pandemic illness outbreaks (Zambia, in response to the AIDS catastrophe), to name but a few of the interventions.

This section will take the opportunity to review current or very recent psychosocial sports programs implemented in the field that focus on addressing trauma in children. What will be examined here are how different programs have responded in disaster situations to help children and youth, and the methods each have used, based on what that program believed to be the most important need to be addressed. As a word of caution, and to reiterate a point made earlier in this discussion, „it would be impossible and inappropriate to give suggestions as to how to respond to every variation of disaster“ (Ehrenreich 2001, 6). Thus, this review would not presume to tell any current or future psychosocial sports program how to implement services, for it is very much situation specific, though it is hoped the practices identified will be helpful as information for the planning process.

It must be noted that because of the population (children and youth) and the nature of the work, it is sometimes difficult to define whether a program is consciously addressing trauma, even when it is obvious the conditions for the children are traumatic. For example, there are programs that help children who are homeless and living on the street, to get off the street. The focus isn't on resolving trauma, but by helping a child off the street this program is indirectly dealing with the child's traumatic situation by

improving their safety. Thus in this section, while the focus is primarily on programs who consciously address trauma, a few examples have been included to show other closely related interventions and the impacts these can make. Additionally, please note that the following programs discussed are in no way an exhaustive list.

4.1 The Bam report (post-earthquake Iran)

Colliard (2005) examined the effectiveness of youth sport and play recreational programs implemented in Bam, Iran, by the Swiss NGO Terre des hommes - Lausanne, after the earthquake there. The goal was to try to assess the level of trauma experienced by the children, and how much participation in the programs helped to decrease trauma in the children over time. Here are some of the lessons learned:

- The study is significant because it took a very important step in attempting to research the efficacy of a post-emergency recreational activity program with a quasi-experimental quantitative methodology
- Limitations of this research were due to the fact that the study was initiated ten months after many recreational centres had been implemented, with no possibility of comparison with a control group. Therefore, the study attempted to utilize children beginning in the newer centres as the control group, comparing them with children in more established ones to assess any significant differences between the „treated“ and „non-treated“ groups. It cannot be said with complete assuredness that any differences discovered between these two groups were actually comparable, or that there weren't other impacting variables that affected the results.
- Despite limitations, this study did show

significant results in the reduction of trauma symptoms in children through participation in sports and play programs. The study also included an informative qualitative assessment of the program's effects gathered via interviews with the „animators“ and the caregivers of the children, who reported witnessing positive impacts of the programs on the children and on themselves too.

4.2 The Beslan project (terrorist attack in Beslan, North Ossetia)

A currently active field research program involves the Beslan project of Dr. Vetter, of the Center for Disaster and War Psychiatry at university of Zurich (Vetter & Endrass; 2005), which has been examining the benefits of the establishment of a play and sports center in Beslan, North Ossetia. This project was created with support from the Swiss Agency for Development and Cooperation (SDC), for the children in the region where terrorists attacked a school in September 2004. Many people were killed in that siege, including half the victims being children. While the research on this project has not yet been completed, here are some early findings:

- Evidence suggests that the sports programs are providing an important way for the youth to resolve many of their unresolved emotions from the trauma, specifically with a decrease in depression noted (though an increase in aggression has been noted too, but this may be part of the process of grieving).
- The challenges of this study have included:
 - Working in an unstable region
 - Getting the local population to accept and work with local psychologists
 - Finding a local researcher to work with
 - Finding suitable tests that are valid in this culture (Southern Russia).
- Nonetheless, there is anecdotal evidence to suggest that the varied group activities are having a significant impact in helping

the children resolve their severe trauma. • Of particular interest have been these activities:

- Horse riding for children who were extremely traumatized and non-responsive, and who are now through riding and support from coach/ therapists showing signs of resolving some of their trauma

- In the summer there were opportunities for groups of kids to have outdoor wilderness training with some of the Russian military that ended the siege. This proved popular and helpful, in that the kids developed wilderness training and self-sufficiency skills, but also got to bond with the rescuers.

- One area of challenge has been that when the kids were asked what sport they wanted to have, everyone said wrestling (it is one of the national sports), but it was soon discovered that the girls did not wish to participate, but just watch the boys. So finding sports that girls will participate in is a work in progress.

4.3 Terre des Hommes - Train the trainers program (post-earthquake Iran)

Meuwly and Heiniger (2005) reported on the planning, implementation and assessment of a psychosocial „train the trainers“ program of Terre des Hommes-Lausanne (Tdh) in Bam, Iran, examining the selection and training of coaches for the psychosocial „movement, sports and play“ program being implemented after the earthquake, which included a pre- and post-test rating questionnaire of the participating coaches. Besides basic sports instruction, these coaches are also taught about personal and social skills like perception, communication and conflict resolution.

Through a twice daily, five-day intensive group training session and individual coaching, sixteen „sports animators“ were helped to develop their personal, social, methodological and technical skills, in order to provide a

better quality of care when interacting with particularly vulnerable children (though there was not a focus on how to deal with the very difficult cases). This program's goals were to help children overcome trauma by focusing on finding enthusiasm in play involvement, increasing their self-confidence, and developing essential values and life skills, including cooperation, communication, discipline, respect for others, and honesty.

The report identified some important lessons learned by Tdh that can be shared with future organizations that may wish to offer „train the trainer“ programs:

- Select participants that are more likely to integrate and apply the learning
- Adding individual in-the-field coaching for the animators adds value to a simple training, and the participants really appreciate it
- Create a resource group to continue the function of training more animators and teachers in the community
- Train one of two people who would coordinate these resources groups, to be in charge of the follow-up of the project so that trainees are not left alone after the program is completed, and which also builds in a sustainability function for that community
- Tdh staff had to adapt and be flexible to sudden logistical changes, times of intense heat, participant tiredness and stress, and so realized they had to reduce the amount of material taught so it could be better learned and integrated

4.4 Gender and sports (research in post-earthquake Iran)

Meier (2005) is researching gender differences in post-disaster sports participation and responses between the countries of Iran, Zambia and Southern Russia. In Iran information has been gathered from questionnaires given to teachers and coaches to assess gender, sports involvement and trauma over a six month period earlier this year. The results

below give important information about the issues that occur between children, coaches and families in the field.

- The most often stated mental health problem after the earthquake was „nervousness“, and any discipline issue in school seems to be a consequence of trauma and nervousness.
- There have been widespread aggressive behaviour problems in boy's football, but also in girl's volleyball and basketball. Possible explanation for these behaviour problems include indications of trauma, and may also be due to the fact that the children are from different areas of origin and are removed from their familiar social and geographical environment, so there could be hostility and aggression between the kids from different areas. Fights between the children are often related to tensions between their families, and it also has been noted that fights occur between newcomers, as participants that attend regularly have shown much improvement in aggressive behaviour and relationships.
- Coaches have had to make clear that the children can be friends even if they are from different regions, or there are tensions between their families.
- A good tool for enhancing team spirit is to make stronger participants responsible for teaching weaker ones or newcomers, which also draws out leadership qualities.
- Distribution of sports clothes seems also to have strengthened team spirit, especially among boys.
- Splitting groups into smaller teams where more friendships can more easily develop has been a productive approach. And with friendships developing among the children, more now meet outside the programs to practice sports together.
- In all the girl's classes, there are good relationships between coaches and participants. The girls are able to talk about personal matters and their families, and coaches try to help them to solve problems.
- In the boy's classes, there has been only one example of where a good relationship could be established between the boys

and a coach, and this is with a coach that puts emphasis on performance and good results, which the boys like because they are motivated to improve. Of note, there are few aggressive behaviours or mental health problems noted in that class by that coach (and the boys now even come to this coach's home to talk about their problems).

- Issues talked about in the sport classes involve values, like respect for others, fairness and cooperation, which are discussed with both girls and boys. In girl's classes there is also talk about very personal matters, like women's hygiene. Also in girl's classes, the talking seems to be more organised than in the boy's classes, where for example „friendship circles“ have been created, offering shyer participants the possibility to write letters about their problems, which are then discussed indirectly in these circles. In boy's classes, coaches speak about sports-related values more often, but also try to speak about drugs, smoking, etc. Boys prefer not talking about problems of their own, but will tell a coach if one of the other boys has problems.
- Coaches have helped mediate between children and parents in girl's classes, specifically the female coaches with the mothers. Mothers often come to the coach to ask for support (about how to get their child to have more educational discipline in school, to eat properly, how to handle trauma, etc.) because they observe that girls respect the coach. And girls often ask coaches for support in regard to their family-problems (e.g. how to convince parents to get permission to participate in sports, go to picnics, or how to resolve quarrels with family members). The coaches in fact often go to talk to the families, offering relief to parents, and at the same time act as an advocate of the children's needs.
- For the coach-children-parents relationship to be effective, it is important that the coach lives in the same place as the children and their parents, so that the coach knows family members, understands living

conditions, feels more familiar and trustable to children, and so the family can visit coach outside training hours.

4.5 Droit au Sport/Sport pour la Paix (civil war in the Ivory Coast)

Football, volleyball and basketball programs (along with local sports, games and artistic activities), have been implemented in the Ivory Coast, in order help children, youth and adult community overcome their traumatic experiences rooted in the civil conflicts of that country. Some regions of the Ivory Coast are still experiencing civil war, which has created a special challenge for the local programs, including a large number of „internally displaced persons“, refugees from their own villages who remain in country. To complicate this already complex situation, there exist many smaller feuds and conflicts of long-standing nature between ethnic populations.

These programs were discussed with a field practitioner who was involved with these programs (Schaub; 2005), and who had these observations to report:

- People are now starting to return to their villages, but there is great suspicion and fear due to past widespread violence (witnessed and/or experienced), often between neighbors, along with much theft and destruction of property of those who fled. One problem that occurs is that untrue rumors spread about imminent violence, so people become fearful and stay in their homes, keeping their kids in too and not socializing or mixing in public, so there is great isolation.
- This practitioner found sports to be a particularly important and useful tool because it gives people from different ethnic backgrounds a reason to gather and meet, as sports provides a safe and neutral ground to participate together.
- Coach/monitors have been being trained in conflict resolution skills by local psychologists in a week long intensive training program, based on a cognitive behavioral ap-

proach. They then go to the villages to work with people through sports and the conflict resolution tools. Many times the villages are their own, so they have to deal with the same trauma issues as the villagers

- Many sports, play and artistic activities are utilized, though since football is particularly popular so the easiest to use, and there have been many male and female leagues created as a result.
- Program administrators and coaches of these programs have had to be especially careful to create mixed ethnic teams, because otherwise unmixed teams could re-create the divisions and could actually stimulate the strife and conflict to re-occur.
- Sport facilitates communication and community, and she felt the particular sport played really didn't matter
- It was less effective to use or emphasize trauma vocabulary, but rather that more emphasis be placed on acknowledging and supporting strengths
- The practitioner also said something very interesting: „DON'T change the rules!!“ She felt this was true as a general statement in using sports with people trying to overcome disaster trauma, but found this was specifically important in her work with street children. She found the street kids to be eager for structure and predictability in their lives, and that the commonly understood rules in football were of particular benefit, readily accepted as a structure and never challenged.

At this time there is no formal research occurring, as the situation is still quite unstable and basic needs are more pressing. There is a group of five very committed Ivory Coast psychologists associated with the local university in Abijian, who would like to research the effectiveness of their sports and „monitor“ training programs, and are seeking funding.

4.6 Running Street Children (HIV/AIDS pandemic in Zambia)

„Running Street Children“ is a program in Zambia that utilizes football to engage with street children, and most are orphans or double orphans due to the severe HIV/AIDS pandemic in that country. The ultimate goal of the program is to help get these children off the street, and into school and homes, but the whole process begins with the „hook“ of the football program, which draws the children in due to the popularity of the game.

An administrator of a development organization (Dolfini 2005), who has been to Africa and viewed the program, had this to report:

- At the beginning of the program in 2004, there were 20 children involved, and this has grown to where now over 100 children are participating, with 65 playing on football teams.
- When the kids first join and started playing football, the program also offered food, medical care and some clothing, but it was quickly discovered that the kids would sell any food and clothes given them, so are now more careful about what it provides beyond immediate meals and health care.
- Most of these street kids were not wanted by schools at first, due to stigma involved with their being AIDS orphans. The program had to work to improve access, through helping schools understand the issues these children faced. At this time, between 50 and 60 of the kids are now going to school.
- Football has been quite effective for drawing the kids into the program, and much credit for this is due to the coach, who is very caring towards the kids, is quite good at working with the challenges these kids present, plus is an excellent football coach.
- The challenge lies in the fact that the program has relied on a single and effective role model thus far, not on any clear pedagogic methods. With more kids being engaged and more coaches needed, coaching methods are necessary.
- Interestingly, the football teams have be-

come quite good, as these street kids are highly motivated and enthusiastic to win against the teams that weren't comprised of street kids. In fact, so successful that now there has begun a mixing of the teams with non-street kids, because other kids want to be a part of these good teams and good football training. This is actually helping to de-stigmatize the street kids and integrate them into local society.

- This project has now gained a good reputation with the community, along with increased support, and has recently been given land and money to expand their programs, including two homes for kids. A positive side effect of this program is that new child-care jobs are being created for the local community.

4.7 Basel Aids Darfur -Teach the teacher workshops (refugee camps in Darfur)

Approximately 200,000 refugees from the Sudanese civil war in the Darfur region are currently living along the borders between Sudan and Chad. There are more than 65,000 children in these camps missing out on participation in meaningful activities, and to address this problem the City of Basel in coordination with UNHCR, originally funded a program to build play areas and provide sport materials in order to create the possibility for the children and teenagers to play sports. It was recently discovered however, that there were plenty of sports activities available for male children and youth (specifically football), but that there were no sports available for female youth or women. So now this program has adjusted its focus towards establishing sports programs for women, specifically through training local women „animators“, to become coaches to train and promote the use of volleyball among girls and women. Here is what has been learned in the process of developing and implementing these programs:

- While there are a number of sports activities in the refugee camps, there are few

skilled, qualified people to organize events and train trainers.

- There is no tradition for women's sports in Darfurian society, but with so many men either fleeing the war or going to fight in the war, women's roles are changing in this society towards more involvement and leadership.
- Regarding play, sensitivity to gender was key, and in order to successfully start this program for women, the NGO got permission from the men (they accepted easily, but may have obstructed if not asked).
- The women do still need to mind tradition about being fully covered, so the program has sewn comfortable sports clothes that permit them to play covered
- Teaching leadership was difficult because women in this culture are not used to being in charge, so they had to learn that they did not have to wait for a man to give them orders. But many showed great motivation and learned quickly.
- The women have a lack of body experience, as far as sports and physical education, so basic exercises and warm-ups had to be taught. And the women had to learn how to tell other women where to stand and what to do. Some women had a great deal of difficulty with listening or being able to follow instructions of their colleague.
- Many basic sports and organization skills had to be taught, like whom they could consult with, how to plan, how to organize, and how to encourage other women to get involved. Eventually there will be matches and tournaments within and between camps, and even with locals, but first they had to learn the simplest of physical exercises and activities.
- The basic skills and rules of volleyball then had to be taught, though this was very difficult and became quickly apparent that it would be a long time before the coordination of being able to play a sport would occur.
- 39 refugee women and 6 local NGO staff passed the train-the-trainer workshop, and now can start teaching others, organizing teams and leagues (Müller 2005).

5 Discussion

After all this theoretical and practical information has been gathered and presented, there is still little hard empirical evidence to prove conclusively that sports are effective in helping youth overcome trauma. And yet, in each of the programs that have been reviewed, various key elements of the background theory explored in this paper are supported by what has been gathered in the learning samples:

- Trauma can be effectively addressed
- It is effective to work in group settings
- Sport is a safe and neutral tool to use for various interventions
- Sport can provide a predictably structured environment where even communities with long histories of conflict will come together to play, which then can help create a more peaceful environment
Inherent strengths and resiliencies do exist in children
- Sport can be utilized to support communication and self-sustaining development in affected communities
- Coaching is a key piece in a successful program

There are other basic implications that can be drawn from this review. Most obviously, children like to play, and in fact play is instrumental in a child's healthy development. The ability or lack of ability to play has long been one of the signs used to determine if a child is healthy or meeting age appropriate developmental timelines. Additionally, when a child is under extreme stress or has been traumatized, one of the symptoms that show this is their symbolic repetition of aspects of traumatizing events through play. Therefore the use of play (and the more advanced form of play, team sports) by psychosocial sports programs is to access a natural predilection of children to play for the uses of assisting recovery from trauma and support of existing strengths. When one thinks about it, this

is really quite ingenious. Children like and want to have fun, so enlisting their participation in programs that can also help them does not require a lot of effort, if presented and managed in the right way. It is all in how sport and play activities are presented to children.

As examples have shown, a massive disaster can actually freeze this natural predilection to play in a child. This then brings us to the significant role of the sports worker in accessing and developing resiliency in children through the psychosocial sports programs. The sports worker must be able to establish a relationship with the child of unconditionally positive regard, while re-teaching them how to play, and assist them in learning how to problem-solve in order to resolve behavioral issues, support re-socialization and helping the child rebuild a community of peers. And it does appear that the qualities and lessons learned about resiliency by children in the programs will reflect the quality of the relationships with the significant people involved with them.

A significant development involves the advancement in the knowledge and application of psychosocial coaching and teaching methodologies for children using sports and play. There are numerous organizations that are now focusing more on teaching the importance of emotional, cognitive, behavioral and social processes that are involved in working with children in post-emergency settings, including (but not limited to): War Child, Right To Play, Droit au Sport/Sport Pour la Paix, Peres Center for Peace, street-footballworld, Playing for Peace, Basel Aids Darfur and Terre des Hommes. Additionally, there is a growing awareness on how disaster can significantly impact the coaches who work with the children too, and how the coaches likewise need to be cared for, in order for them to be more effective in working with

the children. And lastly, there are attempts now being made to research the impact of coaches and coaching methodologies on children, though much remains to be done in this area.

There was consideration given about whether certain types of sport might be more effective in certain types of disasters. However once reviewing the samples of field programs, it quickly became apparent that all types of sport and play activities have been utilized in all kinds of disaster situations, so there is no apparent correlation between a specific type of sport and type of disaster. In the final analysis, a basic assumption is made: that only the responses of a person can be measured via the use of psychological instruments, scales, questionnaires and interviews. In trying to find the most effective ways a psychosocial response can be measured, these are the basic elements that must be studied:

1. How a child is impacted by a disaster (traumatized or not), and how the child responds to an intervention (decrease or increase of any reports of trauma symptoms).
2. The impact of the coaching intervention on the child. In this second example, one must at least take into account the method and manner of the coaches' intervention, and probably should include the impact of the disaster on the coach, along with the coaches' responses to the structure of the program too, in order to have a complete picture. Just focusing on the variety of variables involved in assessing impact of disaster on children and coaches, as well as any interventions made to help overcome these affects, will provide many aspects to explore and a wealth of material to a researcher.

Another significant development has been the recent implementation of a few of „action research pilot studies“ of sports and play programs addressing disaster trauma in children. These research projects are attempting to implement simple experimental or

quasi-experimental research designs in order to gather data before and after these programs have been started, to try and identify what interventions (independent variables) have what impact on the children (dependent variable). Of course, a huge challenge in any attempt to research programs in the field, involves the issues of professional ethics: For example, asking for permission from the population and providing informed consent, before a research program starts; how to ethically randomize selection of participants into a study, or to create a „control group“ as a comparison to the „treated group“. How can any children be denied services after a disaster? These are limitations of being able to establish a truly empirical research design that must be accepted and addresses. But it is a challenge to the creativity of the researcher to try and create the closest thing to an experimental design as possible.

When reviewing the various programs that utilize sport and play programs to support children and youth after disaster, something very important jumps out about the significance of these programs on a larger scale. Disasters result in the breakdown of social structures, and while emergency relief is attending to survival, post-emergency efforts are about rebuilding, and can have additional significant impact because these efforts can also restructure social systems. It can be revolutionary for a society to be re-built with more equity and equality in it than it did before the disaster. There are potentially great social ramifications in the changes a small program can make (for example, teaching girls and women play and leadership skills, when they had no history of that before, or having a society be more tolerant of differences and becoming more integrated).

6 Recommendations

Based on the theoretical and practical knowledge gathered throughout this report, a number of recommendations have been identified about the key issues to consider in the development, implementation or research of psychosocial sport and play programs. These recommendations have been summarized below:

6.1 Timing of program intervention

The timing of making a sport intervention is a key factor in effectiveness and eventual program outcomes. Sports programs should be focused on the post-emergency time frame, as the emergency phase is situation-focused and primarily concerned about the survival and safety of an affected population.

Based on the model of the four phases, a post-emergency psychosocial program should be established no earlier than approximately the third or fourth month after the disaster, and no later than two years after a disaster.

The local community should be consulted with to determine short-term program outcomes and desired long-term impacts, about teaching and research methods used, and about any specific cultural needs or issues to be sensitive of. And out of respect for the principle of sustainable development, a last phase of hand-over of a program to the community should already be included in the contingency plan, which entails sufficient time to train and prepare the community on how to manage and sustain it.

6.2 Coaching

Being a coach in a psychosocial sports program obviously requires the skill, desire and interest in teaching sport, but must include the ability to understand emotions, beha-

viors and facilitate interpersonal communication, as well as how to help develop a sense of community and ethics of common good. Psychosocial sports interventions do not have a primary focus on competition and winning, but have more emphasis on developing a culture of cooperation and support. This culture of cooperation will contribute significantly in helping children restore their psychological and social functioning, especially after the trauma of disaster has caused upheaval in their life.

There are crucial variables that will challenge the efforts of any coach or any organization that trains coaches, the first being the challenge of working within different cultural contexts. Entering into a different culture experiencing a disaster situation requires becoming familiar with the local language, culture and history of the affected people (both long-term and recent history). Any coach or coach trainer coming from outside a culture must consider the importance of involving members of the affected community into development of the intervention process, and preferably included as staff members and researchers, in order to make the program more relevant and sustainable over the long term. Any coach will need a high degree of personal flexibility, communication skill and knowledge, not to mention an ability to „think on their feet“.

It also must be kept in mind that most local coaches or teachers enlisted from the affected community to help establish and operate the program, likely will have been impacted by the same events as the youth being served. How does their trauma experience(s) impact their work, and how is their participation in a program also part of their own psychosocial restoration process? Addressing coach trauma issues is significant and must be factored in, because they will have regular contact with the communities' children and youth, and will truly have a most impor-

tant impact on the restorative healing process of the children. Thus the overall success of any program depends not only upon the coaches' skills and abilities but also on the extent of their own healing process. New local coaches must be given time before a program starts to begin to identify and address the extreme stress and/or trauma that they themselves have experienced. If these coaches are helped in their process, they will be able to be more present and effective in their work helping the children.

The development of a standardized coaching methodology in psychosocial sports programming can be a crucial element in the success and sustainability of any program. And it is preferable that there be consistency in any coaching staff, as a constant presence is important as a predictable structure for children to be able to bond and develop with. It is hoped and encouraged that any coaches hired will make longer time commitments (which, by the way, will also help any research that will be done on a program). In fact, it is believed that the most effective psychosocial sports programs will prove to have the most committed, creative and resourceful coaches, who have the wonderful gift of being able to bond with and teach the traumatized children. Unfortunately, finding these rare individuals is indeed difficult, and retaining them can prove to be a challenge to organizations, especially as once a person in a developing country is well trained they may be offered better paying positions in other organizations.

Perhaps one of the most important aspects of the coaching role involves the fact that they are in a position to be a significant and neutral caring person outside of the child's family. Children benefit a great deal from being engaged by caring older members of the community, being treated with unconditional positive regard by coaches, and being taught how to problem-solve the many daily challenges they face, all of which helps to develop the child's sense of self-worth and resiliency.

Important lessons have been learned about effective development of resiliency and protective factors:

- That the work of coaching is about promoting healthy development and competence, not just treating problems
- That all people (the treator and the treated) have potential vulnerabilities
- The greatest threats to human development are those that damage key resources and protective systems; conversely if key resources or protective systems are preserved or restored, children are capable of remarkable resilience.
- Resilience is typically made of ordinary processes, not extra-ordinary „magic“ - it is a reachable goal
- Children who make it through adversity or recover will have more human and social capital in the future
- Adult behavior plays a central role in the development of all protective systems for children
- Assessments of children need to include competence, assets, strengths and protective factors, not just symptoms, problems, risks, deficiencies, and vulnerabilities
- Interventions can focus on decreasing an individual's exposure to risk or adversity, increasing the person's internal resources, and mobilizing protective processes in the social world that surrounds them (Duncan & Arntson 2004 46-47)

6.3 Planning and implementation

There is an important question that an organization can ask during the planning stage of program development, that can help in assessing and deciding what an appropriate post-emergency sport program response might be: How can responders offer the prospect of inducing positive changes that facilitate recovery from a disaster?

The answers to this question is going to be different for different cultures, making it important to understand each culture prior to

offering any services. Asking these kinds of questions can provide a more focused and culture-specific approach to providing services in any cross-cultural setting (Waxler-Morrison et al 1990).

Research on the provision of services in post-emergency situations in non-western cultures specifically recommends an avoidance of focusing on psychopathology, treating mental health symptoms, or even on establishing mental health systems separate from the overall health intervention. This is because in many cultures mental illness is stigmatized, so a focus on mental health symptoms or separating a person out of a group or community to provide mental health services could actually do more harm than good. This could potentially result in a person becoming isolated in certain communities, when what they need most is connection, understanding and acceptance. (Duncan & Arntson 2004, Van Ommeren 2005).

Eight principles have been identified as crucial when implementing any psychosocial program:

1. Contingency planning before an emergency
2. Assessment before intervention
3. Use of a long-term development perspective
4. Collaboration with other agencies
5. Provision of treatment in primary health care settings
6. Access to services for all
7. Ongoing staff training and supervision
8. Ongoing monitoring and assessment of program effectiveness
(Van Ommeren 2005, 72)

It follows from these principles, that skills and research in the field of humanitarian psychosocial intervention through sports and play activities should be multidisciplinary. Disciplines involved should address the needs and development of children and youth through education, child psychology principles, pediatric medicine, sports education and medicine. Also a full knowledge of

psycho-traumatology and disaster psychology is necessary. And in order to implement a psychosocial program, agencies must be fully aware of all facets of humanitarian assistance in emergency settings. Ongoing training of staff is also of paramount importance and should emphasize the multicultural aspects of intervening, with knowledge of anthropology, a fairly good comprehension of local politics, gender issues, etc. In other words, the more comprehensive the knowledge of the issues involved with addressing disaster trauma in children and youth through sports, the better.

Another consideration is how will programs be effectively monitored and assessed for short-term outcomes and long-term impacts? Assessing what truly distinguishes well-implemented programs from less promising approaches will require assessing the children's emotional status, and assessing how and how well the coaches implement the program interventions with the kids.

6.4 Assessment, monitoring and evaluation

Although this paper has explored the many variables and factors involved in the field of psychosocial sports programming, the challenge remains as to how to assess the effectiveness of a field program. The earlier referenced psychosocial field research manual (Duncan & Arntson 2004) will be an important reference tool for any organization wishing to assess short-term outcomes or long-term impacts. Whether a decision is made to research the effectiveness of a psychosocial sports intervention with children in the post-emergency phase of a disaster, or for example in a stable school situation measuring the response of children to the implementation of a particular program (in order to establish a baseline with a healthy population), a rigorous research design and methodology must be implemented.

A few organizations are beginning to consi-

der creation of in-house monitoring and evaluate systems for their programs in the field. Unfortunately, in a recent review of literature on the subject, only one research project was found at that time that attempted to develop a systematic theory and approach to monitoring and evaluation of programs (Born, 2005; Burnett & Uys, 2000). This points to a need for further study and the development of a standardized monitoring and evaluation system that could be utilized by many programs, so that results, methods and best practices can be identified and compared between organizations.

There are some challenges to address prior to implanting any assessment and evaluation processes. Ethical standards must be considered though, as it is absolutely crucial to get permission from the community before any assessments are implemented. This involves giving and getting informed consents, which means giving explanations, making sure the people understand the purpose of the research, and agree to be involved. Other such key considerations include whether to have a control group or not (would it be ethical to deny any children access to any treatment that might help them overcome stress or trauma from a disaster?). Many of the decisions about the program and any research undertaken of the program, should try to get the input of the affected community as to the kinds of outcomes desired, and this also should try to include input from children. Likewise, it will be very important to have a local researcher participating, but sensitivity must be taken to make sure this local person has no bias towards a group or groups assessed.

Without going into too much depth already covered in fore-mentioned reports, there are some basic considerations about assessment that can be touched on briefly here. Any program wishing to provide monitoring and evaluation of its services, should consider what kinds of improvements might be hoped to achieve through the implementation of a sports program. Below are some examples of

the type of indicators that may be considered that can show progress or improvement (Duncan, Arnston, p43):

- Degree of social functioning
- Degree of independence and creativity
- Ability to problem-solve
- Attachments to and involvements with others
- Improved child-child/child-adult relationships
- Reduction in sleep problems
- Diminished isolation behaviors
- Reduced aggressive/violent behaviors
- Decrease in excessive watchfulness for danger
- Improved school attendance
- Improved classroom behavior and cooperation
- Reduced concentration problems
- Increased hope and positive attitude toward the future
- Increased pro-social behaviors (helping others or the community)

There is an array of psychological measuring instruments that a researcher can utilize, in order to assess performance and outcomes, though it must be noted here that no one should use these tests that hasn't had training in how to administer them. That said, it is important to consider whether a test is valid in a specific culture or whether it is valid for all ages. There are tests that have been validated in English, that once translated into other languages are valid there too.

Here are a couple of considerations about measuring instruments:

1. Consider ease and simplicity of any tests used.
2. When a test is translated into another language, it should be translated back into English, to make sure that the questions are the same on the original. And many test designers are interested in working with individuals who may be translating their tests into other languages, so they

can be helpful in assuring validity.

3. Be careful about the types of questions tests ask. For example, there are some cultures where it is inappropriate to discuss sexuality, so any question of that nature would not be answered, thus the partial results may cause the test to be invalid and/or results to inconclusive.
4. More than one measure is always better, in order to gather more and varied information. This is especially true with children, who are known to be able to accurately express their own internal experience, but not as accurately give opinions about their behaviors, so will be important to have assessments of the children from adults who are involved with them, and who will have more accurate information to report about behavior change.

There are literally hundreds of measuring instruments that can be utilized to assess behavior, performance, attitudes, and so forth. A vast majority of the tests have been validated only on American and/or European populations. There are tests that are now beginning to be used to assess multi-cultural populations, but it must be emphasized that each test's validity will vary according to the culture (i.e., not every test can be used in every culture or situation). Below are examples of a few tests (though not exhaustive) that could be considered for use by researchers of psychosocial programs that might be possible for use in multi-cultural settings.

Possible measurement instruments to consider for psychosocial programs

Cross-culturally sensitive trauma screens:

Harvard Trauma Questionnaire
Resettlement Stressor Scale
War Trauma Scales

Trauma tests that are sensitive for culture and children:

Impact of Events Scale-Revised
(Many more tests are being currently researched, but few validated, so care must be taken here in selection of tests for children in other cultures)

Tests that have been adapted to screen for psychological distress in refugee populations:

Hopkins Symptom Checklist-25
Beck Depression Inventory
Impact of Events Scale-Revised
Posttraumatic Symptom Scale-30

Behavior focused scales:

Strengths and Difficulties Questionnaire (SDQ)
Child Behavioral Checklist (CBCL)

Other scales to consider:

Rosenberg's self-esteem scale
Childs attribution and perceptions scale
Youth coping index-Hamilton-McCubbin
Sense of Coherence Scale (SOC)
State Hope Scale
Trait Hope Scale-Snyder
Worry Scale

7 Conclusions

In this paper there have been identified a number of key factors to be considered in understanding psychosocial sports programs, including a psychosocial versus psychopathological point of view, and emphasizing a focus on strengths and resources over a focus on illness, based on the concept of resiliency. Because sports and play activities naturally occur in the development of children and youth, these activities are thus a natural ally to harness in supporting the development of resiliency. And the author holds the view that the sports worker plays a significant role in the healing process of youth, and in the ultimate success of program interventions.

Just by the sheer number of psychosocial sports programs being implemented in international settings today, aid organizations are expressing confidence in their ability to assist children and youth overcome trauma associated with the experience of disaster events. But it must be acknowledged that there is a compelling need for more field research in this area, in order to validate that these psychosocial sports programs are truly being helpful to children and how. Efforts must be made to identify specific effective aspects of sports programs through positive short-term outcomes and long-term impacts discovered through assessment. This will take more than just counting numbers of children attending these programs to consider our efforts a success. It will require time to gather a sufficient body of research evidence to fully verify the effectiveness of these programs for youth. But in the mean time it is possible to begin to identify the best practices from sports workers in the field, and to communicate these findings to all members of the humanitarian psychosocial field: practitioners, researchers, administrators and donors.

It is exciting to report that more organizations using psychosocial sports programs are initiating monitoring and evaluation systems,

and a few are implementing more scientific research studies. And this is significant news too because during the time of a post-emergency aid implementation process, we are talking about results in the numbers of lives being protected from needless suffering. Trauma can be diminished and long-term mental illness can be prevented through programs that support the inherent strengths and resources of persons and communities to heal. It is absolutely crucial that the specific healing factors and qualities be identified, so that implementations made can quickly, effectively and efficiently offer real relief from emotional, cognitive and social distress. And perhaps most significantly, we are seeing the potential for sport to help create equity and inclusion, where there was inequality and separation, by not taking sides with a dominant or aggressive sector in implementation of sports interventions.

The true effectiveness of using sport as an intervention to help children overcome suffering and distress is not in competition but in cooperation, not in winning or losing, but in the process of participating in a supportive group. That coaching can be about sports, about values, and about giving emotional support to children. These aspects of psychosocial sports interventions all point to the crucial element of relationship and connectedness as a community, which feeds both the individual's and the community's resiliency and strength to recover. The author believes that there is evidence showing that psychosocial sports and play programs DO help children, we just need to learn more about specifically how it works and what makes it work, and do more of that.

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