

# Effect of instructional program upon school teachers' ability to psychological support to their students: a sample from Baghdad

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## ABSTRACT

**INTRODUCTION:** Children and adolescents are among the most vulnerable groups affected by the natural and man-made disasters. Mental health problems affect 10–20% of them, so hope is directed towards positive future expectations and working towards them and psychotherapy needed for them, especially in their schools.

**OBJECTIVE:** To study the effect of psychological support training program upon knowledge, Attitude & practice of school teachers' psychological support ability to their students in the area of Bab Al-Moadham.

**METHODS:** An experimental study was conducted at the catchment area of the training PHC-Baghdad for family approach in Bab Al-Moadham from 17<sup>th</sup> November 2018 – 10<sup>th</sup> October 2019. Training courses about psychological support was delivered by Trainers from Iraqi Red Crescent Society for teachers from 9 schools from Baghdad. Pretest and post tests direct, at one month and three months were applied to test the knowledge, attitude and practice of the participants.

**RESULTS:** The mean age of the participants 45.97±10.55 years, 28 (77.8%) were females, 22(61.1%) were married, 21(58.3%) have 1-3 children, 13(36.1%) have diploma in education, and 14(38.9%) have an experience of 21 years and above. Only 2 teachers had attended a training courses on psychological support. Good overall knowledge improved from 17(47.2%)before the course to 26(72.2%) a month after that, and retained high even after three months. The attitude was maintained accepted before and one month after that; 20(55.6%) versus21(58.3%), but dropped to14(38.89%) three months later. Training courses did not show significant effect on practising single and group sessions of psychological support.

**CONCLUSION:** Most of the Iraqi teachers enrolled in this study did not attend training courses in psychological support. The benefit of the training courses on psychological support was mainly on the knowledge of psychological support. Their effect on attitude is minimal and they did not affect the practise.

**Key words:** psychological support, schools teachers, knowledge, Attitude, single session practice, Red Crescent, Baghdad.

## INTRODUCTION

Mental health problems affect 10–20% of children and adolescents globally.<sup>1</sup> Adolescence is a period between 10 and 19 years of age when major physical, psychological and behavioural changes occur. The physical, psychological, and behavioural changes during adolescence contribute to too many of these mental health problems.<sup>2</sup>

Many adolescents become prone to men-

tal health problems as they transition from childhood to adulthood. Around 50% of mental health problems are believed to start by the age of 14. However, most of the problems in adolescents often go unnoticed, particularly in low-resource settings. Low-resource settings that are disaster-prone often face additional challenges to addressing mental health.<sup>3</sup> Lack of access to mental health care services can compound the problems faced by adolescents in disaster settings.<sup>4</sup>



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Studies showed that children and adolescents are among the most vulnerable groups affected by natural and man-made disasters. So the school-based, universal programmes conducted by teachers or local Para-professionals effectively reduce Post Traumatic Stress Disorder symptoms in those ages, and timely support from caring and responsible adults such as teachers can instil hope in adolescents, which could help them overcome difficulties.<sup>5</sup>

The concept of hope includes the belief in one's potential to achieve a goal and initiate and sustain the way towards achieving the goal. Hope is directed towards positive future expectations and working towards them. Hope can help adolescents shape their future positively as they transition to adulthood.<sup>6</sup>

School is an important community setting to promote mental health and hope for adolescents.<sup>3</sup> Systematic reviews and meta-analyses on school-based psychosocial interventions for adolescents after natural disasters such as an earthquake have suggested positive findings.<sup>3, 7</sup> However, most of the psychosocial support interventions for children and adolescents in the previous studies were provided by health providers or psychologists. Though the psychosocial support provided by the health care providers are considered to be effective, such intervention is not always feasible in low-resource settings.<sup>3, 8</sup>

School teachers could be more readily available and have a positive influence on children and adolescents.<sup>3</sup> Teachers can help students to believe in themselves and achieve their goals.<sup>5</sup> However, the evidence remains scarce on the effectiveness of teacher-mediated school-based interventions on improving mental health outcomes. Only four teacher-mediated intervention studies were published between 2000 and 2017, which had focused on teachers after natural disasters.<sup>9</sup>

Our country had been exposed to many violent traumas in the past fifteen years; Iraqis witnessed and still witnessing the painful, bloody and horrible sequence of explosive cars which causes the death of hundreds of Iraqi people and many injuries in the country. In

addition to other conflicts like murders, armed robberies, torture, rape, kidnapping for ransom and sectarian strife.<sup>10</sup>

Psychological First Aid for Schools (PFA-S) is an evidence-informed intervention model to assist students, families, school personnel, and school partners in the immediate aftermath of an emergency. PFA-S is designed to reduce the initial distress caused by crises and foster short- and long-term adaptive functioning and coping.<sup>11</sup>

This study examined the effect of the instructional program upon school teachers' ability to psychological support their students 2018-2019.

To study the effect of psychological support training program upon knowledge, Attitude & practice of school teachers' psychological support ability to their students in the catchment area of Bab Al-Moadham training PHC -Baghdad for family approach.

## METHODS

**Study Design and Setting:** An experimental study for the psychotherapy training course for teachers was conducted from 17<sup>th</sup> November 2018–10<sup>th</sup> October 2019, done in four schools chosen randomly out of nine schools in the catchment area of Bab Al-Moadham training PHC (Baghdad-Iraq) for family approach, in coordination with six of Iraqi Red Crescent-national trainer and two family physicians (in forth training courses each one for five days).

**Ethical Approval:** authors took the ethical approval for conducting this study from the ethical committee of Al-Rasafa Health Directorate. We took the agreements of the Iraqi Red Crescent Society to organize the psychotherapy training course and Al-Rasafa Directorate for education. Each teacher wrote a consent form of participation before enrolling in this study.

**Definition of the participants and exclusion criteria:** Included criteria: any teacher in the chosen schools have the chance to enrol in this study after his / her acceptance. We excluded

**Table 1** | The coding of the answers of the teachers for knowledge, Attitude, and practice

Domains	No of questions	Coding
General Knowledge	7 questions	Poor knowledge (7-14)
		Accepted knowledge (15-18)
		Good knowledge (19-21)
Knowledge of signs & symptoms of traumatized students	7 questions	Good knowledge (19-21)
		Accepted knowledge (14-18)
		Weak knowledge (7-14)
Knowledge of the stress presentation in supporter teacher	9 questions	Good knowledge (23-27)
		Accepted knowledge (19-22)
		Weak knowledge (9-18)
Knowledge of how to relieve the stress in supporter teacher	5 questions	Good knowledge (13-15)
		Accepted knowledge (10-12)
		Weak knowledge (5-10)
Total knowledge	28 questions	Good knowledge (71-84)
		Accepted knowledge (57-70)
		Weak knowledge (28-56)
Attitude about positive adaptive behaviours post psychological support	8 questions	Low Attitude (8-20)
		Accepted Attitude (21-26)
		High Attitude (27-32)
Attitude about Fight Students obstacle	4 questions	Low Attitude (4-10)
		Accepted Attitude (11-13)
		High Attitude (14-16)
Total Attitude	12 questions	Low Attitude (12-30)
		Accepted Attitude (31-39)
		High Attitude (40-48)
The practice of psychological support Single session	19 questions	Good practice (62-76)
		Accepted practice(48-61)
		Poor practice (19-47)
		No any practice
The practice of psychological support group session	4 questions	Good practice (13-16)
		Accepted practice (11-13)
		Poor practice (4-10)
		No any practice

teachers who refused to participate.

**Sampling:** Out of the nine schools in the catchment area of Bab Al-Moatham training primary healthcare Centre (PHC) for family approach, authors selected randomly four schools; Khawla Bint Al-Azwar and Zarqa'a Al-Yamma'a primary schools for girls, and Al-Garbia and Al-Abtal intermediate schools for boys. Teachers from these schools were selected by authors randomly with the help of the school manager and health coordinator.

**The training course:** Four psychological

support training courses, each of five days, were conducted at the training hall of Al-Ghabia intermediate School for boys in March and April 2019. The psychological support training courses were accredited by the international federation of Red Cross and Red Crescent societies, especially Denmark, Norwegian Red Cross and French Red Cross.<sup>12</sup> The courses were delivered by expert trainers; two family physicians from Bab Al-Moatham training PHC and four from the Iraqi Red Crescent Society. The content of the training course included an introduction to the concept of psychological

support, to whom it should be offered and how, what are the response to trauma and why the reactions for psychological trauma are different among people, how to address the challenges children might phase during such conditions, and how to protect or mitigate children from the detrimental effect of psychological trauma. Participants in the training courses were subjected to a pretest done before the start of the course and three posttests at the end of the course, one month and 3 months after that.

**Tool of measuring the outcomes:** The researchers have prepared and translated a questionnaire form mostly based upon the WHO guidelines for psychological First Aid 2009 and 2012.<sup>13, 14</sup> then it was revised by 21 experts; three community physicians, five family physicians, and three psychiatrists, and ten of Iraqi Red Crescent society/psychologist support personal. The questionnaire form was tested on a pilot of 10 teachers who had not been involved in the final analysis of the study.

The questionnaire is divided into four sections; The **first part:** Demosociographic features like age, gender, marital status, number of children, level of education, number of years of experience, their history of training, previous history of providing psychological support for their students, and when it took place. **The second** is the knowledge part consists of 28 questions answered by yes, no, I don't know, which represent questions about students' needs, different type of psychological support for students and teachers support. **The third** is the Attitude part consists of 12 questions answered by strongly agree, agree, disagree, and strongly disagree. The section of attitude was coded as 4 for strongly agree, 3 for agree, 2 for disagree, and 1 for strongly disagree. **The fourth** is the practice part designed to assess a single psychotherapy session consisting of 19 questions (answered by never, some time, most time, and always). Group psychotherapy sessions consist of 4 questions. The questionnaire took approximately 15 - 20 minutes for each teacher to complete. **Table 1** shows the coding of the questionnaire questions.

**Statistical Analysis:** The Statistical Package for Social Science (SPSS) version 23 was used for

data entry and analysis. Frequency and percentage were used to describe the data, and suitable statistical tests were used accordingly. The correlation was used to test the association between dependent and independent variables. Statistical significance was pre-determined as  $p < 0.05$ .

## RESULTS

We enrolled 36 teachers in this study; 8 did not complete the posttest after three months. The mean age of participants was  $45.97 \pm 10.55$  years, with a range of 23-62 years. The majority, 28 (77.8 %), were female, 22 (61.1 %) were married, 21 (58.2 %) had 1-3 children, 13 (36.1 %) completed diploma in education, and 14 (38.9 %) had 21 years of experience and above, as shown in **table 2**.

**Table 3** shows that 30 (83.3 %) of the par-

Features	No	%
Age, Mean= $45.97 \pm 10.5$		
20-29 yr	4	11.1
30-39 yr	6	16.7
40-49 yr	12	33.3
50-59 yr	10	27.8
60 and above yr	4	11.1
Gender		
Male	8	22.2
Female	28	77.8
Marital status		
Single	5	13.9
Married	22	61.1
Divorced/ separated	3	8.3
Widow	6	16.7
Children No.		
Nil	1	2.8
1-3 child	21	58.3
4-6 child	9	25.0
Already not married	5	13.9
Level of education		
Complete diploma	13	36.1
Complete college	11	30.6
Master/PHD	10	27.8
Quick training course	2	5.6
Experience (yr)		
0-10	12	33.3
Mean = $17.72 \pm 10.520$		
11-20	10	27.8
21 and above	14	38.9
<b>Total</b>	<b>36</b>	<b>100</b>

**Table 3** | Distribution of participants according to their previous experience with having training courses on psychological support.

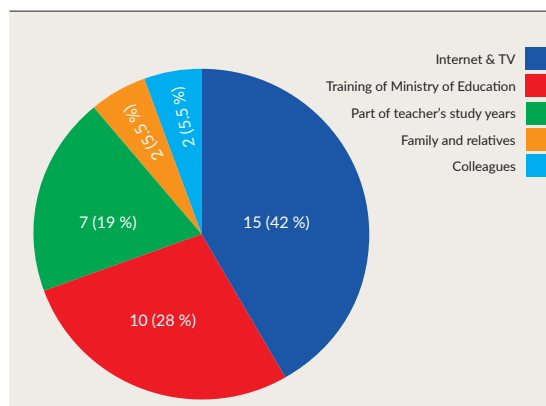
		No	%
Participated previously in training courses on psychological support.	Yes	2	5.6
	No	30	83.3
	Don't remember	4	11.1
Offered previously sessions of psychological support for their students	Provide psychological support	30	83.3
	Not provide psychological support	2	8.3
	Don't remember	4	8.3
Place where the sessions of psychological support were offered*	Classroom	12	33.3
	More than one place	7	19.4
	Private psychological support room	5	13.9
	Administrative room	5	13.9
	School- yard	5	13.9
Available psychological support instruction book at their school‡	Yes	3	8.3
	No	20	55.6
	I don't know	13	36.1

\*The total 34, ‡This is an official book prepared by Ministries of Health and Education in corroboration with the World Health Organization

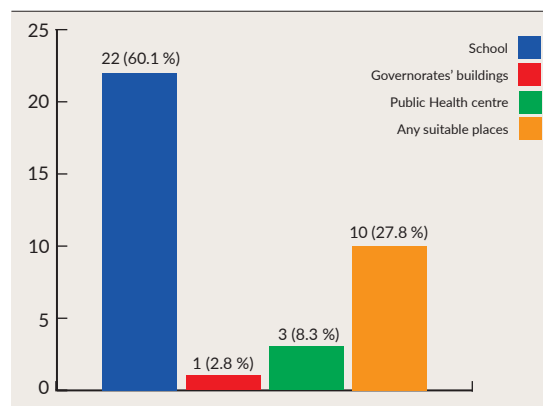
Participants had not been enrolled in a training program on psychological support; however, 30 (83.3 %) of them offered sessions of psychological support for their students, mainly at their classrooms.

On questioning the participants about their primary source of knowledge in psychological support, 15 (42%) of them said that the internet and television were the primary resources, and 10 (28 %) depended on the Ministry of Education's training courses. **Figure 1** shows the other resources. **Figure 2** shows the places where teachers prefer to have training courses in psychological support in the future. In 20 of them (60.1 %), they preferred to do the training courses at their schools.

The study revealed that the total knowledge in 17 (47.2%) participants was rated as being good in the pretest, increasing to 26 (72.2%) in the direct and one-month posttests. After three months, the total knowledge has still rated good in 22 (61.1%) participants. The total Attitude was rated accepted in 20 participants (55.6%) in the pretest, 18 participants (50%) in the direct posttest, 21 (58.3%) in the one-month posttest, and 14 (38.89%) three months later on. In the pretest, 26(72.2%) participants stated that they practised single session psychological support. Raised to 29(80.6%) in the direct posttest and decreased to 27(75.0%) in the one-month posttest. After three months, 23 of them (63.9 %) keep practising single ses-



**Figure 1** | Distribution of participants according to their source of information about psychological support.



**Figure 2** | Preferred places of teacher for offering psychological support

**Table 4** | Distribution of participant's knowledge, attitude, and practice according to their level.

		Overall knowledge		Overall Attitude		Single practice		Group practice	
		No.	%	No.	%	No.	%	No.	%
Pretest	Good* or High**	17	47.2	15	41.7	26	72.2	11	30.6
	Accepted	11	30.6	20	55.6	4	11.1	5	13.9
	Weak†, low‡, poor or no §	8	22.2	1	2.8	1	2.8	3	8.3
Direct Posttest	Good* or High**	26	72.2	18	50.0	5	13.9	17	47.2
	Accepted	9	25.0	17	47.2	29	80.6	16	44.4
	Weak†, low‡, poor or no §	1	2.8	1	2.8	4	11.1	7	19.4
Post one month test	Good* or High**	26	72.2	15	41.7	3	8.3	13	36.1
	Accepted	8	22.2	21	58.3	27	75.0	15	41.7
	Weak†, low‡, poor or no §	2	5.6			8	22.2	5	13.9
Post three-month test	Good* or High**	22	61.1	14	38.89	1	2.8	4	11.1
	Accepted	5	13.9	13	36.1	23	63.9	12	33.3
	Weak†, low‡, poor or no §	1	2.8	1	2.8	3	8.3	13	36.1
	Can't reach the teacher	8	22.2	8	22.2	1	2.8	7	19.4

\*High for knowledge and practice,\*\*Good for Attitude, † Weak for knowledge, ‡ Low for attitude, § Poor or no for practice

sions. See **table 4**.

**Table 5** shows the correlation between knowledge, Attitude, and practice before the educational program, direct, one-month, three-months after that. Here, we measured the correlation for psychological support total knowledge, students' traumatizing signs and symptoms, teacher stress signs and symptoms, and teacher stress-relieving methods. Similarly for overall Attitude, Attitude about positive adaptive behaviours post psychological support and Attitude for Fighting Students obstacles. The correlation for Practice of psychological support Single session and group session

were also calculated.

## DISCUSSION

Mental well-being is fundamental to good quality of life. Happy and confident adolescents are most likely to grow into happy and confident adults who contribute to the nations' health and well-being.<sup>15</sup>

In this study, the researchers concentrate on providing training courses in psychological support to the teachers to help their students.

We know little research that looks into the

**Table 5** | correlation between knowledge, attitude, and practice of pretest and posttest, post one month test. And post 3-month test

Domains of KAP	Correlation of pretest to:					
	Post-test directly		Post-test after month		Post-test after 3 months	
	Correlation	P value	Correlation	P value	Correlation	P value
General Knowledge	0.515	0.001	0.498	0.002	0.571	0.001
Knowledge about signs and symptoms of traumatized student	0.584	0.000	0.429	0.009	0.317	0.100
Knowledge Supporter teacher stress presentation	0.194	0.258	0.444	0.007	0.587	0.001
Knowledge Supporter teacher stress relive	-0.011	0.949	0.128	0.458	0.684	0.000
<b>Total knowledge</b>	0.484	0.003	0.398	0.016	0.468	0.012
Attitude of positive adaptive behaviours post psychological support	0.504	0.002	0.388	0.019	0.430	0.022
Attitude about Fight Students' obstacles	0.235	0.168	0.428	0.009	0.450	0.016
<b>Overall attitude</b>	0.501	0.002	0.538	0.001	0.456	0.019
Practice of psychological support Single session	0.437	0.008	-0.020	0.909	-0.114	0.565
Practice of psychological support group session	-0.358	0.032	-0.380	0.022	-0.682	0.000
<b>Total Numbers</b>		<b>36</b>		<b>36</b>		<b>28</b>

knowledge, attitude, and practice of school teachers' abilities to provide psychological assistance to their students.

In this study, teachers show a significant increase in their good overall knowledge from 17 (47.2%) before the provision of the educational program to 26 (72.2%) directly and after one month from its application. They keep retaining the knowledge even three months after that. The effect of the training program was not apparent on the attitude of the participants, and they even failed to maintain it after three months.

In his study,<sup>16</sup> Eustache has also reported that training has improved short-term gains in relevant knowledge and attitudes, and the rise in knowledge was 18.8 %.

We found that 83.3% of the participants have neither been enrolled in training courses about psychological support nor gotten experience. Only 5.6 % have admitted that they get some experience in this field. This indicates that a nationwide educational program for all teachers is essential, especially in our country. Atkins<sup>17</sup> from the University of Missouri has reported that 20 % of his participants rated their experience none or minimal, 48 % moderate, and 32 as substantial. This shows a gap in psychological training and experience of Iraqi teachers compared to US teachers, 5.6% versus 32%. This difference might be due to the difference in education styles adopted by Iraq compared to the USA's. Teachers with an autonomy-supportive style rely on different instructional behaviours to motivate their students than do teachers with a controlling style.<sup>18</sup>

In corroboration with the World Health Organization, Iraqi Ministries of Health and Education formulated health education guidelines for teachers in Iraq in 2008. In these guidelines, a whole chapter had been devoted to psychological support and mental health. The guidelines have been printed and distributed among all schools; however, our study has shown that most of the teachers did not know about these guidelines. Except for medical care, which may be attributable to free health care, having a

psychological support instruction book was insufficient in the current study.<sup>19</sup> According to the Reeve research,<sup>20</sup> engagement refers to a person's active involvement in a task's behavioural intensity and emotional quality.

There is considerable research to practice gap in the mental health practices and interventions in schools. Understanding the teacher's point of view can provide helpful information on contextual variables that can be used to close the research-to-practice gap in school-based mental health practices.<sup>21 - 23</sup>

Teachers' efficacy beliefs influence their cognitive, emotional, and behavioural responses to classroom situations. Finally, one of the findings in our study is that psychological capital plays a role in explaining students' choice for self-regulated learning after receiving teacher help.

## CONCLUSION

Most of the Iraqi teachers enrolled in this study did not attend training courses in psychological support. The applying of training course has improved the knowledge and to less extend the attitude of psychological support. Compared to knowledge, change in attitude is not long-lasting. All the domains of knowledge, attitude, and practice tested in this study except signs and symptoms of traumatized students and single session practice have been significantly correlated with the result of post-test assessment.

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**Abbreviations list:** Primary healthcare Centre (PHC), Psychological First Aid for Schools (PFA-S), Statistical Package for Social Science (SPSS), United States of America (USA), World Health Organization (WHO).

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