

**Child Thematic Project  
Transcultural Psychosocial Organization**

School-, and Community Based Psychosocial Care for Children in Areas of Armed Conflict in  
Burundi, Sri Lanka, Sudan and Indonesia

In collaboration with:  
Center for Trauma Psychology (CTP)

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***Selection and Screening Guidelines  
for CBI facilitators***

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## 1. Screening overview

Screening entails; (a) identifying children with *emotional, social and/ or behavioral problems* that might be in need of assistance; (b) identifying how much these problems are *disturbing the child's daily functioning*; (c) identifying the presence or absence of protective/risk factors (such as social support from peers and/or family, existing coping strategies, availability of recreation/education) and; (d) thereby identifying whether the child *needs special attention and/or psychosocial interventions* within our program (either CBI, MPCP or referral).

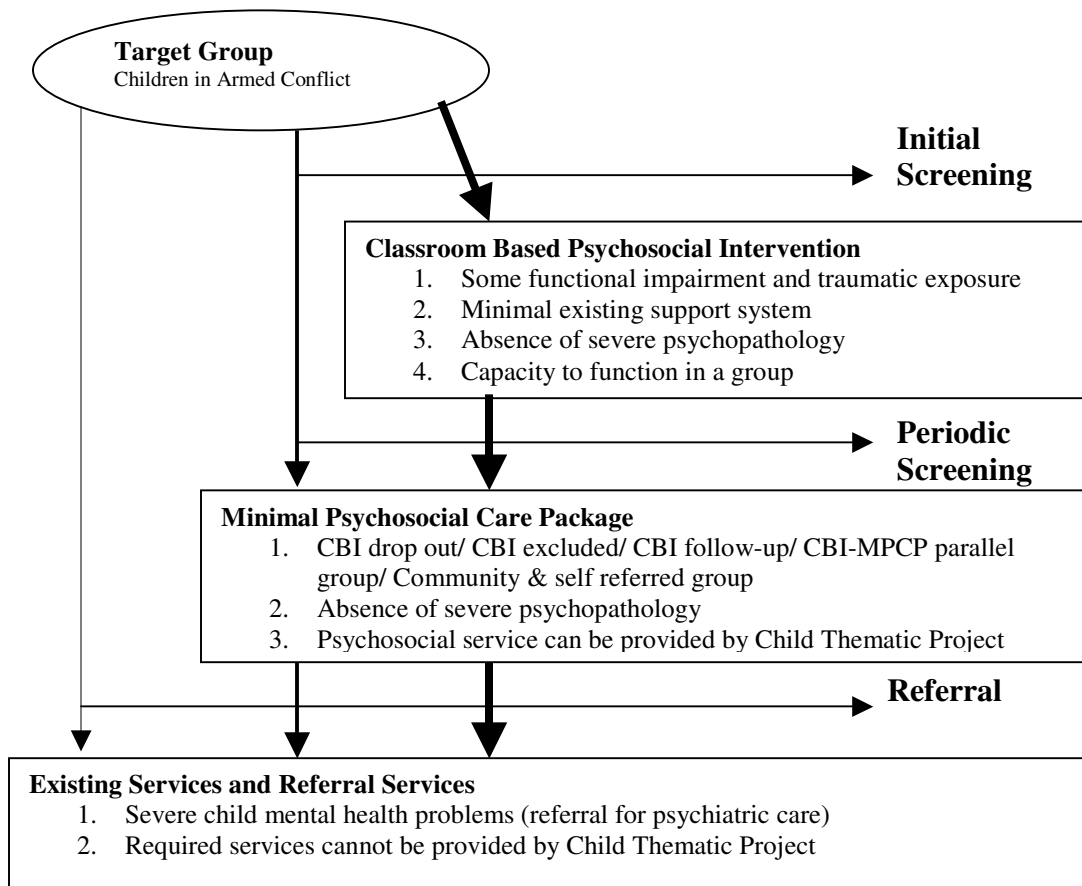


Figure 1: Selection and Screening Flowchart

## 2. Screening Flowchart

INSTRUCTION: (1) The below flowchart should be used by the CBI facilitators and counselors as initial screening for inclusion in CBI groups and periodic screening for MPCP inclusion or referral. (2) The screening procedures need to be conducted alongside awareness raising/ information provision to teachers and parents. (3) Besides children and their families, screening should focus on teachers and their need for possible psychosocial assistance.

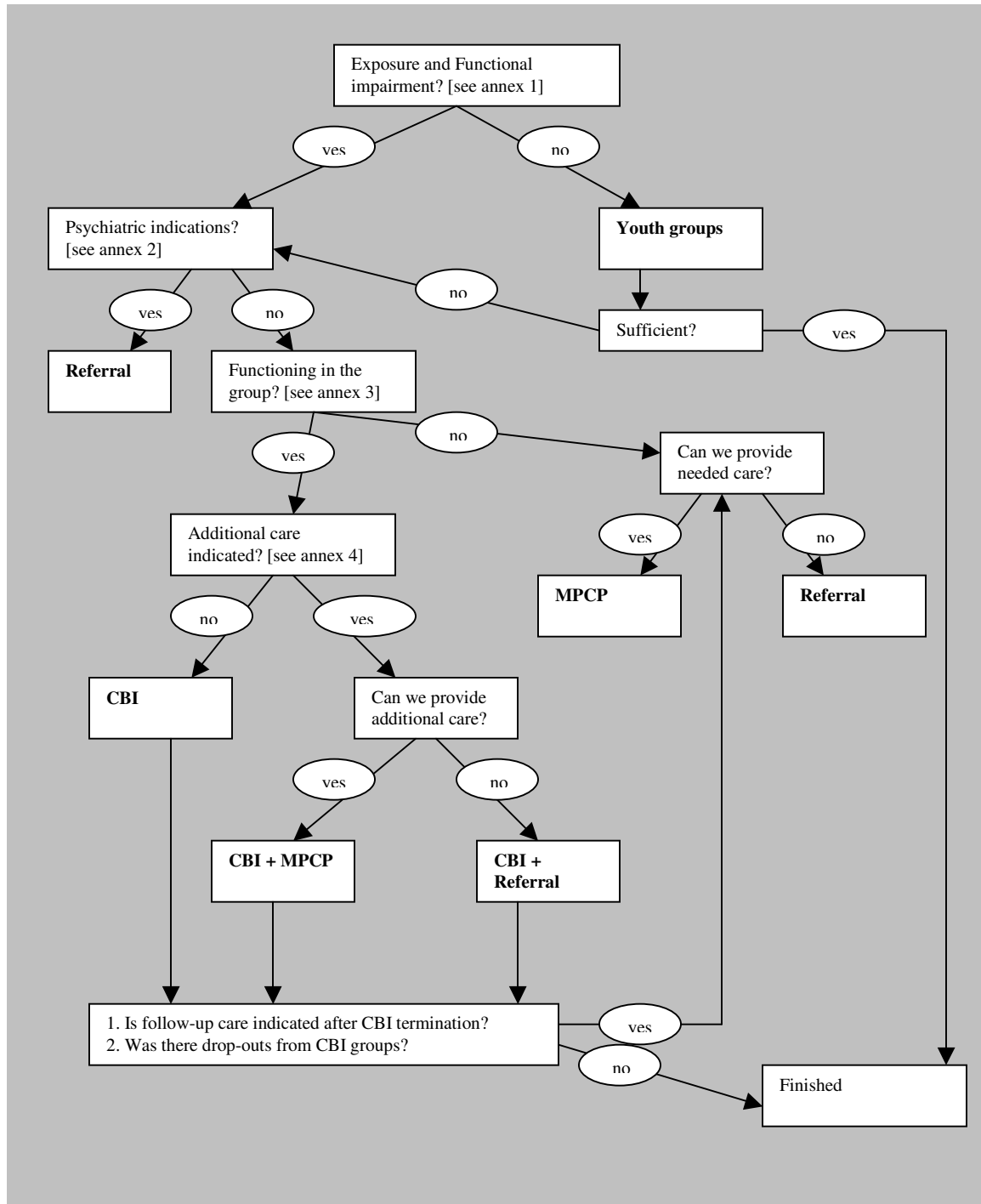


Figure 2: Screening flowchart

### 3. Steps of Screening

In the Child Thematic Project the following steps of selection and screening will be followed. Screening will happen periodically, in the following order;

- Step 1: Selection for overall project implementation – based on:
- Age group
  - Implementation area (e.g. districts) and implementation site (e.g. schools)
- Step 2: Initial screening at intake for CBI  
[See flowchart and annexes]
- Awareness raising and information provision to parents and teachers
  - CBI-inclusion
  - CBI exclusion

Children that should not or need not take part in the CBI will be excluded from CBI, either at the time of selection of participants or while the CBI is in progress. The intervention will be the entry point to the project and will thus also screen for those with severe psychosocial problems.

CBI Inclusion Criteria:

- Children with homogenous traumatic exposure and subsequent functional impairment (worrisome behaviors, decreased school functioning and attendance and decreased social support)

CBI Exclusion Criteria:

- Severe psychosocial/ mental health problems that are dysfunctional
- Children that are not functioning in a normal group/class-room setting (violent, harmful and/or lack of severe lack of social skills)

- Step 3: Periodic screening during the CBI sessions for MPCP or referral  
[See flowchart and annexes]
- CBI Drop-out group; children that are destructive or harmful to the group or themselves
  - CBI Follow-up group; children (and/or families) that need additional care after CBI termination
  - CBI/MPCP Parallel group; children (and/or families) that need additional care during the CBI participation
  - CBI/Referral group; children (and/or families) that need referral services (mental health or non-mental health) in addition to the CBI intervention

Step 4: Screening for *non-CBI children* for MPCP or referral

[See decision tree and annexes]

- CBI Excluded group; children that went through initial CBI screening but were excluded and are in need of other intervention(s) – either MPCP or referral
- Community & Self referred group; children/families who are referred to the project but not part of CBI and are in need of intervention(s)

For all children that participate in CBI or come to the project independent of CBI they need to be assessed whether s/he should be referred to MPCP services or referred to existing care systems directly.

MPCP Inclusion Criteria

- CBI Excluded group
- CBI Drop-out group
- CBI Follow-up group
- CBI/MPCP Parallel group [for those children that might need additional care during CBI participation]

MPCP Exclusion Criteria:

- Severe psychosocial/ mental health problems that are dysfunctional
- Services that cannot be provided by the Child Thematic Project, such as medical services, legal assistance, micro-crediting, child psychiatric care etc.

## Annex 1: Basic screening tool for exposure and functional impairment

School:  
Class:  
Name of the teacher:

Name of the student:  
Age:

**NOTE:** Before screening, information should be provided to the children and teachers, in regard to the screening process, objectives and implications. It is important that all are aware that the scores on these questions will not result in any material benefits and that accurate answering is essential.

**INSTRUCTION:** Questions 1.1 – 1.4 should be asked to the child; questions 2.1 – 2.3 should be asked to the teacher. Children scoring mainly 1 and 2 on the below questions will go through the ‘yes’ channel of the Screening Decision Tree. Children scoring mainly 0 will go through the ‘no’ channel of the Screening Decision Tree and will form the Youth Groups. CBI groups will be formed taking into account the answers to the questions below, children with mainly 1 scores will be put together and children with mainly 2 scores will be put together. If scores neither ‘mainly 1’ nor ‘mainly 2’ then the answers on the functional impairment questions should decide whether a child goes into the 1 or 2 group.

### **FOR THE STUDENT**

1.1\* Did you, or did you not, experience any upsetting/ disturbing event recently?

[Burundi examples: witnessing the killing of family members, witnessing the killing between ethnic groups, attacks by rebels]

[Sudan examples: rape; aerial bombings; witnessing the killing of parents; witnessing atrocities; attacks and abductions by Murahalin; having to kill during duty; being abused during duty]

[Sri Lanka examples: bereavement, tsunami-related, past aerial bombings, traffic accidents, sexual abuse]

[Indonesia examples: bombings, gun shooting, burning houses, witness of killings and atrocities, attacks by rebels, abductions, displacement]

NO/ 0 (never)

YES/ 1 (sometimes)

YES/ 2 (often)

1.2 Have you, or have you not, been distressed by these events?

NO/ 0 (not at all)

YES/ 1 (a little)

YES/ 2 (a lot)

1.3 Are you, or are you not, distressed, lately (worries, sadness, fears etc.)?

NO/ 0 (not at all)

YES/ 1 (a little)

YES/ 2 (a lot)

1.4 Are there, or are there not, people that you feel are supporting and helping you with your problems?

YES/ 0 (a lot)

YES/ 1 (a little)

NO/ 2 (not at all)

### **FOR THE TEACHER**

2.1\* Is your pupil, or is s/he not, troubled by worrisome behaviors?

[Burundi examples: anger/aggression, absent-minded, withdrawal or isolation, loss of interest, sadness, anxiety, hyperactivity]

[Sudan examples: social withdrawal; aggression; hyperactivity; dominating behaviors]

[Sri Lanka examples: sadness, withdrawal, reduced self-care, sleep disturbances, somatic complaints, violent and/or hyperactive behaviors]

[Indonesia examples: withdrawal, aggression and loss of concentration]

NO/ 0 (not at all)

YES/ 1 (a little)

YES/ 2 (a lot)

2.2 Has the child, or has s/he not, attended school irregularly, recently?

NO/ 0 (regular)

YES/ 1 (some absence)

YES/ 2 (irregular)

2.3 Has the child's academic performance declined, or not, recently?

NO/ 0 (no change)

YES/ 1 (some decline)

YES/ 2 (much decline)

\* NOTE: For the questions 1.1 and 2.1 examples should be added to the question. It is important that these examples of '*major traumatic experiences*' and '*worrisome behaviors*' mentioned will be adapted per country, through discussions/ free-listing of key-informants in the targeted areas and groups.

## Annex 2: Child Psychopathology

INSTRUCTION: If any of the below child-psychiatric problems seem indicated, CBI services should not be initiated, but rather *referral* should take place for psychiatric care (if available). CBI facilitators and counselors will be trained in the detection of these disorders.

### *Mutism (selective)*

- The child fails to speak in specific situations in which they are expected to speak, despite capacity and comfort to speak, which often results in with academic achievement.

### *Mental retardation*

- Sub-average intellectual functioning and subsequent age-dependent impairment or deficits in adaptive functioning (e.g. self-care, communication, home-living, social skills, academic skills, leisure, health).

### *Substance abuse*

- The child (often adolescent) has a maladaptive pattern of substance use, leading to impairment or distress. The child needs increased amounts of the substance over time and has signs of withdrawal when not taking the substance. S/he may be willing to cut down but is unable to do so and instead spends a great amount of time trying to get the substance.

### *Dissociative disorders*

- People with dissociative disorders have a partial or complete loss of the normal integration between memories, awareness of identity, awareness of immediate sensations and control of bodily movements. Dissociation is a person's mechanism to remove them from trauma or protect themselves from trauma related conditions; in a way it is escaping a stressful and/or emotional situation or thought. The dissociative symptoms can convincingly be linked to stressful events or problems and can be categorized as *amnesic*, *convulsion*, or *possession*.

### *Epilepsy without medication*

- Epilepsy is a general term that refers to a set of symptoms that always includes intermittent and brief periods of altered consciousness, accompanied by attacks. It can be caused by brain dysfunction or heredity, brain tumor, injury, drugs. The epileptic attack and unconsciousness may last a few seconds or much longer, it may occur very often or very rare. Alcohol, fever, hyperventilation, lack of sleep, emotionally charged situation can all provoke an epileptic attack. As an epileptic attack can be quite a frightening, the child may fall on the ground with violent muscle movements and loss of consciousness) and dramatic image it is often regarded by society with suspicions or negative stereotypes.

### *Panic/ Phobic disorders*

- The child has unexpected 'attack' of fearfulness or terror accompanied by shortness of breath, palpitations, chest pain, sweating etc. Phobias are extreme unrealistic fearful and anxiety reactions to, or avoidance of, very specific situations or objects.

### *Child psychosis*

- One speaks of psychotic disorders if an individual's sense of reality is severely disturbed. Unfortunately, psychotic people are often called 'crazy' or 'mad'. They have *delusions* and *hallucinations* and often affective disturbances, disorganized speech, bizarre behavior and social withdrawal. Delusions are false personal beliefs that are firmly held and that confuses one's thought and reality. Examples of delusions are; thinking that one is famous and powerful (e.g. God); thinking that one is being controlled by others; thinking that one is being persecuted, followed or mistreated (e.g. someone is planning to hurt him/her). Hallucinations<sup>1</sup> are

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<sup>1</sup> Hallucinations are not *only* found in psychotic disorders

perceptual/sensory distortions, which means that one hears, sees, feels or smells things that are not actually present in the individual's environment. Examples of hallucinations are; hearing voices in ones head (mostly unwanted voices that may be very threatening for the person); seeing people or objects that are not present. Generally, psychotic people are easily recognized because of their strange behaviors, such as waving hands, shouting aloud, walking in the middle of the road. Psychosis can be for a short while and occur once or several times in ones life or it can be longer periods of time.

### **Annex 3: Group Functioning**

INSTRUCTION: The criteria below are in relation to the Screening Flowchart. In order to ensure that children will benefit from CBI it needs to be ensured that they can function in a group setting. Therefore screening needs to take into account whether a child; (a) is not violent and harmful to others and/or himself; (b) has basic social skills. If any of the answers on the following questions is YES (1-scores) then CBI is *contra-indicated* (excluded from CBI).

3.1 Will other children in the group be very much disturbed or troubled by behaviors of the child?

NO/ 0                      YES/ 1

3.2 Is there a risk that the child may harm others in the group?

NO/ 0                      YES/ 1

3.3 Is there a risk that the child may harm him/herself?

NO/ 0                      YES/ 1

3.4 Is the child unable to respect instructions and rules?

NO/ 0                      YES/ 1

3.5 Is the child incapable to cooperate with other group members?

NO/ 0                      YES/ 1

#### **Annex 4: Additional (follow-up) care indicated**

**INSTRUCTION:** The following criteria are in relation to the Screening Flowchart, in order to assess whether additional (psychosocial) interventions are indicated. If the answers to questions 1 or 2 are YES, the MPCP services are indicated; if the answer to question 3 is YES, referral is indicated.

4.1 Are there problems in the family that could decrease any CBI gains, or that structurally affect the child's well being?

- For example domestic violence, alcoholism, psychiatric problems of parents, family conflicts
- If so, family/parental support might be indicated (instead of/ in addition to CBI)

0/ YES

1/ NO

4.2 Are there specific individual psychosocial problems that CBI might not sufficiently target or that continue even after termination of CBI, that need individual attention?

- For example: suicidal tendencies, severe depression, severe aggression/conduct problems (see below), severe post traumatic stress reactions (see below), sleep problems, regression (see below)
- If so, individual counseling might be indicated (instead of/ in addition to CBI)

0/ YES

1/ NO

4.3 Are there other problems (child or family) that need attention and/or care, but that that does not fall within the scope of the services provided by the Child Thematic Project directly - and therefore need referral/ collaboration with other programs.

- For example: medical problems, legal issues, HIV AIDS related treatment, poverty related issues, educational issues, care centers for the mentally retarded etc.

0/ YES

1/ NO

#### *Regression*

The child shows behaviors that are of a previous developmental stage as a reaction to a stressful situation; for example he wets his bed, despite the fact that previously she had stopped doing so (*enuresis*) or the child is more unwilling to be separated from its parents and shows high levels of distress when such separation happens (*separation anxiety*).

#### *Behavioral problems/ aggression<sup>2</sup>*

The child shows a repetitive and persistent pattern of behaviors in which in which s/he aims to hurt or violate others through aggressive behaviors (bullying, threatening, fights, use of weapons, physical cruelty to people or animals, forced sexual activity), deliberate destruction of property, deceitfulness of theft and serious violation of rules. It can also be a pattern of socially negativistic and hostile behaviors (loosing temper, arguing, deliberately annoying others, defying adults' rules etc.)

#### *Severe post traumatic stress reactions*

Re-experiencing –recurrent and intrusive recollections of traumatic event: Distressing dreams (in children may be without recognizable content), flashbacks, reliving the event (acting or feeling as if the traumatic event is happening again – reenactment), very stressed when reminded of event (physiological or mental), repetitive play on traumatic event related themes

Persistent avoidance/ numbing: Avoiding feelings/thinking about event, avoiding activities/places/people, loss of recalling event, not interested in activities, detached from others, restricted range of affect, feeling future is short/black

Hyper-arousal: Sleeping problems, irritable/ angry outbursts, concentration problem, always looking if something will happen, startled easily

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<sup>2</sup> This description is a combination of *conduct disorder* and *oppositional defiant disorder* symptoms.