

**The Efficacy of Guided Play-Based PSS Approach in Relation to the Wellbeing of
Children and Adolescents after 10 months of the Beirut Blast**

Evaluation Report

Norwegian Refugee Council

Right to Play Lebanon

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Acronyms

PSS	PSYCHOSOCIAL SUPPORT
RTP	Right to Play
NRC	Norwegian Refugee Council
BLP	Better Learning Program
PTSD	Post-traumatic Stress Disorder
TF-CBT	Trauma Focused-Cognitive Behavioral Therapy
NET	Neuro Emotional Technique
IRT	Imagery Rehearsal Treatment
CP	Child Protection
CSG	Child Safeguarding

Executive Summary

The Norwegian Refugee Council in collaboration with Right to Play formulated a psychosocial play-based program as an interventional method for children and adolescents affected by the Beirut Blast. This evaluation report investigates the efficacy of this program on the wellbeing of children and adolescents living in conflicting environments. Several data collection methods were carried out to measure wellbeing and level of playfulness among participants of different age groups and genders using both quantitative and qualitative data. Findings from various sources such as different scales used, interviews with parents, and focus group discussion with counselors showed that the guided play-based PSS intervention program impacted children and adolescents' level of wellbeing and learning. Results showed increased levels of wellbeing in terms of quality of sleep (mainly a decrease in nightmares), relaxation level, self-esteem, energy level, optimism, and social engagements among participants. In addition to increased levels of self-regulation, self-efficacy, safety and hope. Also, a significant relationship was obtained between playfulness and well-being and involvement, and a gender difference across well-being was reported with males expressing higher levels of well-being and involvement as compared to females. Several limitations were present such as the small sample used for observation and decreased number of data collection tools used in cycle 1. Recommendations from counselors call for further follow-up with both participants and parents to ensure application of learnt concepts and skills in daily life routines. Researchers on this report recommend further investigation on the topic with minimal limitations to allow for further investigation of data on the subject matter.

Introduction

The Lebanese Republic, a country located in Western Asia, has an area of 10,452 km², a population of approximately 6.8 million people and two million refugees. On the 4th of August, 2020, Beirut witnessed one of the largest non-nuclear explosions in history while it was also dealing with a drastic economic crisis and COVID-19 pandemic (Kerbaje & Elbejjani, 2021). In this context, mental health response and interventions are needed to ensure psychosocial support through counselling, psychoeducation, and psychological first aid kit. In the light of this crisis, the Norwegian Refugee Council (NRC), an independent humanitarian organization, in collaboration with Right to Play (RTP), an international non-profit organization, developed a psychosocial support play-based program that targets children and adolescents affected by the Beirut Blast. Research has focused on the need of rapid psychological intervention directly after the crisis by illustrating the projected psychological consequences such as post-traumatic stress disorder and collective stress on the Lebanese community (Hayek & Bizri, 2020). However, empirical evidence targeting the efficacy of different psychological interventions and programs on the overall wellbeing of the Lebanese population is still scarce and minimal.

Children and adolescents around the world who are exposed to a series of traumatic events due to a variety of reasons such as wars, natural disasters, explosions and political violence are at high risk for posttraumatic stress disorder (PTSD), behavioral and emotional problems, psychosomatic symptoms, disturbed play, and sleeping problems (Cohen & Gadassi, 2018). Research on the coping mechanisms of children and the efficacy of preventive and

therapeutic interventions is limited due to the decreased reliability of self-reports on behalf of the children (King et.al, 2012). It is therefore relevant to reach out for children through their natural language which is their play activity in order to tackle their processing of specific traumatic events and define the needed preventive and therapeutic measures (Cohen & Gadassi, 2018). In the light of this context, NRC implemented a well-structured detailed manual, *Better Learning Program (BLP)*, that measures wellbeing in terms of traumatic stress and nightmares. Interventional psychosocial approaches in the manual aim to promote a sense of safety, calm, a sense of self and collective efficacy, promote connectedness and instill hope (Norwegian Refugee Council, 2017). In addition to the application of BLP, RTP formulated a play-based PSS curriculum that promotes the wellbeing of children and adolescents through play-based interventions that tackle art, drama, sports, and music.

To the best of our knowledge, previous research focused on the importance of play-based approaches and psychosocial support separately in relation to the wellbeing of children and adolescents living in post-conflict contexts. A recent study suggests that the integration of play-based approaches with therapeutic approaches that offer psychosocial support such as CBT is related to a promoted sense of wellbeing in children dealing with post-traumatic stress (Cohen & Gadassi, 2018).

The purpose of this evaluation report is to investigate the efficacy of guided play-based PSS approach in relation to the wellbeing of children and adolescents after 10 months of the Beirut blast. The report will assist educators, counselors, and front-liners in Lebanon in understanding the consequences of the blast on the mental health of children and the youth, the

efficacious preventive measures to deal with the posttraumatic stress, and the efficacy of the guided manual in addition to PSS play-based approaches in relation to enhancing wellbeing.

Objective

This evaluation report predicts the efficacy of guided play-based PSS approach in relation to the wellbeing of children and teens in terms of posttraumatic stress and presence of nightmares and sleep disturbances in Lebanon after 10 months of the Beirut Blast.

Background Information

The Wellbeing of Children and Adolescents Living in Post-Conflict Contexts

One systematic review dictates that children and adolescents respond to trauma with a variety of symptoms such as somatic complaints, anger, fear, sadness, irritability, inattention, apathy, and school problems (Sullivan & Simonson, 2016). Researchers have mainly focused on PTSD by observing the presence of symptoms illustrated by the American Psychological Association following a traumatic event (Sullivan & Simonson, 2016). Symptoms include re-experiencing of the trauma, avoidance of trauma-related stimuli, emotional numbing, and hyperarousal presented in sleeping difficulties, irritability, difficulty concentrating, anxiety and other impairments (American Psychological Association, 2008).

The Norwegian Refugee Council (NRC) detects populations living in conflicting countries and aims to respond to the needs of children and youth who are suffering on a variety of levels. NRC's educational manuals that tackle post-traumatic stress, evident fears followed by traumatic experiences, and sleep disturbances aim to help populations in need by assisting them in overcoming their obstacles through guided activities (Norwegian Refugee Council,

2017). Right to Play addresses populations inflicted by posttraumatic stress due to traumatizing events and harsh living environments through empowerment techniques and play-based methods.

Psychosocial Support Play-Based Approaches

Play-based approaches are considered developmentally appropriate and culturally responsive because play is considered to be a universal language for children (Schottelkorb et.al, 2012). NRC in collaboration with RTP have managed to combine two highly effective methods that target traumatic stress and are found to be efficacious with vulnerable conflict-affected populations. NRC's psychosocial manual offers guided exercises that focus on relaxation techniques, mindfulness, TF-CBT, NET, and Imagery Rehearsal Treatment (IRT) that target collective traumatic stress and recurrent experiences of nightmares and sleep disturbances. RTP's child-centered play-based methods are developed to be culturally appropriate to a different set of populations who are dealing with trauma and post-conflict stress. These methods use play as the main component to address children's needs.

Methodology

Data Collection Methods

The methodology relied on both quantitative and qualitative data. Pre and post-interviews were conducted with primary female parents. As for the participants, pre and post questionnaires provided by NRC were filled at the beginning and at the end of the program. Participants also filled a pre and post-emotional scale conducted by RTP during every session

throughout the program. Observational tools were filled in during participation in play-based PSS activities conducted by NRC and RTP. A focus group discussion with three counselors was conducted in which questions related to the participants wellbeing and efficacy of the program were asked. This allowed the organizations to evaluate the wellbeing of participants and efficacy of the program through data collected from scales and analysis of observational data. Data for Cycle 1 was collected from March 23, 2021 till April 24, 2021 and data for Cycle 2 was collected from May 17, 2021 till June 25, 2021 directly with the target groups with an exception of post-interviews with parents that were done remotely through phone calls.

Enumerators from RTP were trained on the data collection process and tools as well as on Child Protection Policy (CP-NRC Guidelines) and Child Protection Policy (CP-RTP Guidelines), play-based approaches, facilitation skills, BLP1, RCA methodology, and positive feedback (observation, give feedback, communicate, BID).

To facilitate data collection, volunteers participated in filling observational tools during the sessions. Volunteers were trained on the data collection method, informed about Right to Play CSG Policy and Beneficiary Protection Policy, and signed Child Safeguarding Policy, Confidentiality Agreement and Proprietary Rights, and Acknowledgement of Risk and Waiver of Claims.

Sample Size

Two cycles were considered for this project:

- Cycle 1: 145 participants registered and 7 dropped yielding **138 participants**.
- Cycle 2: 141 participants registered and 35 dropped out yielding **106 participants**.

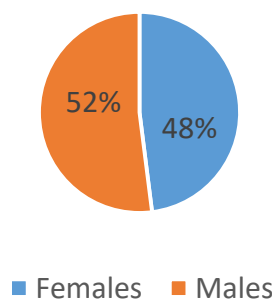
Total population of participants who completed one of the two cycles is **244 participants**.

Participants

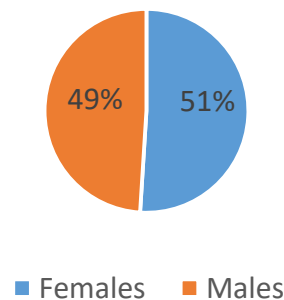
All participants from cycles 1 and 2 are Syrian and residing in Bourj Hammoud.

Gender distribution of participants among cycles 1 and 2 are represented in the charts below:

Cycle 1 - Gender Distribution



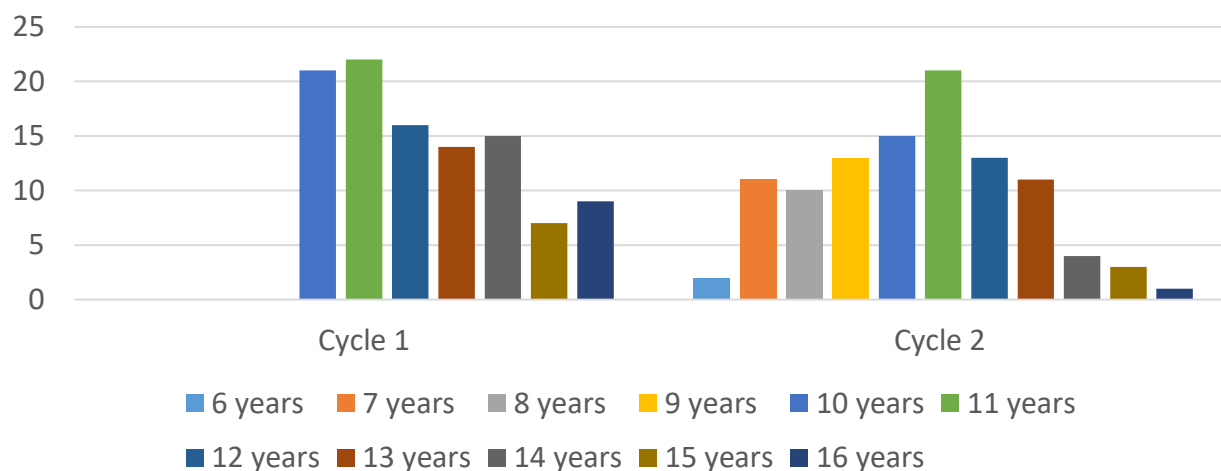
Cycle 2- Gender Distribution



Age distribution of participants among cycles 1 and 2 are represented in the histogram below:

- Mean age of participants in cycle 1 is 12.
- Mean age of participants in cycle 2 is 10.

Age of Children and Adolescents in Cycle 1 and Cycle 2



Sample Descriptive

Sampling descriptive of data collection in **Cycle 1** are presented in the table below:

Data Collection Tool	Age Group	Number of Participants' Responses
SLEC-21N (Pre-test)	10-16	120
SLEC-21N (Post-test)	10-16	92

Sampling descriptives of data collection in **Cycle 2** are presented in the tables below:

Data Collection Tool	Age Group	Number of Participants' Responses
SLEC-21N (Pre-test)	6-9	44
SLEC-21N (Pre-test)	6-9	41
SLEC-21N (Pre-test)	10-16	87
SLEC-21N (Pre-test)	10-16	81

Participants were given the Emotional Scale number line as a pre and post scale during every session over the 9 sessions of the program.

Data Collection Tool	Number of Participants' Responses
Emotional Scale Number Line (pre)	94
Emotional Scale Number Line (post)	94

Volunteers were given two tools to be used during their observations. Check the protocol below.

Data Collection Tool	Number of Participants Observed Once	Number of Participants Observed Twice on Two Different Occasions	Observational Method
Observation (ToP and Leuven Scale)	10	5	Online

Observational Protocol: Direct observations for the participants during the play sessions were conducted. All observations were conducted in accordance with a strict observational protocol. The protocol ensures that a random sampling of observational sequences is secured and that the data collection is carried out in the exact same way across all groups. Online sessions were video-recorded. Two-three participants per researcher and fellow-trained volunteers were selected for each observational day.

During each observation day, the following protocol was used: the starting point of video recording and the order of the participants being observed was decided and discussed before data collection was started. The organization of the observation is important to be discussed so as to ensure that the researcher or volunteers will not influence which participant or which situation will be recorded. Each participant was observed for an approximation of 12 two-minute sequences. Based on previous similar research (Storli & Hansen Sandseter, 2019), the protocol included the following instructions: Participant #1 will be recorded for two minutes, followed by a six-minute break to track the next participant in the play area. Participant #2 recorded for two minutes, followed by a six-minute break to observe the second participant. The observers were blinded to which type of activity condition participants were designated to, reducing any potential bias.

Through convenience sampling parents were selected for semi-structured interviews done by the research consultant.

Data Collection Tool	Number of Parents' Responses	Interview Form
Interviews with parents (Pre)	15	Face to Face
Interviews with parents (post)	10	Through the phone

In addition, and through purposive sampling, a group of 3 childcare practitioners/counselors working closely with the adolescent were recruited for the focus group discussion. They were asked questions regarding the participants' well-being levels following the play-based approaches and how this was specifically related to the program. This focus group discussion with counselors took place online by the consultant.

Tools

Student Learning in Emergency Checklist (SLEC-21N). Provided by NRC for children aged 6 to 9 and another one for adolescents aged 10 to 16 (Check Appendix A).

Test of Playfulness (ToP; Bundy, 2004). The ToP is used as a primary assessment tool to measure the participants' play. The ToP is a 30-item, observer-rated instrument suitable for children and adolescents between the ages of 6 months and 18 years. Each item of the ToP is rated on a 4-point (0–3) scale. Scores reflect the extent (i.e. proportion of time), intensity (i.e. degree of presence) or skillfulness (i.e. ease of performance) of the child-teen's play. The ToP measures the concept of playfulness as a reflection of the combined presence of four elements contributing to a single construct of playfulness (1) perception of control (2) freedom from constraints of reality (3) source of motivation and ability to give and read social cues. The

ToP has evidence for excellent inter-rater reliability (Brentnall, Bundy & Kay, 2008) and construct validity (Bundy, Nelson, Metzger & Bingaman, 2001). The Test of Playfulness will be used as a pre-/post-test measure (Check Appendix B).

The Leuven Scale (Laevers, 2005). In conjunction with the observation, The Leuven Scale (Laevers, 2005) is used to allow childcare practitioners to measure participants' 'emotional well-being' and 'involvement'. It is a five-point scale, and the scoring of these scales incorporates a range from 1 being the lowest score (e.g. the child hardly shows any activity/the child clearly shows signals of discomfort) and 5 being the highest score (e.g. the child is continuously engaged in the activity and completely absorbed with it/the child enjoys, in fact feels great). The Leuven scale is mainly used for observations lasting two minutes and all sequences will be coded by two researchers individually, and the inter-rater agreement will be then calculated (Check Appendix C).

Emotional Number Line Scale. This is a feeling scale developed by NRC which asks the participants to rate his/her feelings on a scale from 1 to 5 from “1= sad to 5= happy “before the beginning and after the end of each session.

Focus group questions with counselors. Questions on wellbeing for counselors were deducted from the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) that is used for assessment of mental health on society, group, and individual levels and to evaluate projects and programs that target wellbeing (Mavali et. al, 2020). Another set of questions on the efficacy of different components of the program were formulated based on the objectives set by NRC and RTP by the end of sessions. Sample questions include: “How did the level of

optimism among the students change? /What components of the sessions were of most interest to the students?” (Check Appendix D)

Semi-structured interviews with parents. Questions on wellbeing for parents (mothers) were deducted from a “Guide to Measuring Child’s Well-being (Murphy, 2009). Sample questions include: “How do you rate your child’s quality of sleep?”/ How do you rate your child’s self-esteem?” (Check Appendix E).

Ethical Considerations

Participation in this study was voluntary. Parents of students were informed orally of the use of pre and post-tests with their children. Oral consent from parents to participate in semi-structured interviews was sought through the phone. Participants were informed of their rights to withdraw anytime they want, privacy of information and answers, and confidentiality measures were ensured. No names were mentioned in any documentation forms that anyone other rather than the researchers have access to.

Statistical Analysis

Data analysis commenced after all post assessments had been completed. The data was verified with frequency analysis to identify erroneous data. In order to calculate the level of playfulness as measured by ToP, well-being level and learning as measured by SLEC, well-being and involvement as measured by Leaven’s scale, raw scores of each participant were entered and compared against the existing database of ToP scores, and descriptive statistics specifically mean scores at each assessment point were also calculated in order to note any improvement and changes in the mean scores of the aforementioned variables as a result of the

program. Independent sample t-test (*t*) was used to measure if any of the variables differ across gender and across age groups. Dependent sample t-test (*t*) was also used to investigate if any differences existed across different time points of observation. Investigating if a statistical relationship existed between playfulness score and each of well-being and involvement scores as well as the summative score of well-being plus involvement, Pearson's (*r*) correlation analysis was used. SPSS was used to calculate all the statistical analyses. As for qualitative analysis that was obtained from the focus group and interviews, thematic analysis was used in order to code for the emerging themes.

Findings

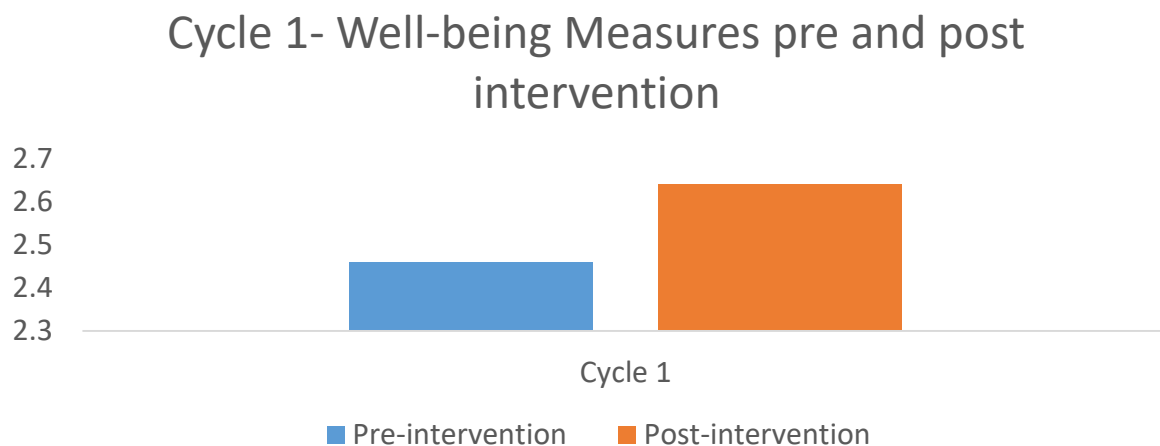
Well-being level (SLEC)- Pre and Post Intervention

At the beginning and at the end of the play based program, the level of children and adolescents' well-being and learning as measured by the Student Learning In Emergency Checklist (SLEC) was recorded. This was done in order to investigate and note if any improvement in the well-being and learning levels took place as a result of the result of the children and adolescent's enrollment in the program.

Cycle 1

For children and adolescents in cycle 1 and who belong to the age group (10-16), an increase in the well-being and learning levels was noted; the overall mean score for well-being and leaning was higher at the end of the program ($M=2.64$) compared to the beginning of the

program ($M=2.46$). This mainly shows that the children and adolescents levels of well-being and learning increased after they were exposed to the play-based sessions over a period of 4 weeks (check chart below).



More specifically, a more specified increase in the well-being and involvement levels was noted based on a higher average mean recorded for the following factors and their pertaining items post program intervention: (1) Increase in self-regulation - When I am scared, I can calm myself down (2) Increase in self-efficacy - If I am in a trouble, I can think of a solution - I am confident that I can adapt to things that happen unexpectedly) (3) Increase in the academic functioning - I can easily concentrate when doing my homework. Also, an increase in the well-being and involvement levels was noted based on a lower average mean recorded for the following factors and their pertaining items post program intervention: (1) A decrease was noted for the difficulty in sleeping at night and a decrease in the suffering from

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nightmares (2) Feeling of safety maintained given that a decrease on the following items was noted - I think of scary and thrilling things even when I don't want to; I am scared. (Check table below for the mean differences on the SLEC items).

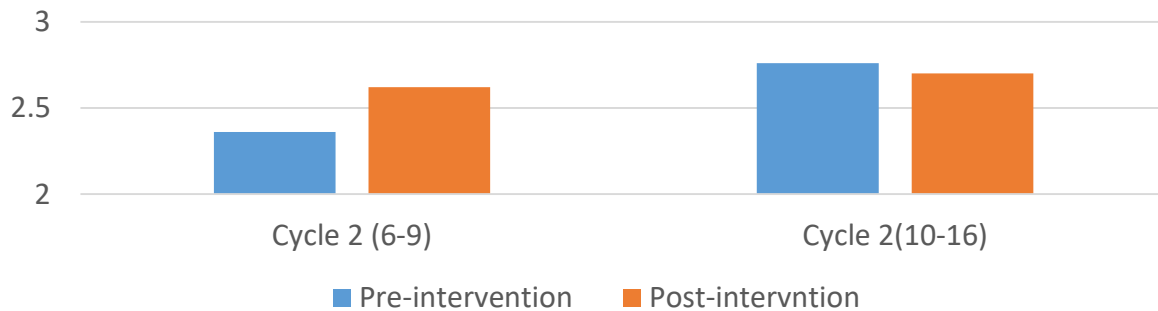
CYCLE 1	Pre-test (10-16)	Post-test (10-16)
	Mean	Mean
I feel safe home	3.19	3.00
I feel safe when I am outside the house	2.18	2.35
I feel safe	2.76	2.66
If I am in a trouble, I can think of a solution	2.39	2.94
I think of scary and thrilling things even when I don't want to	2.85	2.64
I am scared	2.83	2.38
When I am scared, I can calm myself down	2.29	2.69
I can talk to my parents	2.77	3.07
I can easily concentrate when doing my homework	2.45	2.76
Things will turn out better in the future	2.65	2.79
I am confident that I can adapt to things that happen unexpectedly	2.29	2.66

I have difficulty sleeping at night	2.75	2.12
I suffer from nightmares	2.48	1.43

Cycle 2

For children and adolescents in cycle 2 and who belong to the age group (9-6), an increase in the well-being and learning levels was noted; the overall mean score for well-being and leaning was higher at the end of the program ($M=2.62$) compared to the beginning of the program ($M=2.36$). This mainly shows that the children and adolescents levels of well-being and learning increased after they were exposed to the play-based sessions over a period of 4 weeks. As for those who belong to the age group (10-16), the level of well-being and learning stayed approximately the same between at the beginning of the program ($M=2.76$) and the end ($M=2.67$). This finding could be attributed to the fact that cycle 2 sessions were implemented primarily face to face which allowed children and adolescents to initially experience escalated levels of eagerness, excitement and a positive emotional state even prior to the commencement of the program especially the children were experiencing heightened levels of boredom due to quarantine and the obligations to spend most of their time at home with minimal access to play activities or even friends; as such, the initial excitement and interest maintained the positive feelings and emotional state throughout the course of the intervention (check chart below).

Cycle 2- Well-being Measures Pre and Post intervention



More specifically, a more specified increase in the well-being and involvement levels was noted based on a higher average mean recorded for the following factors and their pertaining items post program intervention similarly for both age groups (10-16): (1) Increase in self-regulation - When I am scared, I can calm myself down (2) Increase in self-efficacy - If I am in a trouble, I can think of a solution - I am confident that I can adapt to things that happen unexpectedly) (3) Increase in the academic functioning - I can easily concentrate when doing my homework (4) Increase in the hope factor (Things will turn out better in the future). Also, an increase in the well-being and involvement levels was noted based on a lower average mean recorded for the following factors and their pertaining items post program intervention: (1) A decrease was noted for the difficulty in sleeping at night and a decrease in the suffering from nightmares (2) Feeling of safety maintained given that a decrease on the following items was noted - I think of scary and thrilling things even when I don't want to; I am scared. Mostly similar results were obtained for those in the age group (6-9) whereby there was: (1) Increase in self-regulation - When I am scared, I can calm myself down (2) Increase in self-efficacy - If

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I am in a trouble, I can think of a solution - I am confident that I can adapt to things that happen unexpectedly) (3) Increase in the academic functioning - I can easily concentrate when doing my homework (4) Increase in the hope factor (Things will turn out better in the future) (5) Increase support from parents - I can talk to my parents. Also, an increase in the well-being and involvement levels was noted based on a lower average mean recorded for the following factors and their pertaining items post program intervention: (1) A decrease in sleep disturbance- difficulty in sleeping at night; a decrease in the suffering from nightmares (2) Feeling of safety maintained given that a decrease on the following item was noted - I am scared, but an increase on the following item - I think of scary and thrilling things even when I don't want to). (Check table below for the mean differences on the SLEC items).

CYCLE 2	Pre-test (6-9)	Post-test (6-9)	Pre-test (10-16)	Post-test (10-16)
	Mean	Mean	Mean	Mean
I feel safe home	2.60	2.62	3.19	3.25
I feel safe when I am outside the house	1.83	2.22	2.18	2.30
I feel safe	2.21	2.55	2.76	2.83
If I am in a trouble, I can think of a solution	1.93	2.22	2.39	3.05
I think of scary and thrilling things even when I don't want to	1.95	1.92	2.85	2.50

I am scared	1.93	2.22	2.83	2.69
When I am scared, I can calm myself down	2.53	2.77	2.29	2.72
I can talk to my parents	2.00	2.40	2.77	2.56
I can easily concentrate when doing my homework	2.16	2.59	2.45	3.11
Things will turn out better in the future	2.01	2.24	2.65	2.75
I am confident that I can adapt to things that happen unexpectedly	1.91	1.92	2.29	2.77
I have difficulty sleeping at night	1.93	1.66	2.75	2.65
I suffer from nightmares	2.00	1.66	2.48	2.37

Additional Analysis for Cycle 2

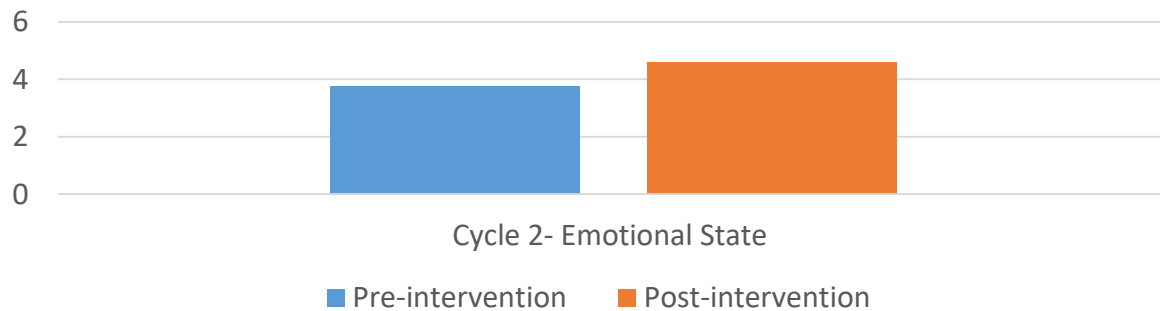
Additional analyses were conducted to investigate whether the overall well-being and learning scores that were obtained at the end of the program differed across gender or were influenced by age. To examine whether a statically significant difference exists for well-being and learning between girls and boys, an independent sample t-test was used. This test compares

the mean of two independent groups in order to determine whether there is statistical evidence that the means of those two groups on a specified variable are different. With regard to age, investigating whether a relationship exists between the overall well-being scores and age, Pearson's correlation (r) analysis was conducted. This analysis examines whether any statistical relationship or association exists between two variables. However, well-being and learning levels did not statistically differ across gender and were not influenced by the age of the children and adolescents.

Emotional Number Line Scale - pre and post session

During the sessions, “Emotional number line scale” tool was provided before the beginning and after the end of each session. The results indicated that across the 8 sessions, the final mean for the feeling scale ($M=4.57$) was higher for post sessions compared to the pre sessions (3.74). So this means that during the completion of the sessions, children and adolescents were experiencing more positive emotions. This finding further supports the positive impact of the program on the children and adolescents well-being. The positive emotions that accompanied the child and adolescent post every session added up and translated into the final overall increased level of well-being of children and adolescents (check chart below).

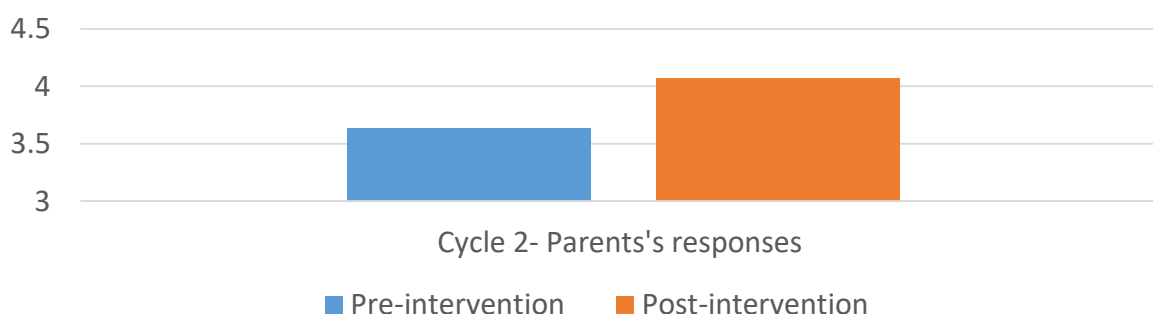
Cycle 2- Emotional Number Line Scale State Measure



Parents Rating Scale

Based on the parents' responses on the well-being rating scale that was accompanied with the semi-structured interview, the results indicated that a higher well-being level ($M=4.07$) was reported for their children and adolescents completed the program as compared to the level of their well-being before they attended the program ($M=3.63$). Another parent spoke of the traumatizing experience of the Beirut Blast and how her son started to wet his bed and have continuous nightmares. These findings and parents' reports are in line with the children and adolescents' SLEC responses and highlights once more how the program positively influenced the well-being levels of the children and adolescents who attended the program (check table below).

Cycle 2- Parent's responses on their children's Well-being Pre and Post Intervention



Direct observations

During play sessions, a random sample of children and adolescents was observed. Children and adolescents' play behavior, approach to play activities as well as level of well-being and involvement were all systematically observed and quantified. Playfulness was assessed as part of the holistic picture of the child and adolescent. The extent (amount of time), intensity (degree of participation) and skill (ease of performance) of play was noted during the direct observations with a major focus on the four elements of playfulness, namely that play is: (1) intrinsically motivated (2) utilizes internal control by the child (3) freedom to suspend reality (4) framing (Skard & Bundy, 2008). Two central indicators, well-being and involvement, were measured in order to estimate children and adolescents' overall degree of well-being and level of involvement resulting from the play-based intervention; as such, assessing the quality of this play-based intervention program. Well-being refers to the feelings of being at ease, being spontaneous, free from emotional turmoil and feeling at ease (Laevers,

2005). At the child and adolescent level, well-being, specifically emotional well-being was mainly measured by the degree to which the participants looked happy, cheerful, full of energy, how their actions appeared spontaneous and expressive and how they appeared relaxed and did not show any signs of stress or tension (Laevers, 2005). In addition to well-being, a second significant indicator was included: involvement. Involvement is regarded as a developmental process and is associated with strong motivation and fascination (Laevers, 2005). At the child and adolescent level, involvement was measured by assessing the level to which the participant shows continuous and intense activity and reflects heightened levels of concentration, creativity, energy and persistence (Laevers, 2005). It reflects a feeling of satisfaction and a bodily felt stream of positive energy; such feelings are mostly noted by children and adolescents during time of play (Laevers, 2005).

During our phase of observation, 10 different participants (children and adolescents) were observed once, while only 5 participants were observed on two different occasions mid and towards the end of the intervention. In total, the definitive dataset consisted of 20 individual scores including a score for involvement, a score for well-being and a score for playfulness. The mean averages of the scores were calculated in order to identify the total average level of well-being, involvement and playfulness experienced by the children across the play-based sessions. On a five-point scale, the mean involvement was 3.41 and that of well-being was 3.83. The sum average for well-being and involvement level was 7.08. Given that both well-being and involvement separate scores were above the mean average 2.5 and the sum average for well-being and involvement combined was above the mean average 5, this indicates that

children and adolescents experienced increased levels of involvement and well-being during the time of the observation. As for their playfulness level, the average playfulness measure score was 15.86, extent average score was 13.5, intensity average score was 9.58 and skill average score was 24. The average scores overall were all above the mean average 9; this has demonstrated that the children and adolescents experienced an elevated level of playfulness overall. More specifically, their level of skillfulness in play i.e. ease of performance was significantly higher than the mean average indicating that children and adolescents very easily performed the play activities. The level of play extent was also slightly above average indicating that children and youth allocated increased time to play during the sessions. As for the intensity i.e. degree of participation in play, children and adolescents seemed to express an average degree in the intensity to engage and participate in the play elements. It was noted that children and adolescents had mild difficulty in focusing on particular play activities which resulted in fleeting play engagement.

In addition to providing descriptive statistics regarding playfulness, well-being and involvement among the sampled children and adolescents, further analysis was done to measure the significant statistical change of playfulness, well-being, involvement and summative measure of well-being plus involvement scores across observation done mid and end of intervention. We used the dependent sample t-test in order to investigate when a change i.e. improvement was found between the mid and end scores of each of the playfulness, well-being and involvement scores as well as the summative score of well-being plus involvement. However, no significant differences were obtained.

Additional analyses were conducted to investigate how level of play and summative variables incorporating well-being and involvement were statistically associated and how the variables differed across gender and age.

In order to investigate if a statistical relationship and statistical interdependence exists between playfulness and summative variable of well-being plus involvement, the statistical test Pearson's correlation (r) was used to investigate this relationship. A significant positive correlation was obtained only between the summative score of well-being plus involvement and intensity of playfulness ($r = .60, p = .03$). Thus, indicating that the higher the intensity of playfulness that the children and adolescents were experiencing, the higher the level of well-being plus involvement was experienced. This shows that children and adolescents who engage and participate with a higher degree of intensity in play are more likely to report increased levels of well-being and involvement. As such, it is understood that the aspect of play which is related to the increased intensity of participation and engagement is related to feelings reflecting concentration, creativity, heightened energy levels and persistence as well as positive feelings reflecting feeling happy, lively, cheerful, relaxed, self-confident and self-assured. No significant differences were obtained between well-being and intensity with overall playfulness and the extent and skillfulness aspects of play.

To know if well-being, involvement, summative score of well-being plus involvement as well as playfulness were influenced by age, we did a sample t-test in order to examine how

these variables statistically differ across the two age groups 6-9 years old and 10-16 years old. However, no significant results were obtained.

With regard to gender differences, for playfulness, we did not get any indications of significant differences. As for well-being and involvement, a significant difference was obtained for well-being across gender such as males ($M = 4.66$) reported higher levels of well-being compared to females ($M = 3$) ($t(10) = 2.712, p = .02$). Similarly, a significant difference was obtained for involvement across gender such as males ($M = 4.33$) reported higher levels of well-being compared to females ($M = 2.50$) ($t(10) = 3.800, p = .003$). This shows that in our sample of observation, male children and adolescents were more likely to report higher levels of well-being as well as involvement compared to females. This finding could be attributed to males' motivation to be competitive during play which in turn is related to increased emotional expression (Kivikangas et.al., 2014). Further investigation regarding this matter is required.

The obtainment of insignificant results can be attributed to the limited number of observations per group and individual participants; this shows that future analyses including more observations will be needed in order to draw any firm conclusions on this matter.

Focus Group Discussion with Counselors for Cycles 1 and 2

Not everything is grasped by observation. To be able to fully understand the Play-based reality and to add qualitative information to the observations and qualitative results, all the 3 counselors that conducted the play-based sessions and worked closely with the children and

adolescents were recruited for a focus group discussion session. This focus group session was conducted to investigate the counselor's perception of the participants' well-being level following the continuation of the cycle.

Based on the results of the focus group discussion, five major themes emerged from the qualitative thematic analysis regarding the youth's change and improvement in the level of well-being throughout the cycle 2 (between the beginning and end of cycle) : (1) optimism, (2) problem solving and decision making, (3) social engagement, (4) self-esteem, and (5) experienced relaxation level after the Beirut Blast.

Optimism. Based on the counselor's responses, it was commonly declared that a significant change in the level of optimism was recorded by some participants. When these participants primarily did not hold any ambitions and did not even think about future dreams and accomplishments, they then were seen as expressing hope for the future. More specifically, they started to perceive themselves as in control of their lives and their emotions, and that they possessed the ability to impact their daily life. They became interested in expressing their thoughts about these topics, and they became excited to learn and try new activities. In fact, the participants mainly began to express their eagerness and engagement in the sessions starting session 3.

The increase in the level of optimism was not recorded for some participants. It appeared that some of them needed more psychosocial aid and support beyond what was provided in the session and so reaching an increase in their level of optimism was beyond this cycle as reported by counselors. In fact, some of the participants didn't appear eager to benefit from these sessions, and their attendance was a mere reflection of just being present in those sessions. They expressed a low level of engagement and were not concerned with what the future holds.

Problem solving and decision making. Changes in the problem solving skills among the participants were noted. A notable change was mainly recorded specifically in the way they handle conflicts and fights. It was reported that they used to solve any disputes or fights using physical aggression such as beating and hurting others. However, their exposure to the play-based sessions has improved their problem solving skills and helped them to approach disputes through healthier means with a better ability to express emotions and needs. Especially that the content of the play sessions included scenarios of fights with the proper ways on how to solve them; hence, they have learned new ways and skills to solve conflicts. Change in their decision making was mainly noted for the way they decide to express emotions and to find proper outlets for letting out their emotions. Based on the counselors' responses, it was clearly evident for boys who have learned that crying is fine for boys and letting out emotions through crying is okay. *"C3: Throughout the sessions we explained specifically to boys that there are a number*

of outlets for emotions and crying is okay for boys.” It was important to note despite the change in the problem solving and decision making skills demonstrated by the end of the cycle, the extent of implementation of their improved skills in their home environments is not guaranteed and tends to be limited given their minimal control that they possess at their homes and surrounding environments. “C3: for instance, at first a boy attending the session used to solve any disputes by fighting and hitting, but by the end of the sessions he started to know how to control his emotions in a better way and know how to better express his emotions in such disputes”.

Social engagement. Throughout the sessions, counselors reported that youths seemed to be close to each other and cooperative. They always paid attention to whether all their classmates were present or not. A notable example was presented by a girl who experienced selective mutism following the Beirut blast, and despite the fact that she was given extra attention from the counselors during the sessions, neither of the youth expressed any discomfort or dislike regarding this matter. On the contrary, they were always supportive. For instance, during the mirror exercise where participants had to report in front of the class positive self-affirmations, the class summoned up to provide positive affirmations about her. “C1: There was a girl who stopped talking after she was exposed to the Beirut blast. She was given extra attention by the counselor due to her case; however, her classmates did not show any discomfort with that. On the contrary, they even supported her. For instance, in the mirror

exercise when she refused to give herself positive affirmation, her friends were the ones who provided her with the affirmation.” Other group and team activities throughout the sessions have allowed to form friendship ties among the youth.

Self-esteem. According to counselors, children and adolescents’ level of self-esteem and self-confidence has improved throughout the sessions. While primarily the participants were timid and not very expressive and engaged, they have become more expressive of themselves and were more willing to express and elaborate on their personal experiences and themselves in front of others. *“C2: In the first few sessions they were not very responsive and engaged, but after approximately the passage of 3 sessions, they became more responsive. They also started to be more confident in expressing themselves as they found the sessions to be a safe space.”*

Experienced relaxation level after the Beirut Blast. An increase in the relaxation levels was recorded with the engagement in the activities that target relation and mindfulness. The breathing relaxation exercises were new to the participants and they were always excited and eager to perform them. Nevertheless, the extent of implementation of those exercises in their home environments is not guaranteed and tends to be limited given their minimal control that they possess at their homes and surrounding environments. Along the line of targeting the relaxation levels of the participants, a specified session on Beirut Blast allowed them to express a lot about their experience with the blast and they formed a support group as they listened to

other's experiences and related their own experiences to those of others'. *"CI: There was a session on Beirut Blast where the students had to talk about their experience with the Beirut Blast and they started to relate their experiences with each other and experienced a support group."*

Another four major themes emerged from the qualitative thematic analysis regarding participants' experiences with the sessions: (1) engagement in the sessions and differences tackled between online and face to face sessions (2) interesting components of the sessions, (3) Content comprehension, and (4) overall improvement.

Engagement in the sessions and differences tackled between online and face to face sessions. The engagement level of the participants was rated as 9/10 by the focus group participants. They were immensely engaged in the sessions as they incorporated fun material. More specifically, the high engagement of the sessions was also majorly attributed to the fact that the sessions were highly adapted to the needs and the conditions of the participants. It was reported that if the online sessions included the use of material or objects that were not available for all the participants, the same activity was directly adapted to the condition.

The level of interaction was significantly different between face to face and online sessions. It was higher in the face to face compared to the online sessions. During the online sessions, the safe space was less accessible given that during the online sessions participants

were always surrounded by family members. Children and adolescents seem to be uncomfortable expressing themselves in front of family members. In addition to that, some participants were sharing the online session with their siblings using one phone; thus, limiting their privacy and experience of a safe space.

Interesting components of the sessions. The most interesting components of the sessions to the participants as reported by counselors were games and mainly arts and crafts. Activities like bottling up negative feelings, drawing themselves and mapping their emotions on the figure, creating stuff, drawing, coloring, decorating, drama, breathing exercises, rituals, and the song rituals were all activities that were of profound interest to the participants. They were always interested in engaging in these activities over and over again; the repetition of the same games and activities did not yield boredom.

Content comprehension. Participants' understanding of the content of the sessions i.e. instructions, activities, flow of play and language was rated very positively. They were able to achieve a high level of understanding of the sessions that were provided because the session material was adapted and modified according to the age, needs and specifically the comprehension level of the participants.

Overall improvement. Participants' overall improvement in terms of wellbeing, social skills, and emotional regulation was recorded as very positive and rated as 8/10 by counselors.

The goals and the objectives of the program were reached; children and adolescents have acquired the basic techniques to target negative thoughts, maintain relaxation during distressing states and find multiple healthy outlets for expressing emotions, thus, accentuating their well-being and strengthening their social skills. However, the program was not regarded as life changing given that the program was short and sessions were only provided twice per week.

Semi-structured Interviews with Parents

Semi-structured interviews were conducted with 15 randomly selected mothers to collect data on how they perceived their children's change in the level of well-being pre and post program intervention.

Based on the results of the semi-structured interviews, the majority of the mothers mentioned that this was their child's first time enrolling in such psychosocial support interventions. The qualitative thematic analysis yielded the emergence of five themes related to the improvement of well-being components for the participants following the play-based intervention: (1) Improvement in Emotional state, (2) Energy Level, (3) Social engagement, (4) Quality of sleep (nightmares), and (5) self-esteem.

Improvement in emotional state. Almost all mothers reported that their child's emotional state has improved following the intervention. Mothers commonly reported that pre-intervention, most of the time their child didn't show happy feelings and felt sad most of the

time. The reasons for that were mainly attributed to boredom due to closure of school and quarantine. They had limited social experiences and a limited number of friends. After the program intervention mothers commonly reported that their child started to experience more positive feelings. *“Yes, overall she became more at peace and was spotted happier in comparison to how she was mostly gloomy before she attended the program.”*

Energy Level. Almost all mothers reported that their child’s energy levels increased following the play-based intervention. Prior to intervention their children felt tired most of the time; this was mainly attributed to boredom, not being enrolled in school, quarantine and low mood as per the mothers. However, after exposure to the intervention, mothers reported that children and adolescent’s energy levels increased. Positive energy contributed to the feeling of excitement for enrolling in the sessions. *“My son now appears to be more excited and eager in his day to day activities with this eagerness mainly coming out from positive energy. He was not like this before he started to attend the program.”*

Social Engagement. Notable changes in the social engagement levels among participants were reported by the mothers. Prior to intervention most mothers indicated that their children’s social engagement level was low. Participants possessed a limited number of friends and some of their relationships and interactions with their family members were marked with disputes. The limited social relationships were attributed to the limited time spent with friends, not being able to attend school, inability to play in the neighborhood, jealousy between

siblings and to the originality of being a shy person in forming social relationships in some cases. Improved relationship with family and friends was noted for the participants by the mothers post play-based intervention. An increase in time spent with friends and increase in the number of friends was reported for the participants. A decreased eagerness to engage in fights was noted by the mothers as well. One parent mentioned that before enrolling in the program her son was very aggressive with his 6-year old brother: *“He chokes him and tells him that he hates him. He is possessive of his stuff and wishes that he was an only child. When he started attending the sessions, he became better in dealing with his emotions and is feeling happier.”* According to some mothers, previously some children and adolescents were over sensitive and not able to regulate their emotions confronting any relational disputes, they have become more expressive and are able to form more positive interactions with those around them.

Quality of sleep (nightmares). Prior to the play-based intervention, the majority of the mothers reported that the quality of sleep of their children was disturbed. Specifically during the period following the explosion, participants felt anxious and scared during the night, needed company and suffered from nightmares. Following the intervention, almost all mothers reported an increase in the quality of sleep and a major decrease in experiencing nightmares; with some mothers reporting a halt to their children’s nightmares and the experience of more sound sleep throughout the night. One mother reported that the frequency of nightmares and

wet bedding throughout the sessions started to decrease: *“My son was traumatized and thought that everyone was dead after the blast because he was alone on the streets. He always wakes up at night screaming. During the program, I noticed that his nightmares became less frequent and intense.”*

Self-esteem. Almost all mothers reported that the intervention has significantly increased self-esteem of the participants. While most of the mothers reported that their children’s self-esteem was low or average prior to the intervention, participants became more comfortable with oneself and have come to view themselves in a more positive way following the intervention. The increase in self-esteem was mainly recorded through participants’ escalated reliance on themselves, especially when going to the market or being able to do the chores by themselves. They have become more expressive on their problems, and have also become more able to prove themselves in front of others- family and friends. *“Yes, her self-esteem definitely increased. Before she attended the program she was very shy, but now she has become more expressive in her communication with others. She also sees herself in a more positive light.”*

Discussion and Conclusion

In this evaluation report we attempted to gain a picture of well-being and involvement of the children and adolescents who attended the play-based program. Well-being and learning

data obtained from the children and adolescents themselves, observational data, findings from the counselor's and parents' data all equally demonstrated that the guided play-based PSS intervention program impacted the children's and adolescents' level of well-being and learning. Responses obtained from Cycle 1 with regard to well-being and learning, showed that children and adolescents levels of well-being and learning increased after they were exposed to the play-based sessions over a period of 4 weeks. As for Cycle 2, an increase in the level of well-being and learning was reported for youth with the age group 6-9, while the level of well-being and learning remained approximately the same between pre and post program intervention. As stated previously, this specified finding can be attributed to the fact that part of cycle 2 sessions were conducted face to face which allowed children and adolescents to initially experience escalated levels of eagerness, excitement and a positive emotional state even prior to the commencement of the program especially the children were experiencing heightened levels of boredom due to quarantine and the obligations to spend most of their time at home with minimal access to play activities or even friends; as such, the initial excitement and interest maintained the positive feelings and emotional state throughout the course of the intervention. An increase in the level of self-regulation, self-efficacy, safety, academic functioning, hope and support from parents as well as a decrease in sleep difficulty and nightmares was recorded for children and adolescents across cycle 1 and cycle 2. In support to these findings, parents (mothers) have also specifically reported that their children's participation in the program has resulted in a greater experience of positive emotional states, increased their energy levels, enhanced their social relationships with family and friends, improved their quality of sleep and

almost abolished the experience of nightmares as well significantly enhanced their child's self-esteem; thus, highlighting the improvement of well-being levels for their children and youth. In the same vein, the improvement in the level of well-being was also highlighted from the data that was obtained from the counselors. Counselor responses revealed that children and adolescents experienced increased levels of optimism, problem solving and decision making skills, increased social engagement, enhanced self-esteem, increased interest in new things and increased relaxation levels when talking about their experience of the Beirut blast. In fact, counselors also documented that children and adolescents have acquired the basic techniques to target negative thoughts, maintain relaxation during distressing states and find multiple healthy outlets for expressing emotions, thus, accentuating their well-being and strengthening their social skills. Counselors' responses also demonstrated that the program was successful in engaging youths in the sessions; youth were always eager, motivated and excited to be part of the play activities and games with the most interesting components of the sessions to the youth were games and mainly arts and crafts. This explains the above average playfulness levels that were reported in the sample specifically incorporating the skill and extent components of play; in other words, the type of play activities incorporated in the program allowed the children and adolescents to perform the play activities easily and to allocate increase time to play during the sessions. Activities that were incorporated included bottling up negative feelings, drawing themselves and mapping their emotions on the figure, creating stuff, drawing, coloring, decorating, drama, breathing exercises, rituals, and the song rituals were all activities that were of profound interest to the youth and were easily comprehended by the youth. However, the

intensity and degree of participation in play was recorded to be average; this average degree of engagement and participation in play was reflected by the way children and adolescents expressed mild difficulty in focusing on particular play activities which mostly resulted in fleeting play engagement. Intensity elements of play incorporate engagement in social play, interaction with objects, active engagement as well as attempting to overcome barriers or obstacles to persist with an activity. Nevertheless, such elements appeared to be limited in the play sessions; such limitation can be attributed to the online modality of the play sessions; being present behind the screen might have increased the difficulty to stay tuned during the play activities especially that a number of confounding variables ranging from connection and electricity issues, inability to open phone cameras, distractions from the surrounding environment, presence of other family members or friends and lack of multiple devices to be used by siblings who are attending the same session.

Observation of well-being and involvement deemed to be an effective and unique measure of program quality. With the observation focusing directly on child and adolescent behavior and experience, observational data has demonstrated that children and adolescents experienced increased levels of involvement and well-being by the end of the program. Observational analysis also showed that there was a significant positive correlation across children's intensity of play and their well-being and involvement; indicating that the higher the intensity of playfulness that the children and adolescents were experiencing, the higher the level of well-being plus involvement was experienced. This highlights how increased intensity of participation and engagement in play is related to feelings that reflect concentration,

creativity, heightened energy levels and persistence as well as positive feelings that reflect feeling happy, lively, cheerful, relaxed, self-confident and self-assured. More specifically, it is vital to note that children's well-being is regarded as one's ability to exert influence and possess control over situations that help sustain their feeling of mastery and involvement (Laevers, 1997), and one's involvement level is characterized by intrinsic motivation, openness to stimuli and an intensity to experience the environment both at the physical and cognitive level (Laevers, 1997). The feelings of mastery, control over situations, intrinsic motivation, openness to stimuli and intensity to experience the environment at both physical and cognitive levels are considered significant elements of well-being and involvement. As such, the four factors of play namely (1) intrinsically motivated (2) utilizes internal control by the child (3) freedom to suspend reality (4) framing (Skard & Bundy, 2008) seem to have contributed and translated into the well-being and involvement that children and adolescents experienced by the end of the program. Additional analyses have indicated that during play the summative score of well-being plus involvement was higher for males compared to females. As stated previously, this finding could be attributed to males' motivation to be competitive during play which in turn is related to increased emotional expression and the notion that males have stronger emotional experiences with negative or even positive stimuli like play (Kivikangas et.al, 2014). Such differences might reflect gender differences and impact of culture on how children and adolescents express and experience their emotions and how aspects of play might also impact the emotional experiences in a specified cultural milieu. In fact, it was reported that concept of well-being must be interpreted within the context of cultures and the nation (Morrow & Mayall,

2009). Similarly for play, it is regarded as a culturally universal activity through which children and adolescents can explore themselves and their environment; it allows them to test out and practice different social roles as well as learn to interact with other children and adults (Edwards, Knoche & Kumru, 2001). As such, further investigation regarding this matter is required.

This evaluation report has found that participation in this guided play-based psychosocial support approach has supported youths' well-being mainly through developing peer relationships, forming relationships with counselors, learning about emotional regulation, sustaining hope and relaxation techniques and experiencing an increase in self-confidence and self-assurance. As such, in the context of the Beirut blast impact on the youth, this play-based PSS program initiated by NRC and updated and implemented by RTP, yielded a positive impact on children's wellbeing, addressed their basic psychological needs and improved their psychological and social state.

Limitations

This evaluation report had several limitations. The overall sample size of the study was considerably sufficient whereas the sample size for the conducted observations was relatively small. Only 15 participants were observed when it is recommended to have at least 30 participants observed. Only 5 out of the 15 participants were observed on several occasions while the remaining 10 were observed once. The number of these observational

occasions is considered insufficient to ensure statistical power. Time constraints and sessions' format (shifting from face to face to online) were considered the main challenges to maintain proper follow-up of the planned observational process. During online sessions, observations were done through video-recorded sessions which restricted observers from having a full experience in tackling both physical and verbal cues among the participants.

A second limitation is the differences among use of data collection tools between cycle 1 and cycle 2. In cycle 1, only one pre and post-test measure was applied while Cycle 2 included several data collection tool methods. The resulting small sample size and limited use of data collection methods in cycle 1 limited generalizability of the results and the loss of power in the study impacted on detecting differences of the variables across gender, age and differences of the variables across different time occasions.

Another limitation is the probability of self-reporting bias. When children and adolescents were requested to fill out the SLEC to measure their well-being and learning, the self-reporting format of the scale might have biased their responses as they might not have answered the questions truthfully or with seriousness. In addition to this, although observers were trained on the observation protocol, observer bias might have influenced the neutrality of the observation as the observers might have incorrectly ascertained or recorded data subjectively.

A final limitation is that face to face sessions were found to be more efficient than online sessions. Multiple confounding variables could result from online sessions such as such as connection and electricity issues, inability to open phone cameras, distractions from the surrounding environment, presence of other family members or friends, no safe space, lack of multiple devices to be used by siblings who are attending the same session and more.

Recommendations

Based on the obtained results, several recommendations are to be taken into consideration for future references. Counselors recommend that it might be beneficial to conduct sessions for parents in parallel with that of the children to enhance the wellbeing of the children. Parents' understanding of the program goals and receiving proper training on how to deal with their children during these difficult times will assist counselors in reaching targeted objectives. Counselors also believe that basic skills were attainable but application in daily life routines of learnt skills could not be measured. Prolonged sessions are needed to provide continuous support for vulnerable communities in Lebanon who are facing various adversities and to ensure application of learnt skills in daily life routines.

Researchers on this report recommend enhancement of online sessions if pursued in upcoming programs such as providing participants with proper devices to access sessions and ensure proper connectivity in order to be able to open cameras. Another recommendation is

to minimize time constraints in order to be able to collect data equally with similar methods among groups and cycles. A bigger sample for observation is to be sought during further research in order to generalize data and have it representative of the population. Multiple observation occurrences need to be implemented in order to be able to measure baseline, mid and post intervention playfulness as well as well-being and involvement scores. Future research on the selected topic with minimal limitations needs to be conducted in order to allow more accurate measurement among different age groups and gender in terms of wellbeing and play. Given that well-being and involvement are constructed and reconstructed in constant interaction with the broader living and learning environments and given that these two variables in addition to play are influenced by the cultural context, it would be imperative for researchers to further investigate well-being, involvement and play in the context of the culture and with a particular focus on what play factors interacting with culture and context impacts the gender differences in the level of well-being and involvement of the children and adolescents.

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Appendix A

Student Learning in Emergency Checklist (SLEC)

51

Student Learning in Emergency Checklist (SLEC)
SLEC-21N (For children between 6-9 years old)- remote version

A. Please fill in the blanks below:

Country:		Area:	
Age:		ID-number:	
Gender:	(M) (F)	Grade:	
Name of school:			

B. Please answer the following:



3. Always	2. Sometimes	1. Never
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1. I feel safe at home.

Always	Sometimes	Never
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2. If I am in trouble, I can think of a solution.

Always	Sometimes	Never
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3. When I feel angry, I can calm myself down.

Always	Sometimes	Never
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4. I can talk to my parents/caregiver about my worries.

Always	Sometimes	Never
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5. I can easily concentrate when doing schoolwork.

Always	Sometimes	Never
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6. Things will turn out better in the future.

Always	Sometimes	Never
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7. I am confident that I can adapt to events that I had not predicted.

Always	Sometimes	Never
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8. I have trouble to fall asleep at night.

Always	Sometimes	Never
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9. I suffer from nightmares.

Always	Sometimes	Never
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Thank you so much for participating!

Student Learning in Emergency Checklist (SLEC)
SLEC-21N (For children between 10-16 years old)- remote version

A. Please fill in the blanks below:

Country:		Area:	
Age:		ID-number:	
Gender:	(M) (F)	Grade:	
Name of school:			

B. Please answer the following:

1. I feel safe at home.

Always	Sometimes	Rarely	Never

2. If I am in trouble, I can think of a solution.

Always	Sometimes	Rarely	Never

3. When I am scared, I can calm myself down.

Always	Sometimes	Rarely	Never

4. I can talk to my parents/caregiver about my worries.

Always	Sometimes	Rarely	Never

5. I can easily concentrate when doing schoolwork.

Always	Sometimes	Rarely	Never

6. Things will turn out better in the future.

Always	Sometimes	Rarely	Never

7. I am confident that I can adapt to events that I had not predicted.

Always	Sometimes	Rarely	Never

8. I have trouble to fall asleep at night.

Always	Sometimes	Rarely	Never

9. I suffer from nightmares.

Always	Sometimes	Rarely	Never

Thank you so much for participating!

Appendix B

TOP-Test of Playfulness

TEST OF PLAYFULNESS (ToP) (Version 4.0–5/05)

Child (#): _____ Age: _____ Rater: _____ In Out Video Live (Circle)	EXTENT 3 = Almost always 2 = Much of the time 1 = Some of the time 0 = Rarely or never NA = Not Applicable	INTENSITY 3 = Highly 2 = Moderately 1 = Mildly 0 = Not NA = Not Applicable	SKILLFULNESS 3 = Highly skilled 2 = Moderately skilled 1 = Slightly skilled 0 = Unskilled NA = Not Applicable
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ITEM	EXT	INT	SKILL	COMMENTS
Is actively <u>engaged</u> .				
<u>Decides</u> what to do.				
Maintains level of <u>safety</u> sufficient to play.				
Tries to overcome barriers or obstacles to <u>persist</u> with an activity.				
<u>Modifies</u> activity to maintain challenge or make it more fun.				
Engages in playful <u>mischief</u> or <u>teasing</u> .				
Engages in activity for the sheer pleasure of it (<u>process</u>) rather than primarily for the end product.				
<u>Pretends</u> (to be someone else; to do something else; that an object is something else; that something else is happening).				
Incorporates objects or other people into play in unconventional or variable <u>and creative</u> ways.				
<u>Negotiates</u> with others to have needs/ desires met.				
Engages in <u>social play</u> .				
<u>Supports</u> play of others.				
<u>Enters</u> a group already engaged in an activity.				
<u>Initiates</u> play with others.				
<u>Clowns</u> or <u>jokes</u> .				
<u>Shares</u> (toys, equipment, friends, ideas).				
<u>Gives</u> readily understandable <u>cues</u> (facial, verbal, body) that say, "This is how you should act toward me."				
Responds to others' cues.				
Demonstrates positive <u>affect</u> during play.				
Interacts <u>with objects</u> .				
<u>Transitions</u> from one play activity to another with ease.				

Appendix C

Leuven scale of well-being and Involvement

Northumberland County Council

The Leuven Scales for Well-being and Involvement	
Well-Being Level	Well-Being Signals
1 Extremely low	The child clearly shows signs of discomfort such as crying or screaming. They may look dejected, sad, frightened or angry. The child does not respond to the environment, avoids contact and is withdrawn. The child may behave aggressively, hurting him/herself or others.
2 Low	The posture, facial expression and actions indicate that the child does not feel at ease. However, the signals are less explicit than under level 1 or the sense of discomfort is not expressed the whole time.
3 Moderate	The child has a neutral posture. Facial expression and posture show little or no emotion. There are no signs indicating sadness or pleasure, comfort or discomfort.
4 High	The child shows obvious signs of satisfaction (as listed under level 5). However, these signals are not constantly present with the same intensity
5 Extremely high	The child looks happy and cheerful, smiles, cries out with pleasure. They may be lively and full of energy. Actions can be spontaneous and expressive. The child may talk to him/herself, play with sounds, hum, sing. The child appears relaxed and does not show any signs of stress or tension. He /she is open and accessible to the environment. The child expresses self-confidence and self-assurance.
Involvement Level	Involvement Signals
1 Extremely low	Activity is simple, repetitive and passive. The child seems absent and displays no energy. They may stare into space or look around to see what others are doing.
2 Low	Frequently interrupted activity. The child will be engaged in the activity for some of the time they are observed, but there will be moments of non-activity when they will stare into space, or be distracted by what is going on around.
3 Moderate	Mainly continuous activity. The child is busy with the activity but at a fairly routine level and there are few signs of real involvement. They make some progress with what they are doing but don't show much energy and concentration and can be easily distracted.
4 High	Continuous activity with intense moments. The child's activity has intense moments and at all times they seem involved. They are not easily distracted.
5 Extremely high	The child shows continuous and intense activity revealing the greatest involvement. They are concentrated, creative, energetic and persistent

Appendix D

Focus Group (Counselors)

Questions:

1- Related to the wellbeing of the students:

- How did the level of optimism among the students change?
- How did the students' level of problem solving skills change? How well were they dealing with their problems?
- How did the students' level of decision making skills (thinking clearly and making up their own mind) change?
- How did the students' level of social engagement (closeness to other group members/ interaction with the counselor and peers) change?
- How did the students' level of confidence (feeling good about themselves, view of the self, self-esteem) change?
- How did the students' level of cheerfulness change?
- Were the students' displaying signs of interest in new things throughout the course of the program?
- How did the students' level of relaxation change? Did it increase with the activities that target relaxation and mindfulness?

2- Related to the program:

- How engaged were the students in the sessions?
- What components of the sessions were of most interest to the students?
- In what part of the sessions did the students display motivation and eagerness (beg., middle, end)?
- How did the students' level of interaction differ from F2F to online sessions?
- How can you rate the student's interaction with the counselor in general?
- How can you rate the students' understanding of the content of the sessions (instructions, activities, flow of play, language, goals, objectives)?

- How can you rate students' overall improvement after the several sessions in terms of wellbeing, social skills, and emotional regulation?

Appendix E

Semi-Structured Interview with Parents

1- Name of Child:

2- Age of the child:

3- Have they participated in previous psychosocial activities with different NGOS?

4- Are they currently enrolled in any other psychosocial educational center other than R2P?

The following questions are rated on a scale of 1 to 5 (1=never, 2=one day, 3=on a few days, 4=most days, and 5=everyday). They are measured on the basis of two weeks.

5- How many days did your child feel happy?

6- How many days did your child feel sad?

7- Is your child enrolled in any school or educational center? If yes, how much enjoyment are they showing?

8- How do you rate your child's energy level?

9- How socially engaged are your children?

10- How tired had your child been?

11- How do you rate your child's quality of sleep? (are they waking up at night, are they having nightmares?)

12- How do you rate your child's social engagement level with family and friends?

13- If they answer yes to question 6, how do you rate your child's adaptation level at school? (do they feel like that they fit in?)

14- How do you rate your child's self-esteem?

