

**SCHOOL-BASED PSYCHO-EMOTIONAL SUPPORT PROGRAMMES AND THE  
PREVENTION OF PTSD IN DISPLACED CHILDREN***Berdibekova Syrga Kanybekovna**Ph.D. ped. science, Osh Technological University named after M. M. Adyshev**Abduraimova Zhanylai Akbolushovna**Osh Technological University named after M. M. Adyshev*

**Abstract:** This study examined the impact of an eight-week school-based psycho-emotional support programme on the prevention of post-traumatic stress disorder (PTSD) in displaced children (n = 120; aged 7–11). The programme combined group art-therapy sessions, emotional self-regulation training, and guidance from school mentors. PTSD symptoms were measured with the Children’s Revised Impact of Event Scale (CRIES-13) and emotional-behavioural problems with the Strengths and Difficulties Questionnaire (SDQ) completed by parents and teachers. After the intervention, CRIES-13 scores declined significantly and SDQ scores showed reductions in emotional and behavioural difficulties. These findings support the effectiveness of a comprehensive school-based approach and provide practical recommendations for implementing similar programmes.

**Keywords:** post-traumatic stress disorder; displaced children; school support programmes; PTSD prevention; art therapy; emotional self-regulation; CRIES-13; SDQ.

**Introduction:** Modern military conflicts and crises lead to mass displacement of families and children. Forced displacement is a “crisis situation” for a child that requires timely psychological support. According to Tochiyeva, displaced children often exhibit emotional, cognitive, and behavioral disturbances, and parental maladaptation worsens their condition [6]. In such circumstances, the risk of developing post-traumatic stress disorder (PTSD) and other mental disorders increases.

Research shows that the impact of war on children is associated with acute stress responses and a heightened risk of mental health issues. Bürgin et al. emphasize the need for a multilevel, needs-oriented, and trauma-informed approach to restoring both external and internal security in children after trauma [1]. In the school context, this means implementing special programs to support the mental health of displaced children.

One promising direction is the use of art therapy and emotional self-regulation training. A meta-analysis by Morison and colleagues found that creative art-based interventions significantly reduce PTSD symptom scores in children and adolescents following traumatic events [2]. Training in self-regulation skills (such as breathing and relaxation techniques) is recognized as an element of social and emotional competence, contributing to reduced anxiety and aggression in children. Educational mentors help integrate such children into the learning environment by providing emotional support and monitoring adaptation.

**The aim of this study** is to evaluate the effectiveness of a school-based psychoemotional support program—including art therapy, self-regulation training, and mentor support—in reducing PTSD symptoms and emotional-behavioral issues in displaced children.

**Methods.** A one-factor study with pre- and post-testing and no control group was conducted. The study involved 120 children aged 7–11 who had experienced forced displacement due to armed conflict. All participants underwent an 8-week program implemented within the school setting.

The program consisted of three components:

1. **Group art therapy sessions** (60 minutes each) involving drawing and using various materials to express experiences.
2. **Emotional self-regulation training** (45–60 minutes) that included relaxation practices, breathing exercises, and emotion-awareness exercises. These sessions were held twice a week.
3. **Mentoring support by school psychologists**, which included regular observation of the children's emotional state, counseling, and communication with parents.

To assess psychoemotional status before and after the program, the following tools were used:

**-CRIES-13** (Children's Revised Impact of Event Scale, 13 items), measuring intrusive memories, avoidance, and hyperarousal. The scale includes 4 items for intrusion, 4 for avoidance, and 5 for arousal. A total score of  $\geq 17$  on the intrusion + avoidance subscales indicates a high risk of PTSD [5].

**-SDQ (Strengths and Difficulties Questionnaire)** – a 25-item screening tool for emotional and behavioral problems in children [3], divided into five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. The first four subscales (20 items) make up the total difficulties score; the fifth reflects prosocial skills. Both parent- and teacher-report versions of the SDQ were used.

Additionally, parents and teachers completed surveys to collect further information about children's adaptation, including behavior at home and in class, anxiety levels, academic performance, and social activity.

**Statistical analysis:** Pre- and post-program scores were compared using paired t-tests. Statistical significance was set at  $p < 0.05$ .

**Results.** After completing the program, positive changes were observed in all major indicators. According to the CRIES-13 scale, mean scores for all three subscales significantly decreased (see Table 1). For example:

-Mean score on the "Intrusion" subscale dropped from  $6.9 \pm 3.1$  to  $4.6 \pm 3.1$  ( $p < 0.001$ ),

-"Avoidance" from  $4.9 \pm 2.4$  to  $3.3 \pm 2.6$  ( $p < 0.001$ ),

-“Arousal” from  $5.7 \pm 1.9$  to  $4.3 \pm 2.2$  ( $p < 0.001$ ).

The total CRIES-13 score decreased from  $17.5 \pm 4.5$  to  $12.2 \pm 4.6$  ( $p < 0.001$ ), indicating a reduction in PTSD symptoms among children.

Table 1. CRIES-13 score dynamics before and after the program

Subscale	Before the program (M±SD)	After the program (M±SD)	p-value
Intrusion (4 items)	$6,9 \pm 3,1$	$4,6 \pm 3,1$	<0,001
Avoidance (4 items)	$4,9 \pm 2,4$	$3,3 \pm 2,6$	<0,001
Arousal (5 items)	$5,7 \pm 1,9$	$4,3 \pm 2,2$	<0,001
Total (13 items)	<b><math>17,5 \pm 4,5</math></b>	<b><math>12,2 \pm 4,6</math></b>	<0,001

Parent-reported SDQ scores also showed significant improvement. Table 2 presents the mean scores for each subscale before and after the program. Emotional and behavioral problems decreased. Specifically:

- “Emotional symptoms” dropped from  $3.6 \pm 1.3$  to  $2.6 \pm 1.5$  ( $p < 0.001$ ),
  - “Conduct problems” from  $2.6 \pm 1.0$  to  $2.0 \pm 1.1$  ( $p < 0.001$ ),
  - “Hyperactivity” from  $4.0 \pm 1.2$  to  $3.4 \pm 1.4$  ( $p < 0.001$ ),
  - “Peer problems” from  $2.1 \pm 1.2$  to  $1.5 \pm 1.2$  ( $p < 0.001$ ).
- Prosocial behavior scores increased from  $7.1 \pm 1.0$  to  $7.5 \pm 1.2$  ( $p < 0.001$ ), indicating better social skills. The total difficulties score dropped from  $12.3 \pm 2.5$  to  $9.5 \pm 2.7$  ( $p < 0.001$ ).

Table 2. SDQ results (parent ratings) before and after the program

Subscale	Before (M±SD)	After (M±SD)	p-value
Emotional symptoms	$3,6 \pm 1,3$	$2,6 \pm 1,5$	<0,001
Conduct problems	$2,6 \pm 1,0$	$2,0 \pm 1,1$	<0,001
Hyperactivity	$4,0 \pm 1,2$	$3,4 \pm 1,4$	<0,001
Peer problems	$2,1 \pm 1,2$	$1,5 \pm 1,2$	<0,001
Prosocial behavior	$7,1 \pm 1,0$	$7,5 \pm 1,2$	<0,001
<b>Total difficulties</b>	<b><math>12,3 \pm 2,5</math></b>	<b><math>9,5 \pm 2,7</math></b>	<0,001

each ratings confirmed these trends: the teacher version of the SDQ also showed reduced difficulties and increased prosocial behavior (data not shown in tables). Thus, according to both children and informants, the program led to significant improvements in the psychoemotional well-being of displaced children.

**Discussion.** The results demonstrate the effectiveness of a comprehensive school-based program in reducing PTSD symptoms and emotional-behavioral difficulties among displaced children. The decrease in CRIES-13 scores indicates reduced trauma re-experiencing and avoidance symptoms. This aligns with findings by Morison et al., who showed that creative art interventions significantly alleviate posttraumatic stress in children. Art therapy likely helped participants express and process difficult experiences in a nonverbal way.

Increased prosocial behavior and reduced emotional problems (SDQ) suggest that children became better at understanding and managing their emotions and interacting with peers. This is consistent with the concept of social-emotional learning: self-regulation training [4] supports the development of self-control skills and reduces aggression, anxiety, and depression in children. Ongoing support from school mentors ensured continuous emotional assistance and monitoring, in line with expert recommendations for multilevel approaches to working with traumatized children.

These findings are comparable to other studies. For example, Western European research shows that short-term group psychosocial interventions produce lasting reductions in PTSD symptoms and emotional disturbances. As Bürgin et al. note, even “low-threshold” group programs can effectively provide emergency support to children affected by war.

However, this study has limitations. The lack of a control group prevents ruling out natural adaptation or external influences. Assessment relied primarily on self-report tools and informant surveys, which may introduce subjective bias. Moreover, the study lasted only 8 weeks, and it is unclear whether the improvements are long-lasting. Variability factors (e.g., trauma severity, socioeconomic background) were not analyzed separately due to sample size limitations.

Nonetheless, the results support the program’s promise. Teachers and psychologists can apply similar models—combining creative therapy, emotional regulation training, and continuous psychological support. It is essential to involve parents in the process and to regularly assess children’s psychosocial status using tools like CRIES-13 and SDQ.

**Conclusion.** This study demonstrated that an 8-week school-based psychoemotional support program (art therapy + self-regulation training + mentoring) effectively reduces PTSD symptoms and emotional-behavioral difficulties in displaced children. The program improved psychological adaptation, increased social engagement, and reduced anxiety among schoolchildren. Based on these findings, it is recommended to expand the use of such integrated approaches in educational settings: training teachers in trauma-informed methods, incorporating art and play therapy, and regularly monitoring children’s psychosocial well-being. Future research could include long-term follow-ups and controlled trials to clarify mechanisms of effectiveness and generalize the results.

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