

CASE STUDY

January | 2022



A strategic arts-based approach to reducing stress and preventing violence

Who is First Aid Arts?

Founded in 2010, First Aid Arts is a global leader in arts-based tools and training for building resilience and addressing the impacts of toxic stress and trauma. Expert-advised and endorsed materials are specifically designed for use by lay care providers for self-care and support of others through one-on-one and group-based activities. Research demonstrates the unique power of the arts to meaningfully engage across culture, language, and age.¹ In response to toxic or traumatic stress, the brain responds by entering survival mode, resulting in critical thinking centres of the brain “going offline”. This can limit the effectiveness of talk therapy or other traditional interventions that require access to executive functioning.² As a body-based resource, the expressive arts are an effective tool for regulating the central nervous system, calming the body, and integrating the parts of the brain that are impacted by stress and trauma.^{3,4} The collaborative nature of the arts provides opportunities for developing interpersonal skills and improving relationships, a critical element for strengthening individual and community resilience.⁵

The logo for First Aid Arts consists of the words "FIRST AID ARTS" in white, bold, uppercase letters, centered within a teal square.

Our Objectives

Our mission at First Aid Arts (FAA) is to provide individuals and communities with simple and effective arts-based tools for increasing resilience and decreasing adverse experiences related to the effects of toxic stress and trauma. We do this through the creation of “First Aid Arts Responders”. FAA Responders are trained to practice the “3 R’s” of *recognising* the signs of stress in the body and mind, *responding* with intention and effective self-regulation tools, and *referring* to identified accessible supports when additional

- 1 Malchiodi, C. A. (2012). Trauma-informed expressive arts therapy. Retrieved from <https://www.psychologytoday.com/blog/arts-and-health/201203/trauma-informed-expressive-arts-therapy>
- 2 Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of trauma and trauma treatment*. New York: Norton
- 3 Gordon, J. S., Staples, J. K., Blyta, A., Bytyqi, M., & Wilson, A. T. (2008). Treatment of posttraumatic stress disorder in postwar Kosovar adolescents using mind-body skills groups. *The Journal of Clinical Psychiatry*, 69(9), 1469-1476. doi:10.4088/jcp.v69n0915
- 4 Thaut, M. H., McIntosh, G. C., & Hoemberg, V. (2015). Neurobiological foundations of neurologic music therapy: rhythmic entrainment and the motor system. *Frontiers in Psychology*, 5. doi:10.3389/fpsyg.2014.01185
- 5 Hartling, L. M. (2008). Strengthening resilience in a risky world: It’s all about relationships. *Women & Therapy*, 31(2-4), 51-70.

help is needed. Practising the FAA tools and 3 R's strengthens individual and community resilience to stress and trauma as indicated by the FAA "Measures of Resilience": self-awareness, self-regulation, and interpersonal skills.

Our Approach

Following the medical First Aid model, FAA trains and certifies lay care providers and individuals with the training and skills necessary to become FAA Responders. FAA Responders learn to practice the 3 R's – Recognise, Respond, and Refer. Training includes psychoeducation on the neuroscience and biological impacts of stress and trauma which helps participants learn to identify and recognise specific signs and symptoms. We then empower people to respond with intention through the use of specific arts-based interventions found in the FAA Responder Toolkit. We also teach how to identify additional resources and supports that are available in the community and how to access these when needed. A central tool of our approach is the Window of Tolerance Scale. This tool gives individuals a concrete way to check-in on themselves, taking their own "emotional temperature", by identifying physical sensations, thoughts, and emotions which indicate current state and needs. By practising the "Responder Habit", individuals are encouraged to respond to stress by slowing down, taking time to breathe, and checking in on the Window of Tolerance Scale, before deciding how they would like to respond using any of the arts-based tools provided to them in their toolkit. This strengths-based approach supports the development of self-efficacy and personal agency, critical to strengthening individual and community resilience.⁶

Operating in a COVID-19 context

FAA materials are available through self-guided engagement via our online Intro Workshop, free downloadable "Mini Toolkit" PDF, and by purchasing our full Responder Toolkit. Due to the pandemic, in-person trainings were paused for a time but are available again. Zoom-based Level 1 and Level 2 trainings were adapted from in-person trainings and are also now available. Parents are able to access and practice the materials for their own self-care, and to use with their children.



Symbolic imagery activity using photos of trees to respond to a variety of prompts. Photo: © World Vision.

Response: Programming

FAA has trained over 900 staff and volunteers from over 250 organisations working in more than 60 countries. Originally developed in partnership with International Justice Mission for human trafficking aftercare homes, FAA content has since been strategically adapted and made available for use in a wide variety of stress and trauma impacted contexts (e.g., refugee care, domestic abuse, homelessness).

FAA's programs are offered through in-person and online trainings. The *Level 1 Responder Training* consists of 15 hours of instruction and practice of core knowledge and skills for self-care and one-on-one care. The Level 1 training supplies participants with a FAA Responder Toolkit, a "First Aid kit for your mental and emotional health." The toolkit provides essential materials and 17 arts-based activity cards. The *Level 2 Group Facilitator Training* consists of 15 hours of instruction and hands-on practice geared towards leading arts-based resilience groups (3-12 people recommended).

6 Rutter, M. (1987). Psychosocial Resilience and Protective Mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331. <http://dx.doi.org/10.1111/j.1939-0025.1987.tb03541.x>

Violence prevention is addressed by teaching parents and children to recognise the onset of symptoms of stress, and respond intentionally to regulate their fight/flight instincts which too often lead to physical and verbal violence against children. The FAA program's promotion of self-awareness and emotion regulation amongst adolescents can also help prevent peer violence and bullying behaviours.

Programme Outcomes

The "Pilot & Results" section of a November 2020 World Vision Jordan report entitled Pilot Findings from First Aid Arts Resilience Program provides a helpful illustration of FAA program outcomes:

Findings of FAA resilience program in Jordan

In 2019, World Vision Jordan partnered with First Aid Arts to pilot the FAA resilience program in a Syrian refugee camp in northern Jordan. Syrian families living in the camp had experienced a range of adverse experiences: multiple relocations; witnessed violence; lost their livelihoods, homes, and communities; and faced instability and an unknown future. The overarching goal of the World Vision program was to strengthen the resilience and psychosocial well-being of children and adolescents and prevent and respond to forms of violence against children. The FAA resilience program was one component of a multi-faceted child protection program, which included life skills, parenting, and a community-based Child Protection mechanism.

The cohort consisted of 88 adolescents (57 girls and 31 boys) aged 12 to 18 years, the full 10-week curriculum was implemented, and the lay facilitators were trained Syrian volunteers. The pre- post-study used two primary tools to monitor and evaluate the program.

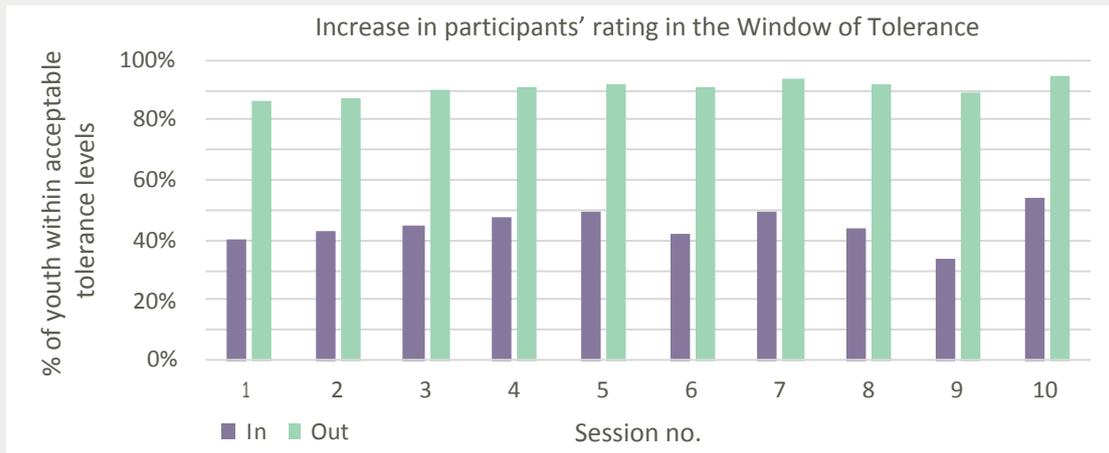
The Window of Tolerance

The Window of Tolerance (WoT) is a self-assessment tool used by the adolescent participants at the beginning and end of each session to rate their levels of energy and emotions. The WoT monitors changes in participants' regulation. Ideally, with the needed skills, adolescents will be able to identify when they may not be in their Window of Tolerance and employ different skills to reach their Window of Tolerance. The table below outlines the different ratings in the WoT.

Level(s)		Associated emotions
Low	1-3	No to low energy that does not feel good. Emotions include feeling sad, disconnected, numb, frozen, feeling like it is hard to get out of bed, pay attention, or feel interested in anything or where they may not know how they are feeling. 1 is the lowest energy and the worst feeling.
	4	Low energy, but in the sense of feeling relaxed
Window of Tolerance	5-6	Enough energy. Emotions include feeling balanced, able to connect with others, learn, think clearly, make decisions and respond to what is going on around them
	7	High energy, but in the sense of being energised and able to perform or achieve
High	8-10	High energy that does not feel good. Emotions include feeling out of control, overwhelmed, anxious or angry. The heart may be racing and/or thoughts may be racing through their head. 10 is the highest energy and the worst feeling

Figure 1 below shows the number of adolescents rating themselves within the WoT (as opposed to experiencing extreme lows or high levels of energy and emotion), increases during each session, showing that the session content consistently enhanced participants' ability to move in the WoT. Over the course of the 10 sessions, between 34-54% of participants rated themselves within the WoT upon entry into the session ("in") and by the end of the session between 86-95% of participants rated themselves within the WoT ("out"). Overall, 94% of adolescents were within the WoT by the end of at least 70% of the sessions they attended.

Figure 1. Window of Tolerance ratings during 10 FAA sessions



The results of the analysis from the WoT strongly indicates that the FAA resilience program is effective in helping adolescents to manage their tolerance levels during each session.

The Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) was used at the beginning and end of the 10-week program to evaluate changes in positive and negative behaviours. The SDQ includes two sections:

- 25 items on psychological attributes, some positive and others negative, covering five scales; the scores from the first four scales are added together to generate the total difficulties score.
 1. Emotional symptoms (5 items)
 2. Conduct problems (5 items)
 3. Hyperactivity/inattention (5 items)
 4. Peer relationship problems (5 items)
 5. Prosocial behaviour (5 items)
- An impact supplement that asks whether the adolescent is experiencing difficulties in the area of their emotions, concentration, behaviour or their relationships with others and if so, the chronicity and whether it causes them distress, affects areas of their life or whether they think the difficulties are a burden for others in their life (e.g., family, friends, teachers, etc.).

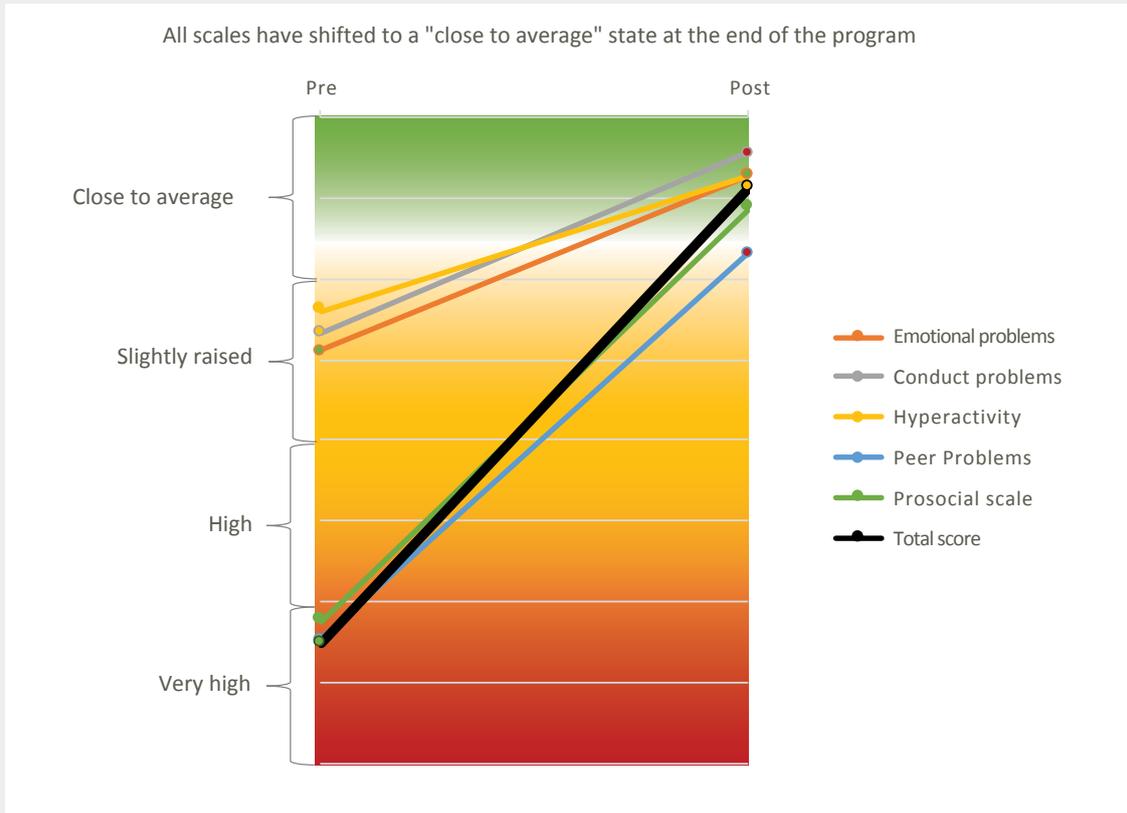
"I am always enthusiastic about Thursday because of the FAA session. It helps me get rid of any tension or any negative energy I might be holding on my shoulders, especially when we implement the Window of Tolerance activity."

– (13-year-old, female)

The SDQ results from the pilot FAA project indicates positive effects for the adolescent participants. Figure 2 below shows a strong positive trend in the mean scores of all of the scales, as well as the total score, indicating improvement in the cohort's ability to manage their emotions and social behaviours over the course of the program.

At evaluation, all scores fell in the “close to average” category, reflecting scores similar to a non-affected population. The program seemed to have the highest impact on the prosocial and peer scales, while the emotional, conduct, and hyperactivity scales began in a state closer to average and as such had smaller gains in improvement. Scale reliability was mostly acceptable except for two scales at endline. The change from the pre- and post- states of the adolescent participants is evident.

Figure 2. Pre- and post- results of the SDQ

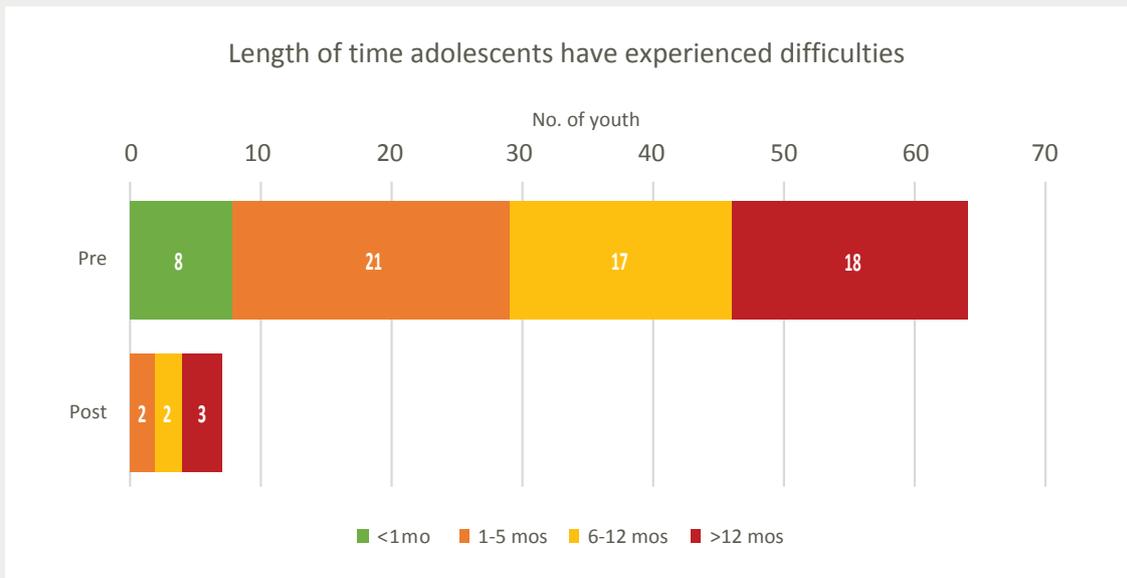


Similar to the scales results, the analysis of the impact results show improvement in the experience of stress and perception of difficulties in the adolescents’ lives. Analysis of the SDQ impact results show that the majority of those who were experiencing difficulties in the area of their emotions, concentration, behaviour or their relationships with others in the pre-test had been experiencing them for more than a month (see *Figure 3* below).

In addition to a significant decrease in adolescents experiencing difficulties, none experienced difficulties in the past month by the end of the program.



Adolescent boys group participates in a visual art-making activity. Photo: © World Vision.



“The activities we apply at the FAA allow me to focus and feel better, because my mind is always busy with negative thoughts and the feel of fear, so when I practice these activities, whether in the centre or at home in lock-downs, I feel great. I am grateful for that.”

– (15-year-old, male)



Participants review hand motions for the three core program objectives. Photo: © World Vision.

Lessons Learnt

The results from the World Vision Jordan Pilot described above are “consistent with other group-based, mindful, self-compassion interventions, where participants (adults) made significant gains in self-compassion, mindfulness, and well-being measures post-training that were maintained a year later. Empirical evidence shows that such programs are effective in promoting adolescent emotional well-being and resilience while decreasing psychological distress and related symptomatology (e.g., anxiety, depression).”^{7,8}

During times of COVID isolation when groups of participants from a variety of homes are not able to gather together, FAA materials are still accessible and beneficial to families and for individual use in stressful times when they are perhaps needed most.

Conclusion

The arts offer a uniquely powerful set of tools for stress reduction and violence prevention. FAA’s programs are designed for lay care providers working across diverse contexts to support regulation, self-awareness, and interpersonal skills. This strengths-based approach supports the development of self-efficacy and personal agency, critical to building individual and community resilience.

Further resources

First Aid Arts website: www.firstaidarts.org

Free Downloadable FAA Mini-Toolkit: www.firstaidarts.org/covid-19

Acknowledgements and Contacts

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7 World Vision International (November, 2020). Pilot Findings from First Aid Arts Resilience Program. https://www.wvi.org/sites/default/files/2021-06/World%20Vision%20FAA%20Resilience%20Program_Pilot%20Findings.pdf

8 Bluth K, Lathren C, Hobbs L. (2019). Mindful Self-Compassion for Teens and Young Adults. In: Carrión VG, Rettger J, eds. *Applied Mindfulness: Approaches in Mental Health for Children and Adolescents* - Google Books. Washington DC: American Psychiatric Association Publishing, pages 15-32.

