



Story, Science, and Self-Care in a Refugee Community:

Initial Impact of *The Field Guide for Barefoot Psychology*

Introduction



Around the world, refugees experience psychological distress due to conflict, violence, scarcity, discrimination, chronic uncertainty, instability, or loss of social connections often resulting in significant difficulties in emotion regulation, memory problems, and poor health - further complicating the difficult process of adapting to life in resettlement.¹⁻² Mental health services and resources are limited in low-resource settings, underlying an urgent need for effective mental health interventions designed for large-scale implementation in emergency settings, such as refugee camps.³ Specifically, there is a growing call and interest for self-paced or community-based programs that promote mental health and resilience outside of formal clinical settings. But, in order for these types of interventions to gain traction within their target communities, they must address mental health stigma as a barrier to engagement with mental health care services.

In response, Beyond Conflict created [The Field Guide for Barefoot Psychology](#) (*The Field Guide*), an easily scalable psychoeducation intervention that utilizes culturally relevant storytelling and metaphors to provide an accessible curriculum on the psychological and biological impact of forced migration. The psychoeducation content is taught through the story of two Syrian siblings displaced by war, and unveils how those experiences impact their bodies and minds. The narrative is paired with self-taught, evidence-based exercises meant to improve emotion regulation, such as

progressive muscle relaxation, pressure point massages, and guided breathing. By introducing a psychobiological lens through metaphor and story, *The Field Guide* complements, rather than replaces, existing narratives about mental health and sets an optimistic tone that highlights the body's capacity for resilience and healing while giving practical instructions that facilitate engagement with self-care practices.

The Field Guide complements, rather than replaces, existing narratives about mental health and sets an optimistic tone that highlights the body's capacity for resilience and healing

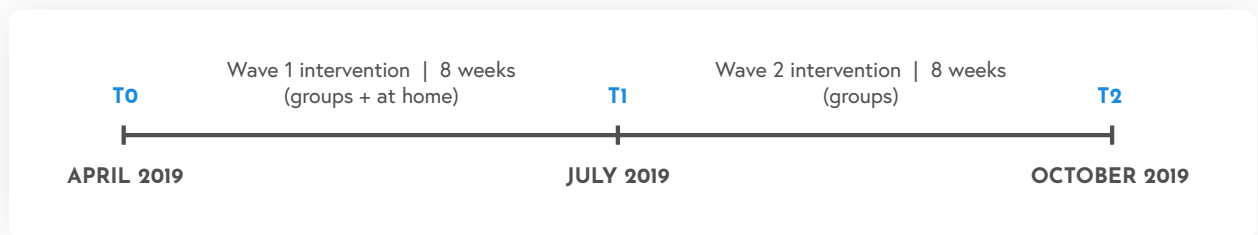
The Field Guide's theory of change holds that an increase in knowledge about mental health and self-care, delivered through accessible and relatable narrative, will reduce mental health stigma and increase engagement with mental health-promoting activities, which in turn will improve emotion regulation and trauma-related distress symptoms. In order to test this theory of change, we conducted a randomized controlled trial of *The Field Guide's* effectiveness in the Za'atri Refugee Camp in Jordan.

Research Design & Study Sample



We hypothesized that structured use of *The Field Guide* would result in a reduction of mental health stigma, an increase in emotion regulation, and a decrease in trauma-related symptoms. In the study, *The Field Guide's* contents were delivered to a sample of 160 interested Syrian refugees as either an 8-week workshop or a self-administered, reading-at-home (or autodidactic) condition. In both intervention conditions, participants were given booklets with *The Field Guide's* chapters and access to videos where trained community

facilitators demonstrated step-by-step instructions of the self-care exercises. We were interested in creating the autodidactic condition because we also hypothesized the benefits of *The Field Guide* would be due to its contents and engagement with the self-care exercises and not due to increased group interaction in the workshops. Importantly, participation in the intervention was based on interest in *The Field Guide* as a psychoeducation program, and we did not require participants to report having psychological distress symptoms prior to enrollment.



One hundred participants began the intervention immediately after a baseline assessment. The same assessment was repeated after the intervention (8 weeks after baseline), and then again 8-10 weeks later for follow-up. For 60 participants, the assessment schedule was the same but we assigned them to an 8-week waitlist before they received the group-based *Field Guide* workshops. This staggered model created an 8-week control condition that allowed us to draw comparisons between the waitlist group and the first intervention group. The assessment included interviews and self-reported measures of ongoing stressors, trauma exposure, mental health and emotion regulation, mental health stigma, loneliness, and closeness.

Key Findings

Results showed that *The Field Guide* was successful in achieving its aims in line with the theory of change. After the intervention, the sample's average mental health stigma decreased, and both trauma-related symptoms and emotion regulation improved. Mental health improvements were strongest among participants endorsing higher trauma exposure and psychological distress, which speaks favorably of psychoeducational interventions' ability to positively impact high-symptom groups with limited access to mental health service providers. The fact that we were able to document overall gains related to the intervention regardless of initial symptoms or trauma experiences or of the intervention condition (workshop vs. reading at-home) demonstrates *The Field Guide's* potential to favorably impact a wide-range of targeted populations, particularly given that the sample faced ongoing stressors in the camp throughout their participation.

- 1 *The Field Guide* is effective in decreasing mental health stigma.
- 2 *The Field Guide* is effective in increasing emotion regulation.
- 3 *The Field Guide* is effective in reducing trauma-related symptoms.
- 4 The effects of *The Field Guide* are due to its design and content, not to its method of delivery.
- 5 For individuals attending *The Field Guide* workshop sessions, improvements linked to the intervention were maintained at the 8-10 week follow-up assessment.

Key Findings

1 **The Field Guide is effective in decreasing mental health stigma.** The decrease in stigma was related to improvements in mental health, specifically to improvements in trauma-related symptoms and emotion regulation. Consistent with the decrease in stigma, after the intervention the majority of participants reported increased likelihood of speaking to family or doctors about their mental health. For participants with particularly high mental health stigma at baseline, the decrease in mental health stigma after the intervention was related to how much these participants felt they could relate to and identify with the character in *The Field Guide's* fictionalized stories.

2 **The Field Guide is effective in increasing emotion regulation.** After the intervention, participants reported an increase in their ability to manage unpleasant or intense emotions by refocusing their attention. In line with the intervention's theory of change, the increase was related to improvements in mental health, specifically in trauma-related symptoms, and decreases in loneliness, psychological distress, and mental health stigma. Participants who reported practicing *The Field Guide's* self-care exercises more frequently showed the largest increase in emotion regulation.

3 **The Field Guide is effective in reducing trauma-related symptoms.** For participants with high exposure to potentially traumatic events related to war and conflict, the intervention resulted in significant improvement of trauma-related symptoms, specifically post-traumatic stress disorder (PTSD) and complex-PTSD (C-PTSD)* symptom improvement was correlated with how much participants reported enjoying reading *The Field Guide's* chapters and the frequency of engagement with the suggested self-care exercises.

* The ICD-11 groups PTSD symptoms into 3 clusters: (1) sense of current threat (eg, feeling jumping and easily startled), (2) reexperiencing (eg, upsetting dreams or intrusive memories related to the event), and (3) and avoidance of non-threatening situations due to a generalized fear response. C-PTSD symptoms include the mentioned PTSD symptoms in addition to: (1) affective dysregulation (eg, feeling numb or emotionally shut down), (2) negative self concept (feeling worthless), and (3) disturbances in relationships (feeling distant or cut-off from others)

Key Findings

4 **The effects of *The Field Guide* are due to its design and content, not to its method of delivery.** The choice to deliver *The Field Guide* in both group workshop and autodidactic formats was to assess the unique roles of context versus content in driving positive outcomes. We observed greater gains and larger effect sizes among those receiving the intervention as a workshop in comparison to those receiving the intervention individually. However, we saw no increases in closeness or decreases in loneliness in the workshop groups, even after participation. Therefore, we believe that the greater effect size seen in the workshop groups has to do with higher experimental control over how much of *The Field Guide* content with which participants engaged.

5 **For individuals attending *The Field Guide* workshop sessions, improvements linked to the intervention were maintained at the 8-10 week follow-up assessment.** As mentioned in point 4, we had higher experimental control over participants' engagement with *The Field Guide* content for those in the group workshops. For this group, the aforementioned improvements in mental health stigma and emotion regulation were sustained at the 8-10 week follow-up, while for the autodidactic condition some of the improvements trended back towards baseline - a trend commonly seen in stressful intervention settings like refugee camps. Further, for workshop participants we saw an immediate improvement in symptoms of complex-PTSD at the end of the intervention period, and the improvement held over time to follow-up. That said, we only saw improvement on classic PTSD symptoms at the long-term follow-up but not immediately upon finishing the intervention, suggesting that engagement with the intervention not only results in immediate gains but also sets participants in a pathway towards recovery that, through the practice of self-care exercises, ultimately results in longer-term symptom improvement.



Future Directions

As forced displacement and the accompanying stressors and traumas increase around the world, there is a growing need for resources like *The Field Guide* that offer scalable, effective paths to health and resilience, informed by research and managed directly by lay persons in communities affected by stress and trauma. The results highlight how *The Field Guide for Barefoot Psychology* can be an effective mental-health intervention in a high-stress setting. *The Field Guide* offers a promising way forward to inspire self-help and community-led mental health interventions in low-resource settings. The findings lay the foundation for future iterations of *The Field Guide* - distributed as workshops or individually through digital platforms - where the stories and examples are adapted to deliver the content to other populations in need.

The Field Guide reflects a unique collaboration between Beyond Conflict and Questscope to address the emotional and psychological burdens associated with forced displacement, trauma, and violence.

ABOUT BEYOND CONFLICT

For nearly 30 years, Beyond Conflict has created powerful and innovative frameworks to open pathways for progress in peace talks, transitions to democracy, and national reconciliation in the aftermath of division and violence in over 75 countries. Building on this body of experience, we have partnered with cognitive and behavioral scientists to bring forward a new framework at the intersection of behavioral science and real-world experience. Beyond Conflict's goal is to apply behavioral science to program design and promote new tools that address the causes and consequences of division and violence in the United States and abroad.

beyondconflictint.org



@BeyondConflictInt



@Beyond_Conflict

REFERENCES

¹ Prince, M., Patel, V., Saxena, S., & Maj, M. (2007). No health without mental health. *The Lancet*, 370, 859–877. DOI: 10.1016/S0140-6736(07)61238-0

² Begemann, M., Seidel, J., Poustka, L., & Ehrenreich, H. (2020). Accumulated environmental risk in young refugees—A prospective evaluation. *EClinicalMedicine*, 100345. DOI: <https://doi.org/10.1016/j.eclinm.2020.100345>

³ Inter-Agency Standing Committee (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Inter-Agency Standing Committee: Geneva.