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Refugee-Teacher-Train-Refugee-Teacher Intervention Research in Malaysia: Promoting Classroom Management and Teacher Self-Care

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ABSTRACT

Given the current refugee crisis, the development of sustainable postconflict refugee education systems and supports is essential. The present study reports Resilient Refugee Education (RRE) intervention effects on refugee teacher confidence and knowledge of classroom management, in addition to refugee teacher self-care in Malaysia. We compared effects on (a) peer trainers, who were refugee teachers trained by consultants ($n = 38$), and (b) peer trainees, who were refugee teachers trained by peer trainers ($n = 78$). The sample included teachers who were refugees ($n = 97$; mean age = 30; 78% Burmese) and nonrefugees ($n = 19$; mean age = 48; 44% Chinese-Malaysian). Significant effects on teacher knowledge, confidence, and self-care were found for both trainers and trainees, including interactions with gender and education. Implications for sustainable promotion of the emotional context in refugee education are discussed.

ARTICLE HISTORY

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Postconflict refugee education is an urgent challenge in the face of the current global refugee crisis, which has reached record heights, propelling more than 65.3 million refugees into flight, including 33 million child refugees in need of postconflict education (United Nations High Commissioner for Refugees [UNHCR], 2016a). In 2015, 24 people were forced to flee their countries every 60 seconds, which is a rate four times higher than the previous decade; 86% of the world's refugees now live in developing countries (UNHCR, 2016a). Psychological demands on child refugees weigh heavy and affect refugee children's ability to learn, if they are lucky enough to receive a postconflict¹ education (Dryden-Petersen, 2015; McBrien, 2005). The less than 50% of postconflict child refugees who do receive an education (U.S. State Department Bureau of Population, Resettlement, and Refugees, personal communication, December 10, 2015) are often taught by teachers who are stressed refugees themselves, with little education and overwhelming classroom demands (Dryden-Petersen, 2015). In addition to

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¹We define *postconflict refugees* as nonresettled refugees living temporarily in countries of first asylum.

low school resources (Oh & van der Stouwe, 2008; O'Neal et al., 2016), the emotional context for both postconflict refugee students and teachers often includes living in a new country hostile to refugees. Refugee students and teachers, who are refugees themselves, can be very stressed as a result of living in a country hostile to refugees (Dryden-Petersen, 2015; Low, Kok, & Lee, 2014), with consequences for students' in-class socioemotional functioning (O'Neal et al., 2016), which we operationalized as child emotions and behavior in a social context (Parke & Clark-Stewart, 2011).

In the United States, supports for teachers' classroom management of typical students' socioemotional functioning have often been delivered via teacher training interventions with low to moderate effects on teacher and student outcomes (e.g., Webster-Stratton, Reid, & Hammond, 2001). A missing essential ingredient in these socioemotional teacher-training interventions, however, is sustainability via empowerment of refugee teachers. Such empowerment may involve building training capacity so that the training intervention is led by school-based peer refugee teachers instead of outside professionals, which is especially important given the high rate of refugee teacher turnover (UNHCR, 2013). In addition, teacher training needs to be culturally relevant (Nastasi & Schensul, 2005) given the unique emotional context of postconflict refugee education in which students have experienced challenging conditions typically not faced by nonrefugees.

The present intervention development study examined the effects of the culture-specific Resilient Refugee Education (RRE) intervention on teacher-reported classroom management confidence and knowledge, in addition to teacher self-care. The goal of this study was to compare the effects of professional versus peer refugee teacher-delivered training in postconflict refugee informal learning centers in Malaysia. As detailed in the following, refugee teachers in Malaysia merit training interventions and research attention because the Malaysian government does not allow their students to attend Malaysian public schools and the refugee teachers are teaching in ad hoc informal school settings without much, if any, formal training as educators. There were three groups involved in this study: (a) professional consultants, who trained peer trainers in a controlled studio environment and consulted with peer trainers on implementation; (b) peer trainers, who were refugee teachers who trained peer refugee teachers; and (c) peer trainees, who were refugee teachers trained by the peer trainers at their informal refugee schools. The consultees in this study were the peer trainers and trainees. The consultants were a professor from a local Malaysian university and four graduates of either a clinical or counseling psychology master's program at a local Malaysian university. RRE was adapted for postconflict refugee teachers in Malaysia (O'Neal et al., 2016) from a cognitive-behavioral classroom-management intervention developed in the United States for teachers of urban, low-income, ethnic minority students (Brotman et al., 2011), which was originally based on the Incredible Years classroom-management teacher-training program (Webster-Stratton et al., 2001).

The International Rescue Committee (IRC) has identified teacher training as the highest priority for improving refugee school education quality (Torrente et al., 2015; Winthrop & Kirk, 2005). Most postconflict refugee teachers do not receive formal training to address the overwhelming demands they experience in a classroom of refugee students. Refugee teachers may benefit from training on classroom management as similar trainings have been effective with nonrefugee students and teachers (Dicke, Elling, Schmeck, & Leutner, 2015; Jackson, Simoncini, & Davidson, 2013; Reinke, Lewis-Palmer, & Merrell, 2008; Webster-Stratton et al., 2001). Teachers who are refugees themselves experience long-term exposure to stressors and report inadequate self-care support (Oh & van der Stouwe, 2008; O'Neal et al., 2016). Such stress and lack of support can lead to teacher burnout which, in turn, affects student learning (Klusmann, Kunter, Trautwein, Lüdtke, & Baumert, 2008; Shen et al., 2015; Veenman, 1984). Therefore, refugee teachers may benefit from self-care discussion and training (O'Neal et al., 2016).

The introduction to this article will review refugee student socioemotional functioning in school, and teacher classroom management, stress, and training interventions, in addition to the underlying theoretical framework of Participatory Culture-Specific Consultation (PCSC; Nastasi & Schensul, 2005). Then, we review postconflict refugee education in Malaysia, the refugee sociopolitical context in Malaysia, and the early development of the manualized RRE intervention.

The emotional context of refugee student education

Refugee student mental health and behavior

Refugee student mental health and behavior in the classroom can be challenging, and it can affect academic functioning; this research is typically conducted in U.S.-based classrooms with refugees (e.g., McBrien, 2005). There has been some research establishing that postconflict refugee children are high in posttraumatic stress syndrome, anxiety, and depression (Bronstein & Montgomery, 2011; Heptinstall, Sethna, & Taylor 2004; Lustig et al., 2004), but little research has been conducted in postconflict refugee student classrooms outside of the United States (e.g., Torrente et al., 2015). Some studies have been conducted with refugees in U.S. classrooms (Birman & Tran 2015; Kia-Keating & Ellis, 2007; McBrien, 2005). For example, a study of Somali adolescent refugee students resettled in the United States found that a sense of school belonging was related to lower rates of depression and higher self-efficacy regardless of the amount of previous trauma experienced (Kia-Keating & Ellis, 2007). However, only a few studies have examined refugee student behavior outside of the United States (Jordans et al., 2010; Oh & Stouwe, 2008; Tillman, 2001; Torrente et al., 2015), and these are reviewed more in the following.

Refugee teacher stress

Refugee student–teacher ratios, refugee student mental health and behavior, lack of resources, and sociopolitical challenges may lead to refugee teacher stress, as shown in our preintervention qualitative study with postconflict refugee teachers in Malaysia (O’Neal et al., 2016); one other small qualitative study has reported high levels of postconflict refugee teacher stress (Low et al., 2014). In Malaysia, Low et al. (2014) interviewed six teachers who were refugees themselves. They found that refugee teachers experienced stress from many sociopolitical factors outside the classroom due to living in a country hostile to refugees: discrimination by neighbors who were citizens, fear of arrest/detention, government prohibitions against refugees’ legal employment, insufficient pay, and fear for their refugee students’ and their own futures. The stress of living in a country hostile to refugees can be hard for refugee teachers. Postconflict refugee teacher stress is likely given that refugee instruction in first-asylum countries have student–teacher ratios nearly twice the UNHCR guideline of 40:1 (Dryden-Petersen, 2015). Refugee education quality is typically low in these first-asylum countries, with low percentages of teachers with professional training, teacher-centered approaches, and with teachers lecturing most of the time, leaving little room for refugee student active engagement (Dryden-Petersen, 2015).

Much research with teachers of nonrefugees has established that teaching can be experienced as a high-stress profession (e.g., Kyriacou, 2001), which, in turn, can affect teachers’ physical well-being and performance at work (Shernoff, Mehta, Atkins, Torf, & Spencer, 2011). In a study of German teachers, Bauer et al. (2006) found that 23% of grammar school teachers suffered from burnout, yet only 14% reported a healthy coping style. Teacher stress often varies by teachers’ environment (Kovess-MasfÉty, Rios-Siedel, & Sevilla-Dedieu, 2007) and by gender (Klassen & Chiu 2010), with urban teachers experiencing more stress than rural teachers (Abel & Sewel, 1999).

A number of studies of nonrefugee students in the United States have found that student misbehavior is associated with teacher burnout (Byrne, 1994; Hastings & Bham, 2003; Pierce & Molloy, 1990). Similarly, levels of teacher stress have been linked with perceived classroom behavior problems (Arabaci, Basar, Akan, & Goksoy, 2014). Teachers have reported more stress when instructing students with behavioral or mental health problems including ADHD, oppositional or aggressive behavior, and social impairment (Greene, Beszterczey, Katzenstein, Park, & Goring, 2002). When teachers are unable to manage the socioemotional challenges in their classroom, students demonstrate less on-task behavior (Marzano, Marzano, & Pickering, 2003). These mutual relations of teacher stress with student mental health and misbehavior may be amplified among refugee teachers, a finding our preintervention qualitative research supported (O’Neal et al., 2016).

Self-care to manage stress

Self-care strategies (i.e., emotion and stress management) may help teachers manage stress, but no self-care or stress-management research has been done with refugee teachers. Beginning German teachers underwent a stress-management intervention to prevent psychological disorders with improved teacher well-being and classroom-management self-efficacy, as indicated by teacher self-report (Dicke et al., 2015). Stress management and self-care may help refugee teachers cope with stress in the classroom and a country hostile to refugees.

Research suggests that there may be gender differences in self-care practices. For example, women are more likely to rely on social supports, communicate emotions, and ask for help when they need it, in comparison to men (Maris, Berman, & Silverman, 2000). The same study found that, according to self-reported use of self-care strategies, males were more likely to engage in self-blame behaviors, while females were more likely to engage in substance use behaviors as a means of self-care. Research on gender differences in self-care suggest that teachers' gender and education may play a role in the effects of an intervention on teacher self-care.

Refugee student classroom management and related interventions

Although there have been informal initiatives to improve the training of refugee teachers around academic content (e.g., math), only recently has there been one systematically evaluated teacher-training intervention addressing classroom management² with students similar to refugees—internally displaced students. The IRC's Learning to Read in a Healing Classroom intervention combined literacy pedagogical content with an intervention designed to foster socioemotional functioning at schools for internally displaced students. The Learning to Read in a Healing Classroom evaluation was conducted in the Democratic Republic of Congo with internally displaced students and trained teachers to deliver quality literacy content in a child-focused framework (e.g., small groups, peer teaching) along with student literacy progress monitoring. Accompanying the academic training, the intervention targeted the outcomes of student well-being (i.e., mental health and peer victimization) in addition to classroom "cooperation/predictability" and "supportiveness/caring." The Learning to Read in a Healing Classroom theory of change posited that student well-being and academic outcomes would be promoted via quality school interactions and teacher well-being, motivation, and competencies. Healing Classroom psychosocial sessions (e.g., child development, positive discipline, communication with children) were integrated into literacy content delivery. Torrente et al. (2015) evaluated the Learning to

²Drawing on our theoretical background and collaboration with partners in Malaysia, we defined *classroom management* as how a teacher manages not only behavior but also emotions and attention in class (O'Neal et al., 2016).

Read in a Healing Classroom with 3,857 students in second through fourth grades using a wait list–control experimental design relying on 37 clusters of schools, which were clustered due to the posttraining teacher circles conducted in each cluster. With a significance level of $p < .10$, the program resulted in a significant positive effect on students' perceptions of support from their teachers and schools; however, the program had a negative effect on students' perceptions of classroom cooperation and predictability, and there was no effect on student victimization and mental health (Torrente et al., 2015). Wolf et al. (2015) reported that after one year of partial LHRC intervention, there was actually increased job dissatisfaction for female teachers, but not for male teachers. Learning to Read in a Healing Classroom, however, increased levels of motivation for the least experienced teachers. Our quasi-experimental project builds on the recent Learning to Read in a Healing Classroom study by offering a test of sustainability—professional versus peer-trained refugee teachers in a novel sample of refugees who fled conflict in their home country to a new country, Malaysia.

Other refugee student teacher-training interventions have been conducted, but with less rigorous designs than Learning to Read in a Healing Classroom. For example, Living Values Activities for Refugees and Children Affected by War focused on training refugee teachers in Karen refugee camp schools to deliver a curriculum to students on coping with trauma in addition to the promotion of positive student social and emotional skills; although the intervention did not specifically target teacher classroom management, unstructured teacher interviews indicated that they perceived students to be better behaved postintervention (Tillman, 2001). These refugee education interventions suggest the need for more culture-specific refugee classroom-management interventions specifically targeting student behaviors, emotions, and attention in addition to teacher self-care. In addition, the sustainability of refugee teacher professional development training interventions and peer methods of intervention delivery have not been tested.

There have been numerous classroom-management intervention studies with nonrefugee students in the United States. Most of these studies have found significant effects on student behavior and teachers' use of management strategies (Marlow et al., 2015; Reinke et al., 2008; Webster-Stratton et al., 2001). One of the leading programs is Webster-Stratton's Incredible Years Teacher Classroom Management Program, which seeks to improve teachers' classroom-management skills by encouraging more positive behavior toward students with the goal of preventing student aggressive behavior (Webster-Stratton et al., 2001). The Incredible Years Program found significant increases in teacher classroom-management knowledge pre- to postintervention in addition to improved observed student behavior, and the program found stronger effects among those with more baseline behavior problems (Webster-Stratton et al., 2001). The Classroom Check-up involved

visual performance feedback that increased observed use of classroom management strategies, including increased teacher use of behavior-specific praise and fewer reprimands, in addition to less observed student disruptive behavior (Reinke et al., 2008).

It is important to examine how intervention effects differ by subgroup, of which we argue gender and education are important. Martin and Yin (1997) found via self-report that men employed a more dominant style of classroom management and were more likely to identify as interventionists (i.e., characterized by high levels of control) compared to female teachers, suggesting that a teacher's gender and classroom-management style may interact. "Expert" teachers were more successful at classroom management than novice teachers, indicating that classroom management can be learned over time and may be related to experience and education level (Emmer & Stough, 2001). Research in noneducation environments suggests that gender and education level may influence training's effectiveness (Chyung, 2007; Gist, Schwoerer, & Rosen, 1989). In summary, although many teacher training/consultation interventions in the United States have led to changes in teacher strategies around classroom management, there have been none with postconflict refugee teachers and just one with teachers of internally displaced students. Classroom-management and training effects may differ by trainee gender and education.

Theoretical model

Our study relies on the Participatory Culture-Specific Consultation (PCSC) model, which provides a framework for the culture-specific development of interventions in new cultures via relationship building, formative investigation of target problems, culture-informed adaptation of existing interventions, and evaluation, in addition to reliance on an ecological framework accounting for multilevel effects on students, such as sociopolitical effects (see our detailed review of Participatory Culture-Specific Consultation in O'Neal et al., 2016; Nastasi & Schensul, 2005). Bell, Summerville, Nastasi, Patterson, and Earnshaw (2015) demonstrated how a collaboration with teachers and school staff in a K–2 U.S. urban charter school can build upon positive behavior supports using a PCSC intervention model over a 4-year period. Such collaboration led to universal screening and tier 1 interventions, with 100% of the teachers in study year 4 placing a strong value on socioemotional learning, compared to their academics-only attitude in the first 2 years of partnership.

From 2010 to 2013, we developed collaborative partnerships with refugee school leaders as well as local psychology professors and graduate students in Malaysia. Through meetings and interviews with our collaborators, UNHCR, school visits, and refugee teacher focus groups, we identified target problems and adapted TeacherCorps, the existing Incredible Years Program–based teacher training (Brotman et al., 2011), to refugee classrooms in a collaborative manner (O'Neal

et al., 2016). In a PCSC model, implementation must happen in a sustainable manner, ideally with local intervention implementers, and with evaluation.

To complement the PCSC model, we also relied on Schein's (2010) purchase-of-expertise model, which is commonly used as a framework for education and training consultation interventions (Dougherty, 2013). The concept behind purchase of expertise is that the consultant/trainer shares information and skills with the consultees/trainees. The consultant's expertise is "purchased" to design an intervention based on a problem that the consultee has already identified. In our case, however, we initially used focus groups to help develop collaborative expertise and problem identification before developing the intervention (O'Neal et al., 2016). As consultants, our expertise was also developed from our previous training and experience in classroom management, mental health, socioemotional learning, self-care, and training and group facilitation skills. Through collaboration, we grew together to meet some of the important assumptions behind Schein's purchase-of-expertise model—the consultee needs to make a correct diagnosis and communication of the problem, choose a well-matched consultant, and accept possible consequences of the consultation. Through PCSC, we met all of those assumptions and redefined what purchase of expertise means via a long-term, culture-specific collaborative process.

Refugee education in Malaysia: Sociopolitical challenges

Sociopolitical challenges exacerbate the stressors refugee teachers already face in postconflict countries (Dryden-Petersen, 2015). In Malaysia, the government has taken a strong negative stance against refugee adults and children, evidenced by the government's well-established human rights violations against refugees and prohibition of refugee students from attending Malaysian government schools (Malaysia Immigration Act, 1959/63; Nathan, 2012). Since the Malaysian government is not a signatory to the 1951 U.N. convention protecting refugees, refugees in Malaysia are viewed as illegal immigrants who are subject to imprisonment and whipping with a cane (Low et al., 2014; Nathan, 2012). Refugee adults have created schools for refugee children known as "informal learning centers." The schools are hidden due to a constant threat of civilian harassment and deportation of refugee teachers and students (Nathan, 2012). The over 90 "community refugee schools" in Malaysia are often located in spaces such as crowded apartments, are typically run and taught by same-ethnicity teachers who are refugees, and receive little to no financial support from outside organizations. Only 8 of the over 100 refugee schools receive substantial support from UNHCR, and these are labeled "center refugee schools"; the other "community refugee schools," if they are lucky, receive

limited support from religious organizations and nongovernmental organizations (O'Neal et al., 2016; UNHCR, 2016b).

Resilient Refugee Education development

With the goal of developing a culture-specific consultation-based training intervention, we first identified refugee teachers' culture-specific perspectives on refugee student socioemotional functioning, classroom management, and self-care in largely Burmese informal community refugee schools in Malaysia (O'Neal et al., 2016). We conducted focus groups, interviews, and observations to inform the development of our intervention. Focus group themes emerged from the refugee teacher perspectives indicating that (a) societal stressors and classroom environment exacerbated refugee student socioemotional issues and ability to learn; (b) refugee students experienced internalizing and externalizing emotions and behavior; (c) refugee teachers used a mix of traditional and "modern" classroom-management strategies; (d) refugee teachers used traditional Burmese classroom management to promote teacher authority; and (e) refugee teachers were under a great deal of stress, with limited self-care strategies (see detailed results in O'Neal et al., 2016). Such themes informed the transformation of the previous U.S. ethnic minority Incredible Years Program-adapted, TeacherCorps manual (Brotman et al., 2011) into a refugee teacher manual addressing (a) refugee child mental health; (b) safe student physical activities in schools that wanted to remain hidden; (c) traditional classroom management (i.e., time-outs) adapted to set limits and better respond to refugee class socioemotional needs, with a focus on helping students manage their emotions; and (d) refugee teacher self-care (i.e., emotion and stress management). After a pilot, reported in the following, it became clear that the training intervention might only be sustainable if capacity was built for refugee teachers to train their peers in their own refugee schools.

After culture-specific qualitative research was completed (O'Neal et al., 2016), two iterations of the RRE intervention were conducted in the present study, with a pilot first in 2011; the primary intervention was implemented in 2013 by professional consultants, and then by peer trainers a few months later (see [Figure 1](#)). The current study's intervention development process fit a PCSC model with the goal of adapting an intervention over multiple iterations to be relevant to a unique culture and context.

Hypotheses

We predicted that the Resilient Refugee Education intervention would lead to a significant increase in peer trainer and trainee classroom-management confidence, knowledge, and self-care. We also expected that intervention effects would differ

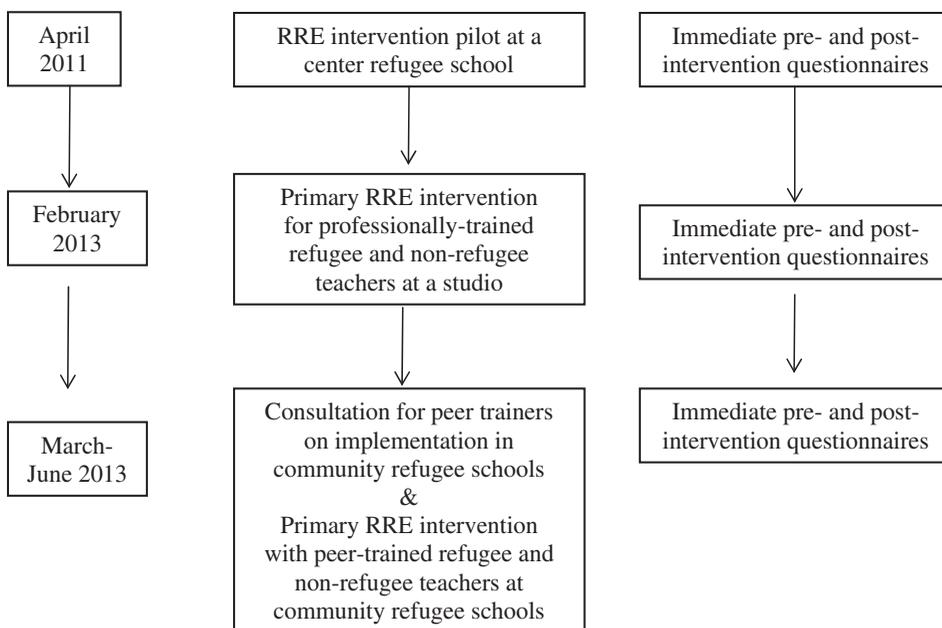


Figure 1. Intervention and data-collection timeline.

by education level and gender; teacher participant satisfaction ratings were predicted to range from moderate to high.

Method

First, we summarize the pilot intervention study participants and procedure. Second, we describe the primary intervention study's participants and procedure in full detail.

Pilot study

Pilot participants

The 2013 study reported in this article was based on a 2011 pilot study. In the pilot study, 46 teachers participated, including 55% females, 42% with at least a college diploma or higher, and 73.9% from Burma, 8.7% from Afghanistan, and 2.2% from Sri Lanka; 85% were refugees, and 15% were nonrefugee Malaysian citizens.

Pilot procedure

As a first step, UNHCR, the largest refugee school, and the authors ran a prepilot training of refugee school leaders and determined that the training topics were welcomed but there were concerns that using more positive discipline strategies would weaken their authority in the classroom. We also conducted a prepilot focus group with refugee teachers described previously (O'Neal et al., 2016) and

used those themes to adapt the U.S.-based TeacherCorps manual for refugees. Prior to the training intervention, the authors conducted a brief 2-hour training of 13 trainers including psychology graduate students and refugee teachers who were Malaysian citizens (except one teacher who was a Burmese refugee) to implement the refugee manual, which they also helped further adapt. Then, over 2 days in 2011, refugee teacher participants were trained at a center refugee school as part of the pilot intervention. In this pilot, the 46 participants were broken into five groups with approximately nine trainees in each group, with a refugee teacher paired with a local clinical psychology graduate student as trainers of each group.

Primary study sample

In 2013, 124 refugee teachers were recruited from 33 informal refugee schools. Note that it was difficult to estimate the total number of schools from which we originally recruited given that recruitment occurred via a snowball procedure including word of mouth, in-person meetings, and e-mails sent by refugee service organizations and UNHCR to the refugee schools with whom they were in contact. There were 98 teachers who were refugees themselves from 30 schools, and there were 26 teachers of refugee students who were not refugees themselves who were from 7 schools. Of the 124, 116 completed the training. There were two groups of trained teachers: (a) professionally trained peer trainers from 15 schools, who were refugee teachers who trained other peer refugee teachers ($n = 38$), and (b) peer trainees from 25 schools, who were refugee teachers trained by the peer trainers from their refugee schools ($n = 78$). Of the 38 peer trainers who completed the training, 22 were refugees. Of the 78 peer trainees, nearly all, 75, were refugees (see [Table 1](#)) For the peer trainers, five professional consultants, described in the following, provided the training to the peer-training groups, then four provided at least three consultation sessions to a total of 18 peer-trainer teachers who were interested in implementing the peer training at their own schools.

The 18 peer trainers were broken into seven groups led by pairs of consultants who provided support and further training in the delivery, presentation/discussion facilitation skills, and logistics of implementing a training session with peer trainees. A total of eight peer trainings were conducted. These trainings were co-led by small groups of peer trainers at seven refugee school locations convenient to the 25 schools that provided peer trainees.

Consultant sample

There were five consultants who conducted the trainings and follow-up consultation. They held recent clinical or counseling psychology master's degrees and had been coleaders with refugee teachers of the pilot RRE groups. An additional consultant also led the trainings and was the supervisor of the four

Table 1. Teacher demographics by RRE peer trainer/trainee.

Variable	Training status	
	Peer trainers (<i>n</i> = 38)	Peer trainees (<i>n</i> = 78)
Mean age (years)*	39.4	30.0
Refugee status (%)		
Refugee	57.9	96.2
Sex (%)		
Female	71.1	56.4
Education (%)		
College diploma or higher	81.1	64.1
Ethnicity (%)		
Burmese (Burmese ethnicity: Chin)	47.4 (34.3)	73.1 (58.4)
Middle Eastern	7.9	9.0
Chinese-Malaysian	26.3	0
Afghanistan/Pakistan	2.6	11.5
U.S./Europe/Australian	11.4	0
Other	20.0	6.3
Religion (%)		
Christian	76.3	74.4
Muslim	18.4	19.5
Buddhist	2.6	3.9
Head teacher/supervisor (%)	18	12.8
Taught in country of origin (%)	68.4	48.1
Attended a training in classroom management prior to RRE training? (%)	34.2	33.3
How long lived in Malaysia (months)?**	138.3	38.4
How long been a teacher in Malaysia (months)?*	31.5	17.4
How long have you been teaching at the school where you teach now (months)?	22.3	16.2

*Significant difference between peer trainer and trainee averages at $p < .05$; **significant difference between peer trainer and trainee averages at $p < .01$.

consultants; she held a doctoral degree in clinical psychology. All were Chinese-Malaysian, were an average age of 30, and 4 of 5 were female. Prior to the intervention, they had each had experience leading four workshops, on average, other than the supervising consultant, who had conducted innumerable workshops prior to RRE. Three had experience conducting consultation with nonrefugee teachers before the intervention.

Peer trainer sample

Peer trainers were defined as those who would receive the same training as the peer trainees, but also receive more training on how to deliver the training, more training on presentation skills, and consultation on training implementation. A total of 38 of the 45 refugee teachers completed the training to be “peer trainers.” The only requirement when we recruited peer trainers was that the refugee teachers were competent in English so they could understand the training; however, the peer-led training was in either English or the ethnic dialect matching the peer trainees. Note that the majority of refugee education in Malaysia is officially conducted in English so that students will be prepared in the event they are

resettled in western countries. In reality, there is code switching between ethnic-specific dialect and English in refugee schools.

Peer trainers (11 male, 27 female) were an average age of 39.4 years (see demographic details in [Table 1](#)). Twenty-two of the peer trainers were refugees. These refugee teachers largely came from Burma (70.8%). Sixteen participants were not refugees; 10 of these were Malaysian citizens and six were non-Malaysian (i.e., Australian, French, German, Singaporean).

Peer trainee sample

The 78 peer-trainee teacher participants were also teachers at refugee schools in Malaysia, but they did not have to be fluent in English to participate since our handbooks used for training were in English, Burmese, and Arabic, which are the majority of languages spoken by refugee teachers in Malaysia. Most important, the peer trainers were fluent in the language spoken by their peer trainees. The peer trainee ages ranged from 16 to 61 years ($M = 30$ years), and most were Burmese (73.1%). Ninety-six percent ($n = 75$) of peer trainees were refugees.

It is important to note that the peer trainers and trainees differed by age, refugee status, teaching experience, and education (see [Table 1](#)) and that the two groups were not randomized into their two conditions. Compared to peer trainees, only about half of peer trainers were refugees. The peer trainers had more years of experience as a teacher in Malaysia and their country of origin, completed more advanced education, and there were more women than among peer trainees. Peer trainees were nearly all refugees and largely Burmese, by contrast.

Primary study procedure

The procedure included immediate pre- and postintervention assessment of confidence, knowledge, and self-care in addition to daily training satisfaction ratings. The timing and sequence of the trainings and evaluation are depicted in [Figure 1](#).

Resilient Refugee Education intervention: Training and consultation procedure

Teachers were trained over 2 days on the following topics: refugee student mental health; empathy for refugee students; teaching in a refugee classroom; rules, transitions; positive teacher-child relationships; praise; rewards; and star charts. In addition, discipline, time-outs, and helping children with feelings were covered. The training also focused in depth on teacher self-care, including stress, anxiety, and anger-management strategies. On the third and final day of training, peer trainers were offered information and practice on how to effectively train their peers, with a focus on general

presentation and discussion facilitation skills in addition to practice in delivering the specific training content.

The training of the peer trainers sample was broken into a refugee and a nonrefugee training group for intervention, with five trainers who we label *professional consultants*. The reason training leaders decided to break the peer trainers into two separate groups for their training was to make sure that refugee peer trainers were comfortable asking questions and participating given some of their limited English and educational background. Note that the peer-trainer training was videotaped at a studio, and all peer trainers and trainees had access to these full training videos on the RRE blog; the bandwidth may be slow, but all of the trainees had access to at least one computer and wifi at their community schools.

The peer-trainee training interventions were led by one or more peer trainers at each of seven schools, with logistical support from two of the four professional consultants. The peer trainers were in charge of recruiting their own trainees, organizing their own logistical needs, and dividing tasks among themselves if they cofacilitated the training. Their training content was based on the RRE materials that we used to train them, as well as a training handbook described in the following. They were welcome to make copies from their own training handbook for their trainees, and their consultants left it to the trainers' discretion regarding delivery method.

The consultants were there to provide organizational support and implementation feedback, as needed. The consultants were also present and provided feedback during or after peer trainings. Note that consultants offered to provide in-class observation, problem-solving, and emotion-focused consultation on peer trainers' concerns around implementing the classroom-management techniques in their own classrooms. There was no uptake on the offer of individual in-class consultation, however.

The peer trainers taught the material using very brief explanations in simple English combined with modeling behaviors (e.g., how to give a "time-out"), and by helping the trainees role play classroom-management strategies in front of the group or in pairs. The RRE refugee teacher handbook, *Happy Teacher, Happy Students*, was created as an easy-to-read guidebook for current and future refugee teachers to implement the intervention; the book has many visual images and was written in English, Arabic, and Burmese. A secondary goal of the handbook was to act as an informal, visual manual to organize and guide the peer trainers and trainees through the RRE training process.

The peer trainers and trainees were paid for their training time. Peer trainers who were trained to be peer trainers received U.S. \$20, as did peer trainees who were trained by the peer trainers. The 18 peer trainers who conducted peer training received \$100 each, on top of the \$20 they received to be trained. The consultants were paid a small stipend for their work as

trainers and follow-up consultants. All received certificates printed and presented by the cultural affairs officer of the U.S. embassy in Malaysia.

Evaluation procedure

On the first day of training, the preintervention assessment was conducted just before training started, using measures described in the following. On the last day of training, the same postintervention assessment was conducted just after training stopped. Data collectors were student volunteers from a local university who distributed and collected the questionnaires for evaluation; they were either Indian–Malaysian or Chinese–Malaysian.

Measures

Demographics

A 21-item demographic survey assessed variables such as sex, age, education level, number of years teaching, name of school, and refugee status.

Classroom-management strategies confidence assessment

This questionnaire was used to measure how confident the teachers felt about their current classroom-management strategies and how well they thought they could use certain strategies to manage student behavior. The questionnaire consisted of two questions measuring their current overall confidence (e.g., How confident are you in managing current behavior problems in your classroom?) and 10 questions measuring their confidence using specific strategies (e.g., How good are you at using this strategy: Reward good behavior with different rewards). A 5-point Likert scale was used (1 = *Not at all confident* to 5 = *Extremely confident*). Questions were adapted from the Teachers Strategies Questionnaire (TSQ; Webster-Stratton et al., 2001). In this study, the items' alpha was .79, and an average was created of all of the items.

Classroom-management knowledge assessment

This questionnaire was used to measure knowledge of strategies received during the training (e.g., Which of the following is NOT a type of positive reinforcement?). It consisted of eight questions, seven multiple choice and one true or false. Participants were given 0 for an incorrect answer and 1 for a correct answer. These questions were adapted from the ParentCorps Strategies Test (PCS; Caldwell et al., 2005). A total sum of the correct items was calculated for the total knowledge score. Given that this was not a scale, but was a test of specific knowledge, no alpha was calculated and the number of items correct was used as the total score for this measure. A reward knowledge score was based on two items.

Self-care strategies

This questionnaire was adapted from *The Mental Health Handbook* (Powell, 2000) and used to measure participants' use of self-care strategies. It consisted of 10 statements about self-care strategies (e.g., I occasionally give myself something nice like a present or treat). Participants then rated each statement according to whether it was representative of them over the past week on a 4-point Likert scale (1 = *Very unlike me* to 4 = *Very like me*). This questionnaire had an alpha of .77.

Teacher-training satisfaction

At the end of each training day, this questionnaire was used to measure teacher satisfaction with the training. It included seven satisfaction statements (e.g., I found the morning teacher-training sessions to be...) with four response options (*not helpful*, *neutral*, *helpful*, or *very helpful*). It also included two free-response options (e.g., Please write which topics were most helpful). This questionnaire had an alpha of .77.

Results

Pilot results

To judge the effectiveness of the pilot training, the Classroom-Management Confidence and Knowledge measures were tested to determine whether the average of each increased from pre- to postintervention. Across the entire sample, confidence in usage of strategies was midrange at preintervention ($M = 38.49$, $SD = 5.96$). At postintervention, confidence ratings were higher ($M = 46.47$, $SD = 8.04$). The mean difference between the pre- and posttest confidence scores was significant, using a dependent samples t test, $t(44) = -5.53$, $p < .001$, $d = 0.83$. There was also improvement on the Strategies Knowledge Assessment from preintervention ($M = 4.77$, $SD = 1.86$) to postintervention ($M = 6.98$, $SD = 2.22$). The mean difference between the pre and posttest strategies knowledge scores was significant, $t(44) = -5.95$, $p < .001$, $d = 0.88$.

The teachers gave high agreement ratings of 4.5 out of 5, on average, to the statement "I learned something new today that will be helpful in my job." The main area that they reported to be less useful or relevant to their work was ignoring mild misbehavior, perhaps because some expressed that ignoring a child was unethical. The trainers also noticed that the participants struggled with one activity that relied heavily on written language. Both of these sections of the training were either removed or adapted, and the management of student emotions and teachers' self-care were expanded during the subsequent primary intervention due to high levels of student and teacher emotional needs reported during training. Through the pilot training, we learned about the high refugee teacher turnover rate in community refugee schools, and we observed that group learning was often most effective when refugee teachers learned information

through their refugee teacher peers. In addition, refugee teacher peers would be likely to reach more refugee teachers who were most comfortable learning in their ethnic dialect, rather than in English. These more hard-to-reach refugee teachers may be easier to reach if the training were done at their isolated refugee schools. As a result of these lessons learned, we decided that the primary intervention should be refugee-school-based and use the modality of peer-delivered intervention.

Primary intervention results

For the primary intervention, we hypothesized that there would be an improvement in confidence in and knowledge of classroom-management strategies and self-care, for both peer trainers and trainees. See [Table 2](#) for all intervention effects and trainer subgroup results. Using *t* tests, we found there was significant improvement across all participants' confidence and total knowledge levels in using the strategies, from pre- to postintervention; intervention effects were also significant for self-care.

Peer trainer and peer trainee subgroups each showed a significant increase from pre- to postintervention on these outcomes also. Using interaction effects in repeated measures ANOVA, there was no difference in intervention effects between peer trainer and trainee subgroups. There was no difference in total knowledge intervention effects for peer trainer versus trainee ($F = 1.90, p = .17$; [Figure 2](#), panel A). There was, however, a significant difference in reward knowledge, with trainees starting at a lower level of reward knowledge than trainers but increasing with a steeper slope to the same high postintervention level as trainers ($F = 6.53, p < .05$; [Figure 2](#), panel B).

The overall participant average satisfaction rating of the intervention was 3.77, on a scale of 1 to 4, which is equivalent to "very helpful."

Table 2. Intervention effects on classroom management and self-care.

Measure	Preintervention mean (SD)	Postintervention mean		<i>t</i> statistic	Effect size (Cohen's <i>d</i>)
			(SD)		
Confidence					
Overall	39.96 (7.09)		46.58 (6.11)	10.07**	0.94
Peer trainer	40.05 (6.63)		45.45 (5.70)	8.690**	0.84
Peer trainee	39.91 (7.35)		47.13 (6.26)	5.17**	0.98
Knowledge					
Overall	3.86 (1.41)		5.51 (1.39)	11.65**	1.08
Peer trainer	4.05 (1.58)		5.42 (1.35)	5.01**	0.82
Peer trainee	3.77 (1.32)		5.55 (1.42)	11.01**	1.24
Self-care					
Overall	27.24 (4.67)		28.8 (4.68)	4.29**	0.39
Peer trainer	27.21 (4.77)		29.42 (4.11)	3.21**	0.52
Peer trainee	27.26 (4.65)		28.5 (4.93)	2.90**	0.32

Note. For the Overall group, $n = 116$; for the peer trainers, $n = 38$; for the peer trainees, $n = 78$.

** $p < .01$.



Figure 2. (A) Nonsignificant difference in knowledge effects by trainer. (B) Significant difference in reward knowledge effects by trainer.

Moderation effects

Of the three outcomes, intervention effects on confidence differed by education level, as indicated by an interaction ($F = 11.81, p < .01$), and gender ($F = 4.91, p < .05$); intervention effects on self-care differed by gender ($F = 8.68, p < .01$; see Figures 3–5). Results suggest that although confidence levels may start lower for less educated participants, they catch up to more educated participants' confidence by postintervention. Female participants increase in confidence at a steeper rate than men. In addition, women start at lower

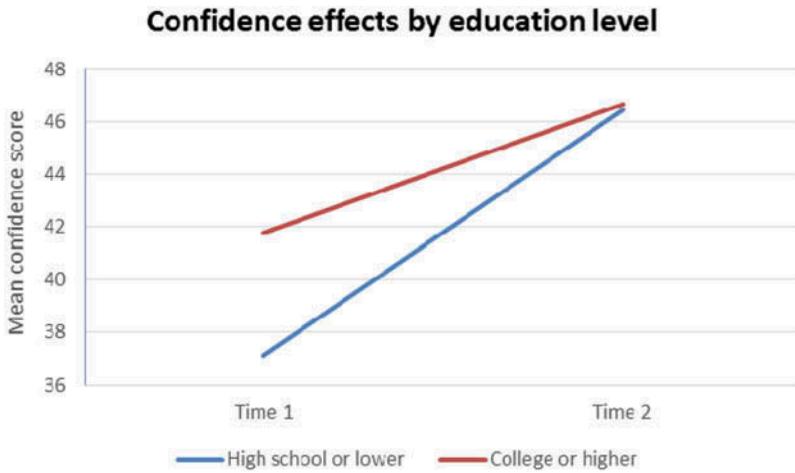


Figure 3. Confidence effects by education level.

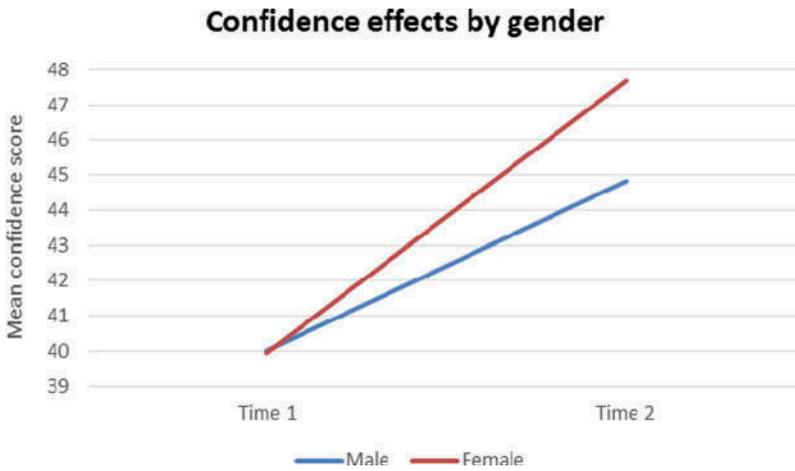


Figure 4. Confidence effects by gender.

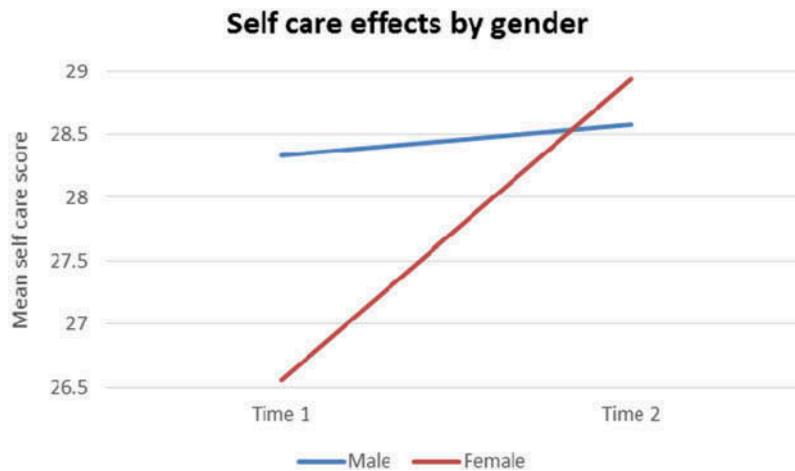


Figure 5. Self-care effects by gender.

levels of self-care, but they catch up to men's higher levels by postintervention.

Discussion

This refugee-teacher-train-refugee-teacher study compared the effectiveness of the RRE intervention on peer trainer and trainee classroom-management confidence and knowledge in addition to self-care in Malaysia, a country that is hostile to refugees. As expected, the intervention was equally effective across both forms of delivery with a strong effect size, on average, across knowledge, confidence, and self-care outcomes (mean Cohen's $d = .80$), comparable to other similar interventions (e.g., Webster-Stratton et al., 2001). In this discussion, we will review the theoretical model and results, address how these results fit existing literature, and discuss future iterations, limitations, and implications of this intervention.

Participatory culture-specific consultation model

Participatory culture-specific consultation offers a culturally relevant framework for the development of interventions in schools, with a history of application to mental health promotion in Sri Lankan schools (Nastasi & Jayasena, 2014; Nastasi, Bernstein, & Varjas, 2004; Nastasi & Schensul, 2005) and, more recently, in inner city ethnic minority U.S. schools (Bell et al., 2015). This study's intervention processes and results fit and can be interpreted from a PCSC framework. The results suggest that a culture-specific intervention can be effective in building teacher-reported teacher confidence, knowledge, and self-care strategies. PCSC was especially relevant to our intervention given the PCSC framework of understanding and adapting interventions to, in our case, the unique school and ethnic culture of post-conflict refugee informal learning centers and our focus on socioemotional and mental health-related issues.

PCSC is in equal parts a process framework and a framework to interpret results. Regarding PCSC process, we developed partnerships and learned about culture-specific refugee education needs and resources before intervention implementation (O'Neal et al., 2016), and these may have strengthened the relevance of the intervention given strong satisfaction ratings. As PCSC suggested, we used multiple iterations and evaluation, which initially indicated the need for a refugee school-based, peer-delivered intervention, and, in turn, we evaluated the relative effects of peer versus professionally delivered intervention. The process of training and supporting peer-trainer-delivered interventions in the refugee schools led to promising, significant results, suggesting that the intervention may be culturally relevant and accessible and may hold the potential to be

sustainable. Given that schools can be a rare, safe oasis of hope for refugee children, improvement in teacher confidence and knowledge of strategies in addition to self-care could foster emotionally healthy classrooms and teachers (e.g., Reinke et al., 2008).

Within the PCSC framework, we posed the question of whether the RRE intervention was a western-imposed model assessed by western metrics. Although we made our best efforts to culturally adapt the existing U.S.-based classroom-management intervention through pilot research, an ecological approach, and multiple intervention iterations, we acknowledge that many clearly western-developed classroom strategies and approaches remain in RRE. So it is possible that some teachers experienced the intervention content or delivery as foreign or judgmental, as if from a superior western attitude, although they did not report that feeling to us in satisfaction forms or feedback discussions (O'Neal, Gosnell, Ng, Ong, & Clement, 2017).

Our training/consultation approach falls under the umbrella of Schein's (2010) "purchase-of-expertise" model, but using a PCSC model as our primary consultation model shifted the nature of Schein's traditional expertise that is "purchased" to knowledge that is coacquired and shared by and with this study's partners and refugee teachers as peer trainers.

Intervention effects

The quasi-experimental results do suggest that peer-delivered RRE training can be equally effective as professionally delivered RRE training, with some consultation support in implementation. There has been only one socioemotional-focused intervention study of internally displaced students with a systematic design that integrated the Healing Classrooms socioemotional approach with literacy content delivery (LRHC; Torrente et al., 2015; Wolf et al., 2015). This study's peer-delivered design and postconflict target population make a new contribution to the developing field of empirically based, teacher-delivered socioemotional supports for refugee students and for teachers who are refugees themselves.

Intervention effects on teacher confidence differed by gender and education; self-care differed by gender also. The intervention seems to have a significantly stronger effect on women's classroom-management confidence, and the intervention seemed to help women catch up with men's higher reported use of self-care strategies. This reflects trends in the literature that suggest gender and education level influence adult training effects (Chyung, 2007; Gist et al., 1989). Gist et al. (1989) found that education level accounted for a significant amount of variance in performance across computer training methods among adults, which is in line with our finding that intervention effects on classroom-management confidence differed by education level.

These results on confidence and knowledge in addition to self-care are consistent with our hypotheses, the objectives of RRE, and previous

classroom-management teacher-training research conducted in the United States (Brotman et al., 2011; Webster-Stratton et al., 2001). RRE builds the capacities of refugee teachers by training them about emotion-focused and cognitive-behavioral classroom-management strategies, such as building emotion awareness and regulation of students' feelings, student-teacher relationships, and positive discipline techniques, in addition to teacher emotion and stress management. Our long-term expectations are that change in the school socioemotional context will lead to later change in student socioemotional and academic functioning in school. Although studies have been conducted with refugees in U.S. classrooms (e.g., Birman & Tran, 2015), this is the first postconflict refugee teacher study to examine change in teacher classroom-management confidence and knowledge in addition to self-care.

Limitations

The most important limitation of this study was that the outcome data were only participant self-report, with no student outcomes or assessment of actual teacher practices. This limited self-report method can be flawed due to the biased effects of social desirability. To first establish an intervention with teachers, however, teacher self-report is often assessed (e.g., Reinke et al., 2008). In theory, confidence/knowledge effects should lead to benefits for student emotional engagement and behavior in the classroom given that teacher confidence in and knowledge of classroom management have been linked to student behavior and achievement (Reinke et al., 2008; Webster-Stratton et al., 2001). It is, however, better to directly test change in student outcomes via student observation, academic performance, and/or student self-report (Torrente et al., 2015).

This research was confined to a small slice of the world and relied on a convenience sample, which makes it difficult to generalize to refugee education in other cultures. At the same time, the Participatory Culture-Specific Consultation process of developing this culturally relevant intervention can be a model for intervention development in other postconflict refugee education environments. Adaptation of the Resilient Refugee Education intervention to other cultures may be possible, given that the majority of postconflict refugees live in urban environments with only informal education opportunities. A validity concern is that these two nonrandomized groups of peer-trainer and trainee teachers differ in a number of ways demographically (e.g., education), and this may limit the implications of the findings. At the same time, it is striking how the effects were significant among the peer-trainee sample when they were so different, especially in less well-resourced and more marginalized ways, compared to the peer-trainer sample. In addition, we did not conduct a rigorous test of intervention implementation quality and fidelity. Future studies need to test longer-term outcomes in addition to tracking future repeated implementations by peer trainers to test long-term

sustainability and outcomes of peer-delivered interventions. Without long-term follow-up data, it is difficult to determine whether an intervention is effective in improving teacher instruction strategies and well-being.

Implications and future iterations

The results and process described in this study suggest a promising contribution of peer delivery of a refugee teacher intervention as not only possible but also potentially equally effective as professional-consultant delivery. The intervention had significant effects on outcomes such as teacher-reported classroom-management confidence, knowledge, and self-care. A necessary element of such an intervention is time to build the trusting relationships and partnerships necessary to develop a culturally informed, multiple iteration refugee intervention—it took us over 3 years to complete such an empirical process. Another necessary element was the building of sustainable refugee teacher capacity and connections with more resourced local partners (e.g., local universities). Such capacity building and relationships are especially necessary for interventions in informal, postconflict refugee schools in countries that are not signatories to the U.N. convention protecting refugees (O’Neal et al., 2016). The next steps for RRE will be not only to assess student behavioral and academic outcomes directly, but also to improve and test the long-term sustainability of peer-delivered intervention implementation. We may need to build capacity of school leadership to provide a system to insure future peer-delivered implementation and support for continued peer consultation on how to implement these strategies in the classroom. A refugee-teacher-train-refugee-teacher cascade model may facilitate a sustainable, culturally relevant process in which peer teachers continuously train other teachers after the original intervention is completed. Given the emotionally vulnerable nature of students and teachers who are postconflict refugees, refugee education deserves the best culture-specific, empowering, sustainable interventions we can provide.

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