Palestinian Code of Conduct for Psychosocial Interventions

1. Introduction:

Psychosocial interventions are actitivies that promote people's ability to effectively and satisfactorily meet the demands in their lives through healthy and rewarding social relations and interactions, effectively deal with and overcome the adversities which they face in their lives, and continue to develop psychologically and socially throughout their lifespan.

Psychosocial interventions have become increasingly common in the Palestinian society over previous decades. As with any society, there is an ongoing need for programmes that promote psychological and social well being. Such activities become a priority in a country like Palestine in which Palestinian children, for numerous decades and over successive generations, have lived under continued Israeli occupation and protracted violent conflict. This has left deep scars on the psychological well being of the Palestinian child, family and society in general. At the present time, over 85% of the Palestinian population living within the Occupied Palestinian Territory (OPT) have been born under Israeli military occupation.

The ongoing crisis and conflict in the area indicate the importance of protecting children and their families, and ensuring that their right to life, protection, health, education and psychological and social well being are given top priority. Continued violence and conflict permeate all aspects of a Palestinian child and his/her family's life. As such, ensuring holistic and integrative psychosocial services and programs that are integrally linked with existing health, education, social and cultural programmes and activities throughout the OPT should be given utmost attention.

Psychosocial programs and services must strive to promote healthy psychological and social well being in the longterm, as well as addressing the immediate distress of children and families. Psychological and social well being is part of an overall developmental process (within the individual, social and national developmental process) that effects and is affected by any imbalances or negative conditions impacting on the child's environment. Many Palestinian governmental and non-governmental agencies have been providing services and interventions to alleviate the psychological sufferings of children and adolescents. All agree that the effects of Israeli occupation and the current crisis have left and will continue to leave deep psychosocial scars on children and their families, unless interventions are put in place. At the same time there is a general consensus that inappropriate interventions can do more harm to the beneficiaries. Therefore, in order to ensure psychosocial interventions are of a high quality and meet the psychosocial needs of children and their society, the principles of such interventions need to be developed and agreed upon. The aim of this Code of Conduct is to outline the national framework on which psychosocial actions and interventions should be based.

In order to effectively promote psychological and social well being among Palestinian children and families, efforts in the OPT need therefore to be:
(1) Framed within norms established in accordance with Palestinian culture and

social context.

(2) Developed in accordance with the existing infrastructure to ensure that services can reach out to the large number of affected children and caretakers in all areas of the OPT, and to ensure long term incorporation of these strategies and objectives into ongoing programs as a means of supporting a sustainable process.

(3) Coordinated between all local and international actors to ensure that the largest number of beneficiaries is effectively and equitably reached in order to ensure that resources are appropriately allocated and disseminated without redundancy.

(4) Adhered to necessary minimum standards of quality by all actors in psychosocial work in Palestine.

The adoption of a Palestinian Code of Conduct for Psychosocial Interventions in the OPT is an important step towards this goal. This Code of Conduct will be adopted by institutions, agencies and programs working in psychosocial interventions as a binding ethical and professional agreement . The target audience for this Code of Conduct will be professionals and paraprofessionals working in the arena of psychosocial interventions including but not limited to counselors, educators, psychiatrists, psychologists, public health personnel, rehabilitation workers, social workers, and teachers. The Code of Conduct will aim to ensure that the best interests of the beneficiaries are the primary consideration in the implementation of such programs.

2. Psychosocial competencies:

Psychosocial interventions should support a person's healthy emotional, cognitive, behavioural and social development. When focus is on the child, such competencies are achieved through constructive interactions between the child, family and society as a whole. Specifically, psychosocial interventions aim at promoting the following key competencies and outcomes among children and their caretakers:

(1) Secure attachment with caretakers - Child feels safe and is cared for by supportive and responsible adult caretakers.

(2) Meaningful peer attachments and social competence - Child and caretakers have the capacity to create and maintain meaningful relationships with peers, caretakers and adults. They are able to gradually acquire the skills and knowledge to effectively establish, maintain and develop social relations and effectively navigate their social world

(3) Trust in others- Child and caretakers have a belief that they can rely on others in their community for nurturance, help and advice. They feel that others will not hurt them or their community. For children living in threatening life situations the child must know who can be trusted and that this person(s) is available when needed.

(4) Sense of Belonging - Child and caretakers are socially connected to their community and are part of the social environment that addresses and meets their needs.

(5) Self-esteem - Child and caretakers have a self-concept of worthiness and instrumentality. They have a sense of being valued and show a trust in the self.

(6) Empowerment – Child and caretakers have a sense of empowerment and have the capacity to participate in decisions affecting their life and to form independent opinions.

(7) Ability to access to opportunities – Child and caretakers are able to access and/or create opportunities for cognitive, emotional, and spiritual development and economic security.

(8) Hopefulness or optimism about the future – Child and caretakers feel confident that the world offers positive outcomes, that things are, or are likely to be, fine. They have a realistic sense of the future and are able to plan for the future.

(9) Responsibility – Child and caretakers understand the implications of their own actions, demonstrate a concern for the impact of their action on others, and assume responsibility for their actions.

(10) Empathy – Child and caretakers demonstrate the ability to understand and empathize with the needs, rights and feelings of others.

(11) Creativity – Child and caretakers are able to be creative and to imagine different alternatives and options in a given situation.

(12) Adaptability – Child and caretakers are able to adjust to their surrounding environment and new situations and participate in improving it when possible. Child and caretakers are able to acknowledge and evaluate new information, make appropriate and timely decisions, and are able to effectively interact and relate to new situations.

3. General Principles:

Psychosocial programmes and interventions should be based on the Convention on the Rights of the Child and other human rights instruments and anchored in positive social and cultural values and practices. They should address both the child and their caretakers –both being ultimate 'beneficiaries' of such programmes. Programmes will promote the following principles and values:

- **Right to life, survival, and development**; the overall objective of psychosocial interventions is to re-establish a state of wellbeing that is necessary for and promotes the healthy development of children and their caretakers. Thus, where children and their caretakers are facing unsafe situations, psychosocial interventions strive to build safe and supportive environments for children and their caretakers. This can be achieved both through direct intervention or awareness raising and information provision. Many times psychosocial interventions require that the basic elements of survival are addressed including the child's right to nutrition, shelter and protection. Intervention will also address the very specific needs of child development.

- **Respect for the views of the beneficiary**: psychosocial interventions must ensure that beneficiaries' views are acknowledged and respected so that they participate in their own healing and development and their dignity is preserved. Children and

other family members will be given opportunities to express their views, feelings and ideas both within and beyond their families.

- **Best interests of the child and his/her caretakers**; in all decisions affecting the psychological and social well being of the beneficiary, primary consideration should be given to the his/her healthy development. Psychosocial programmes and their outcomes should not be used for any purpose other than the psychosocial development of the beneficiary – in particular, such activities should not be used for political, media, economic, social or personal gain for the implementing organisation or individual. The long-term development of the individual and the potentially harmful consequences of any short-term intervention should be taken into account when implementing programmes. Short-term interventions that undermine the trust between the children and their caretakers, or that make beneficiaries more aware of their problems without helping them to find solutions can be harmful and hence should not be undertaken**.** It is better to do nothing than to do something harmful, wrong or bad for the beneficiary's well being**.**

- **Non-discrimination of any kind**; Programmes will be implemented without discrimination on the basis of race, sex, color, religion, political view, disability or socio-economic status. They will be gender-sensitive, culturally and developmentally appropriate. They will respect and be tailored to individual differences and special abilities and needs of the beneficiaries. Psychosocial workers will also avoid positive or negative stereotyping of children who have experienced psychological or social distress and who have been exposed to or involved in violence.

- **Confidentiality**; psychosocial assessments and interventions will respect confidentiality, including when the interventions are undertaken in groups; psychosocial institutions will protect this confidentiality and ensure anonymity when communicating about their interventions.

- **Honesty and objectivity**: psychosocial workers must not mislead the beneficiaries. They must tell them the truth in an age-appropriate manner and to the degree to which it contributes to their long-term development. Institutions and individuals must recognise their own limits and be able to refer cases beyond their area of competency;

- **Responsibility:** intervenors must make all efforts to be fully aware of the impact of their interventions. Based on an accurate assessment of the risk involved, they will choose the appropriate methodology for optimum benefits and minimal risks for the beneficiaries. They will also closely monitor the implementation of the intervention, and assess its impact. They must refer any beneficiaries who can not be adequately assisted through the intervention to the most appropriate available services;

- **Non-violence in all its forms**: children should be protected from all forms of physical and psychological violence, including political violence, violence at school, family violence, violence among peers, and representations of violence in the media. Psycho-social interventions must be free from all forms of violence against or in the presence of children. When encouraging or allowing the

beneficiary to express his/her experience of violence is a necessary part of a healing process, the safest forms of expression will be used in a confidential and supportive setting involving only those who directly experienced such violence. Sessions should never end with the sole expression of violence. Such intervention will occur as soon as possible after the event as part of a continuum of interventions that help the beneficiary to develop constructive behaviour.

- **Informed consent**; prior to undertaking psychosocial interventions, consent should be obtained from children and their family with full awareness of what will happen and the probable effects on the child. In cases when getting family consent may undermine the best interests of the child, a professional third-party written advice will be sought to determine the necessity and appropriateness of the intervention. The qualifications of the third party and necessary procedures need to be further specified in law.

- **Inclusivity**: as much as possible, psychosocial institutions will promote and prioritze the inclusion of disadvantaged children and their caretakers in their activities.

4. Programming principles:

Assessment: psychosocial programming must be based on a competent assessment and analysis of the overall situation of the beneficiaries, including psychosocial, security and economic issues. Assessments will take into account existing and potential community-based mechanisms for promoting psychological and social well being and the recovery and well-being of children and families in psychological and social distress, as well as existing and potential psychosocial stress factors in the community. Based on both qualitative and quantitative data, assessments need to provide a better understanding of the dynamic relationship between psychological and social effects, and strengthen holistic approaches toprogramme interventions. Although assessments are typically carried out on a large number of persons, interventions must take into account individual differences and needs of each and every beneficiary.

Scope: psychosocial programming covers a wide range of strategies, namely: 1/ promotion of psychological and social well being; 2/ prevention of acute psychological and social distress; 3/ detection of early signs of distress; and 4/ treatment and rehabilitation of acute psychological and social distress.

Promotion of psycho-social well-being: all members of the community are responsible for the promotion of psychological and social well being of children and their families. Psychological well-being depends on the existence of a number of supportive factors enabled by the entire community. Such factors include strong parental care and family support, effective social and community participation, and access to quality health care, good nutrition, developmentally-appropriate education, adequate financial resources and appropriate expressional and recreational activities within a safe and protected environment. Parents, siblings, peers, doctors, teachers, community and youth workers, municipalities, etc. all participate in and have a responsibility for creating the building blocks of

psychosocial well-being. They also play a crucial role in indentifying the need for more specialised interventions, such as counseling for children suffering psychological and social distress, and in implementing these.

Prevention of acute psychological and social distress: in the times of collective or individual crises prevention work will consist in consolidating the 'building blocks' and strengthening the resilience of children/families, so that they can cope with and overcome their problems. It will also help them to recognise the initial signs of psychological and social distress (or 'stress'), and basic mechanisms to deal with this stress. This can be achieved through the implementation of specific psychosocial interventions such as information campaigns, self-expression, recreational and support/mentoring programmes, life skills training, and community activities. After relevant training, such interventions can be implemented by professionals such as teachers, social workers, medical, community or children workers and, whenever possible, within existing health, education and social services. When successfully implemented such interventions will prevent psychosocial complications in the vast majority of cases and help the beneficaries deal with their problems more effectively. At this stage, individual, group or family professional counseling are not appropriate.

Early detection of psychological and social distress: the early detection of psychological and social distress can help minimise the development of serious psychosocial problems. Through early detection of psychological and social distress, greater support can be given by the community and professions for those experiencing stress or non-acute distress. Those displaying initial signs of acute psychological and social distress can be referred for appropriate treatment and rehabilitation. Care givers and general professionals (teachers, community workers, facilitators, non-formal educators, etc.) play a crucial role in detection, for example in their activities with children such as games, plays and drawing. Through education campaigns or specific training they can when made aware of the early signs of distress. Psychosocial professionals also contribute to early detection of psychological and social distress through psychosocial screening of children and families, after which they can make appropriate referrals. In order to maximise the effective and appropriateness of such screening, tool(s) or indicators of the psychosocial status of Palestinian children and their families need to be further developed. Particular attention should be given to marginalized groups of individuals who are more susceptible to psychological and social distress i.e. those living in extreme poverty, children with special needs, families and children who have been exposed to repeated traumas,and families with one or more persons suffering from mental disorders.

Treatment and rehabilitation of acute psychological and social distress: treatment and rehabilitation of acute psychological and social distress should be managed by a specialist professional with relevant qualifications. Such specialist professionals include psychologists, psychiatrists, social workers, psychiatric nurses, counselors (including school counselors) and speech therapists. Treatment and rehabilitation interventions include individual, family and group counseling and psychotherapy, other remedial therapy and self-expression and support programmes, such a games and plays for young children. Specialists will build the support of actors who will have been involved in the promotion of the beneficiary's wellbeing, and in the

prevention and/or early detection phases of the psychological and social distress – that is, family and community members, and general professionals associated with the beneficiary. These actors can help to ensure the appropriateness of the interventions, the beneficiary's long-term commitment to the intervention and to support the interventions through various methods including those outlined above. The importance of intervening at the earliest point in time is crucial. Dealing with stress and disorders at an early stage has a beneficial impact on reducing not only the severity, but also the duration of the trauma and/or disorder and/or stress.

In the times of crisis, long-term programmes promoting psychological wellbeing should be maintained, in addition to the initiation of emergency programmes to deal with psychological and social distress resulting from the crisis. Emergency programmes should focus on strengthening the resilience of populations through promotion of appropriate coping mechanisms and stregthening protective factors for 'at risk' groups. The aim is to help children and their care takers to more effectively deal with and overcome the problems they face in their lives. Although in times of crisis one focuses on emergency alleviation, efforts should attempt to look at long term developmental needs in order to intervene in the short term, but to also sustain longer term developmental processes within the area.

At risk groups: all interventions should give special attention to at risk children and their care takers, especially when they are:

- living close to or within flashpoints or areas frequently shelled;
- injured, disabled, hospitalised, tortured or detained
- living in families whose members have been killed, injured, tortured and/or detained.
- living in families who suffered property losses, including house demolition or damage, destruction/damage of agricultural land etc.;
- displaced or unable to access basic services;
- children in conflict with the law;
- living in acute poverty;
- abused and/or neglected;
- living with other individuals who are physically and/or mentally disturbed, abusing drugs, or suffering from a life threatening illness.

Professional qualifications: all people – community members, professionals or psychosocial professionals – involved in the promotion of psychological and social well being or dealing with psychological and social distress should adhere to the principles outlined in this Code of Conduct.

At the promotion level, the most crucial human resource is the community as they provide the building blocks for psychological and social well being, and have the strongest impact on the psychosocial status of children and families. Raising community awareness of the principles of psychological and social well being, and their role in the promotion of psychological and social well being is therefore important.

At the prevention and early detection levels, professionals working in psychosocial programmes, especially prevention and early detection of psychological and social distress require a degree of familiarity with basic

psychosocial principles as outlined in this Code of Conduct. Specific topics could include, but are not limited to, indicators of psychological and social well being, child and adolescent development, causes of psychological and social distress, risk and protective factors for psychosocial problems, methods of promotion of psychological and social well being, and prevention, early detection and referral for children and families suffering psychological and social distress. Short-term training with adequate supervision, practice and follow-up are the most common ways for professionals to gain relevant knowledge. Experience in these areas is also invaluable.

At the treatment and rehabilitation levels, psychosocial professionals require more extensive qualifications and extensive supervised practice. For psychosocial professionals implementing screening, treatment or rehabilitation programmes for psychological and social distress there is a need to develop a comprehensive system of registration/licensing. Standards for psychosocial trainers should also be developed. Licensing should be differentiated by specialty, so that separate licensing guidelines and procedures are developed for psychiatrists, psychologists, social workers, psychiatric nurses, counselors (including school counselors) speech therapists etc. The relevant Ministries, in consultation and cooperation with professional associations and non-governmental organisations, will develop licensing requirements and procedures for each of these psychosocial professions. These actors will determine which Ministry should be responsible for each psychosocial profession. Efforts should be initiated that legally require all skilled personnel to be fully licensed and authorized to work by an accredited institution.

All psychosocial workers must be fully aware of their limits and take appropriate action to refer beneficiaries to appropriate institutions and experts, when confronted to problems beyond their own capacity. Psychosocial workers will aim to provide sufficient attention to specific cases. Where the demand for psychosocial services is greater than the number of psychosocial workers, workers will balance the need to assist large numbers of children/families with the need to provide adequate attention to specific cases and search for ways to maximise impact. Psychosocial workers must function as a team, utilising a holistic, multidisciplinary approach that clearly identifies roles and responsibilities, and allows sharing of experience and complementarity of skills for the benefit of the children and their families.

Participation of children, families and communities: interventions should utilise, build upon and strengthen existing familial, social and community networks, relations and resources. All psychosocial programmes should be designed and implemented with the active participation of the beneficiaries, utilising their knowledge and skills. Promotion, prevention, early detection, and treatment and rehabilitation interventions will strengthen the beneficiaries' capacity to be key actors in the promotion of their own psychological and social well being, as well as in the promotion of the psychological and social well being of others in their community. Interventions will serve to create and reinforce positive familial and social dynamics, to help the beneficiary maintain and develop their social relations.

Partnerships: partnerships among psychosocial institutions will be based on careful assessment of respective expertise and capacity, and promote geographical and technical complementarities. At the policy level, organisations will work together to identify best practices, agree upon indicators and messages, and ensure programme quality. At the community level, coordination mechanisms should be put in place to foster partnerships, avoid overlapping and ensure coverage of the most needy. Each partnership must identify related bodies and then identify the roles of each body.

Monitoring and quality assurance: psychosocial programmes must be rigourously and regularly monitored both by the psychosocial teams themselves and external evaluators. Performance and progress should be assessed against psychosocial competencies and expected outcomes as defined in this Code of Conduct. Adequate supervision of psychosocial providers at all stages is a key strategy to ensure quality of services. Accreditation mechanisms need to be put in place to ensure adherence to the above principles by institutions and individual practitioners specialising in psychology, psychiatry and social work. Licenses to these organisations could be temporarily granted based on regular assessments and evaluations of the services provided.

5. Rights of the beneficiaries and implementing bodies:

Beneficiaries have the right to choose a psychosocial programme or service. Services offered must be in line with the principles of the Code of Conduct. Beneficiaries have the right to seek recourse for any intentional or unintentional harm or unprofessional services resulting in participation in such programmes. Beneficiaries have the right to address their complaint directly to the implementing organisation. When the complaint is justified, the organisation must take appropriate action to redress any injustice, and to ensure other beneficiaries are protected from similar practices. If the beneficiary does not receive a satisfactory response form the organisation, he/she has the right to seek legal recourse. There is a need, however, to further develop the legal protection for beneficiaries of psychosocial programmes. In the meantime, insitutions delivering psychosocial services will establish their own committee to review complaints by patients.

Psychosocial workers, including individuals and organisations have the right to be protected from harm as a result of their work. Psychosocial workers have the right to refuse to assist others if they reasonably believe that this would entail a substantial risk to their personal or professional wellbeing. They also have the right to be protected from verbal or physical attacks or threats that might result from their work. They also have the right to have their legal rights and responsibilities clarified, particularly regarding testifying in a court of law.

6. Implementing the Code of Conduct:

Policies: This Code of Conduct provides the guidelines for psychosocial work in Palestine. As institutions delivering psychosocial services, we commit ourselves

to incorporate these principles in our mission statements, policies and practices. Relevant ministries will develop their own policies and strategies regarding psychosocial work or activities and ensure that the services they deliver are consistent with the Code of Conduct. We commit ourselves to making the content and spirit of the Code of Conduct known to our staff, and incorporate the principles and content of the Code of Conduct in our in-service training activities.

As funding agencies, we commit ourselves to design our programmes to be consistent with this Code of Conduct and to make our financial support to implementing agencies conditional on their adherence to and promotion of, the principles of the Code of Conduct.

Dissemination: Implementing institutions and funding agencies commit themselves to disseminate the Code of Conduct among other professional institutions to seek their endorsement. They will also make it known to the public and the beneficiaries of their programmes through various mechanisms including: 1/ public display of the Code of Conduct in their own facilities; 2/ development and dissemination of reader-friendly versions of the Code of Conduct; and 3/ media programmes and announcements.

Implementing mechanisms: A body responsible for monitoring the implementation of the Code of Conduct will be identified. This body will be responsible for ensuring compliance of psychosocial activities and programmes with the Code of Conduct as well as advocating for the implementation of the Code by all psychosocial institutions operating in the Occuppied Palestinian Territory and providing technical guidance to implemeting and funding institutions. Licensing mechanisms will be developed for the various psychosocial professions dealing primarily with treatment and rehabilitation. Appropriate legislation will be proposed to protect the rights of the beneficiaries of psychosocial interventions.

Occupied Palestinian Territory, 4 October, 2001.

The following organisations operating in the Occupied Palestinian Territory have contributed to the formulation of the ***Palestinian Code of Conduct for Psychosocial Interventions:*** National Plan of Action for Palestinian Children Secretariat, Palestinian Higher Council for Childhood and Motherhood, Palestinian Legislative Council, Ministry of Edcuation, Ministry of Health, Ministry of Social Affairs, Ministry of Youth and Sports, Ministry of Ex-Detainees, Moral and National Guidance, Defence for Children International/Palestine Section, Palestinian Red Crescent Society, Early Childhood Resource Centre, Birzeit University, Populart Art Centre, Guidance and Training Centre for the Child and Family, Palestinian Youth Council, Palestinian Youth Association for Leadership and Rights Activation, Happy Child Centre, General Union of Disabled Palestinians, YMCA, Paslestinian Counseling Centre, Old City Counseling Centre, Union of Charitable Societies, Union of Palestinian Medical Relief Committees, Union of Health Workers Committee, Palestine Avenir, Al Azhar University, Islamic University, Ma'en Association, Atfaluna Society for Deaf Children, Canaan Institute for New Pedagogy, CCTCM, Gaza Community Mental Health Programme, Palestinian Centre for Helping Resolve Community Disputes, Young Scientist Club, Society for Remedial Education, Culture and Free Thought Association, Al Hanan Society, Physically Disabled Society, Enfants du Monde- Droit de l' Homme, Medecins Sans Frontieres, Save the Children/US, Canadian International Development Assistance, WHO, UNRWA, UNICEF.