‘Global-to-Local’ Partnerships to Promote Children’s Psychological Well-Being

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Engaging in international research and service necessitates partnerships across countries, disciplines, institutions, sectors and cultures. With a doctorate in School Psychology, I was well prepared to engage in partnerships to facilitate the well-being of children. When I began extending my interests abroad in the 1990s, it became evident quickly that my collaboration skills and interests would be essential. Partnerships with parents and educators were central to serving the best interests of children, but extended beyond the school and family microsystems. I was accustomed to working with professionals from other disciplines such as education, social work, counseling, psychiatry, speech and language, audiology, and law; with institutions such as schools, mental health clinics, and other child-serving agencies; and across sectors including government and private non-profit. I was well aware of the importance of understanding the culture of partners from disparate backgrounds as we negotiated across boundaries toward a common goal, and I relied on my competencies in collaboration to successfully traverse the numerous socially constructed borders.

My sense of competence in developing effective partnerships was challenged as I ventured across national boundaries. I was faced with collaborating in settings and cultures that were clearly different from what I had experienced in local contexts in the United States. What I learned about ‘global’ collaboration and partnerships in my early ventures in Sri Lanka would change my perspective about ‘local’ applications as well. I have come to think of my work as engaging in ‘global-to-local’ partnerships. Collaborating with stakeholders in countries outside of the United States is not just about negotiating across national boundaries. More importantly, it is about negotiating across cultural, institutional, and disciplinary boundaries in the local context. In this article, I provide examples from my work in Sri Lanka from 1990s to present and conclude with lessons learned that I continue to apply in international and domestic contexts.

SRI LANKA

As a consultant to a project on sexual risk among youth in Sri Lanka, I had opportunities in the mid-1990s to visit schools and meet professionals with shared interests in children’s psychological well-being. It was at that time that I developed professional relationships with anthropologists, sociologists, psychiatrists, pediatricians, and teacher educators from the University of Peradeniya, and initiated a long-term partnership with Professor Asoka Jayasena, an educational sociologist and teacher educator at the university. Her relationships with the schools and educational ministries throughout Sri Lanka and affiliation with both the university and the Centre for Research on Women (CENWOR, Columbo) provided the basis for multiple projects in the Central and Southern Provinces. In each instance, Professor Jayasena’s relationships provided entry into the regional and local contexts. The eventual development and implementation of context-specific projects required forming local partnerships with provincial (district) and school administrators, teachers, parents, and other stakeholders such as religious clergy. Furthermore, our work involved partnerships between our home institutions and with colleagues and students from Sri Lanka and the United States.

Guiding the early work in Sri Lanka was a shared mission to address the psychosocial needs of the school-age population, which had minimal access to mental health services—restricted to less than 20 psychiatrists nationwide—but substantial need related to high suicide rates among adolescents and youth (Nastasi et al., 1998). We ventured into a process that has come to be characterized as the Participatory Culture-Specific Intervention Model (PCSIM; Nastasi et al., 2004). PCSIM involves engaging local partners in an iterative and mixed-method research-intervention process with the goal of developing culture-specific (local) conceptual models, assessment strategies, and intervention programs. The process starts with the premise that we need to understand the local culture and context—the values, language, beliefs, norms—as prerequisite to developing mental health programs. Although this premise seems most apparent when working in countries with cultures that are clearly different from our own, it is not always apparent in local contexts at home.

Beginning with partnerships in the Central Province of Sri Lanka that included the provincial ministry of education,

1The work spanned my affiliation with several institutions: University at Albany, State University of New York; the Institute for Community Research (ICR), Hartford, Connecticut; Walden University, Minneapolis; and Tulane University, New Orleans. Funding for the work in Sri Lanka was provided by small grants from University at Albany, Walden University, Tulane University, and the Society for the Study of School Psychology (SSSP).

Bonnie Nastasi (right) with Asoka Jayasena during a visit to the Centre for Research on Women (CENWOR) office in Columbo
Peradeniya University, and 18 schools, we gathered formative research data (using ethnographic methods) from children, teachers, and administrators that informed a culture-specific conceptual model, assessment measures, and school-based mental health promotion program (see Nastasi and colleagues, 1998, 2004, 2007a, 2007b, 2010, 2011). We subsequently pilot tested the assessment tools that measured perceived competence and response to common stressors and a school-based program to enhance coping skills in partner schools. Following the December 2004 tsunami in South Asia, we partnered with CENWOR to bring the intervention program to schools in the Southern provinces of Sri Lanka in order to facilitate long-term psychosocial adjustment of students affected by the tsunami. This required forming partnerships with local ministries of education, school administrators, teachers, and parents to identify needs and resources, adapt (e.g., to focus on environmental stressors such as the tsunami) and expand the existing intervention program (e.g., to include parent education components), and implement and evaluate the program in two schools in two different communities, resulting in a shortened version of PCSIM. Most recently, we partnered with a school and local provincial education center in another Southern provincial community affected by the tsunami to examine the long-term psychosocial needs of students.

LESSONS LEARNED

My extended work through multiple local partnerships in Sri Lanka radically changed my perspective about research and service in both domestic and international settings. First, I came to question my assumptions even in familiar (home) environments about seemingly ‘shared’ language, beliefs, values, norms, and experiences. I realized that those assumptions always need to be tested and refined through formal and informal data collection in each new context and across multiple stakeholder groups. Second, I learned the value of forming partnerships from the first day, involving stakeholders (e.g., parents, teachers, students) as true partners throughout the process of decision making. I learned that applying psychology domestically or globally requires partnering with all those with vested interests. Third, I learned that the most valuable outcome of international or local research and service is for the local stakeholders to take ownership of the work and take it beyond what I imagined. Fourth, I learned that wherever we attempt to apply psychology, we have to consider the local context as central to our work. Fifth, I learned to question the validity of Western-based theories, knowledge, assessment and intervention tools, and to use caution in my assumptions about their universal applicability. Finally, I learned the importance of humility in trying to effect change through psychology and the invaluable learning that comes from listening to the voices of others.

Currently, I have the unique opportunity to partner with a local charter school at home in New Orleans in order to develop comprehensive school-based mental health services. Working with colleagues and doctoral students in the School Psychology Program at Tulane, we are applying the PCSIM to engage school administrators, teachers, support staff, parents, students, and mental health professionals from the community to develop programming that addresses the unique needs of children living in New Orleans post-Katrina. We are in the fourth year of our work, and I am frequently reminded that this work is not much different from the work I have done in Sri Lanka—both require that I am open to the perspectives and needs of stakeholders, embrace the partnerships that have developed, and practice humility. Ψ

REFERENCES


