

# When you need to know quickly: the efficiency and versatility of focus groups for NGOs in conflict and post conflict settings

***Kenneth E. Miller***

Focus groups (specially structured small group interviews) have gained widespread popularity among researchers and non-governmental organisation (NGO) staff concerned with developing contextually grounded assessment tools. Focus groups are easy to design and implement, and are extremely efficient in their capacity to gather useful information quickly and inexpensively. They allow for the rapid identification of locally salient variables (e.g., sources of stress affecting displaced families, resources for coping with family violence), as well as specific indicators of psychological and psychosocial constructs (e.g., self-esteem, depression, social capital). As Jayawickreme, Jayawickreme & Goonasekera (2012) thoughtfully describe in their report (this issue) on their research in Sri Lanka, focus groups can be used to assess local understanding of items on questionnaires developed in other cultural contexts, thus helping to ensure the appropriate adaptation of such measures for local use. Perhaps most usefully for the readers of *Intervention*, focus groups can also play an essential role in needs assessment and programme evaluation, by helping to identify under-served populations, specify local needs and concerns, assess barriers to programme participation, and evaluate the

quality and impact of intervention programmes.

Numerous authors, including Jayawickreme, Jayawickreme & Goonasekera (2012) have provided detailed descriptions of their use of focus groups in the adaptation or creation of contextually grounded research in conflict affected societies (de Jong & van Ommeren, 2002; Miller, Fernando, & Berger, 2009). It is encouraging to see careful attention being paid to examining the cultural fit of assessment tools, especially prior to their use within cultures other than those for which they were originally developed. This is especially true in this age of psychiatric universalism, with its widespread and often uncritical application of Western psychiatric and psychological constructs in non-western settings, with little consideration of their local validity or usefulness.

The article by Jayawickreme, Jayawickreme & Goonasekera (2012) will be of considerable interest to researchers working with populations displaced by armed conflict. While recognising the empirical nature of the article, and its target audience of fellow researchers, I must confess to wishing that the authors had considered two specific points in greater depth, given the strongly applied interests of this journal's readership: (1) How might the findings of their focus

group research inform the intervention work of NGOs in Sri Lanka (and perhaps elsewhere), and (2) how might focus groups be useful to service organisations, whose primary concerns are about identifying key intervention targets, assessing levels of need for services, and evaluating programme outcomes?

The use of focus groups in applied contexts is very similar to their use in more traditional research studies. Small groups of participants (usually eight to ten people) who share some common quality (e.g., a history of displacement) or set of characteristics (e.g., female adolescents living in a particular conflict affected region) come together to respond to a set of questions designed to gather key information and foster discussion among group participants. Programme staff wishing to learn about salient stressors facing women in refugee camps might meet with groups of women residents to inquire about common sources of stress, the types of resources currently available to help women cope with those stressors, and the kinds of additional resources that might be useful. An organisation wishing to provide mental health or psychosocial services to war affected youth, might begin by asking groups of parents, and (separately) groups of young people, about the various factors that affect the wellbeing of youth in the community, the various ways in which distress is expressed, and the types of assistance that families are likely to find useful and acceptable. In Sri Lanka, for example, my colleagues and I asked youth affected by the civil war and/or the 2004 tsunami about the most pressing sources of stress in their daily lives. They identified a number of potential targets for intervention, such as family violence, poor or unsafe living conditions, and a lack of access to schooling (Fernando,

Miller, & Berger, 2010; Miller et al., 2009).

One common problem in mental health and psychosocial programmes is that centralised trainings of paraprofessional counsellors, or group leaders, often fail to result in programme implementation once trainees return to their home communities. In Guatemala, my colleagues and I conducted focus groups with former trainees in a child focused, psychosocial programme in the heavily impacted, and largely indigenous, highlands. Our aim was to better understand why trainees had not implemented more groups for children in their home communities after completing their training. The data we gathered from the focus groups were invaluable for future programme planning: numerous barriers to programme implementation were identified, including threats from the military, threats from local Evangelical leaders who opposed such interventions, a lack of material resources to run the groups, and a need for greater support and supervision (Miller, Kulkarni, & Kushner, 2006).

As a final example, organisations wishing to understand barriers to programme service utilisation might conduct separate focus groups with clients, and potential clients, in order to identify key obstacles to programme utilisation, to discover alternative sources of assistance potential clients may be using, and to learn about the types of programming or marketing changes that might help turn potential programme participants into actual participants. Groups run by de Berry (2003) and her colleagues in Kabul with Afghan children and parents not only identified the most pressing stressors affecting children and their families; they also identified the critical constructs of good and bad *tarbia* (socially and developmentally appropriate behaviour), which are likely to be

better determinants of help-seeking behaviour than the sort of internalising syndromes prioritised in the west (e.g., anxiety, posttraumatic stress syndrome, depression, etc). This is not to suggest that such syndromes don't exist among Afghan children, or should not be treated; rather, it may simply be more effective to develop mental health and psychosocial interventions for Afghan parents by emphasising programmes that foster good *tarbia*, rather than problems or disorders that are not prioritised locally. Indeed, the focus group discussion by de Berry informed community psychosocial support in Afghanistan (de Berry, 2004; de Berry et al., 2003).

There are numerous resources available to help NGO staff develop and implement focus groups and analyse focus group data, without reliance on professional researchers. A Google<sup>®</sup> search on 'how to conduct focus groups' returned dozens of useful hits; and for anyone desiring a useful book length guide, I recommend Kruger's *Focus Groups* (2009).

## References

- de Berry, J., Fazili, A., Said, F., Nasiry, F., Hashemi, S. & Hakimi, M. (2003). *The children of Kabul: Discussions with Afghan families*. Kabul: Save the Children USA and UNICEF.
- de Berry, J. (2004). Community psychosocial support in Afghanistan. *Intervention*, 2, 143-151.
- de Jong, J. & van Ommeren, M. (2002). Towards culture-informed epidemiology: combining qualitative and quantitative research in transcultural contexts. *Transcultural Psychiatry*, 39, 422-433.
- Jayawickreme, E., Jayawickreme, N. & Goonasekera, M.A. (2012). Using focus group methodology to adapt measurement scales and explore questions of wellbeing and mental health: the case of Sri Lanka. *Intervention*, 10, this issue.
- Fernando, G. A., Miller, K. E. & Berger, D. (2010). Growing pains: The impact of disaster-related and daily stressors on the mental health and psychosocial functioning of youth in Sri Lanka. *Child Development*, 81, 1192-1210.
- Krueger, R. (2009). *Focus groups: A practical guide for applied research*. Thousand Oaks, CA: Sage Publications.
- Miller, K. E., Fernando, G. & Berger, D. (2009). Daily stressors in the lives of Sri Lankan youth: A mixed methods approach to assessment in a context of war and natural disaster. *Intervention*, 7, 187-203.
- Miller, K. E., Kulkarni, M. & Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, 76, 409-422.

Ken Miller, PhD, is a clinical and community psychologist in Cambridge, Massachusetts, in the United States.  
email: ken.miller@drkenmiller.org