

Early Adolescent Skills for Emotions

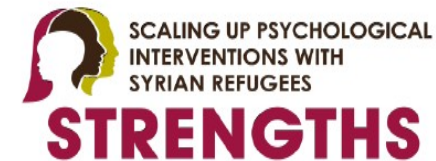


EASE for Addressing the Psychological Needs of Young People living in adversity.

May Aoun

ISSOP Conference

Beirut, 26 September, 2019



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War Child Holland

VISION

Children do not belong in war. Ever.

They have the right to grow up in peace, free from fear and violence.

To develop their full potential and contribute to a peaceful future, for themselves and for others.

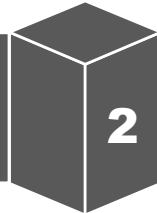


War Child Programmes

**Integrated
Programming**



Socio-ecological Model



Multi-Level



PsychoSocial Support

Child Protection

Education

STRENGTHS: **S**yrian **RE**fu**G**ees Me**NT**al Healt**H** Care **S**ystems

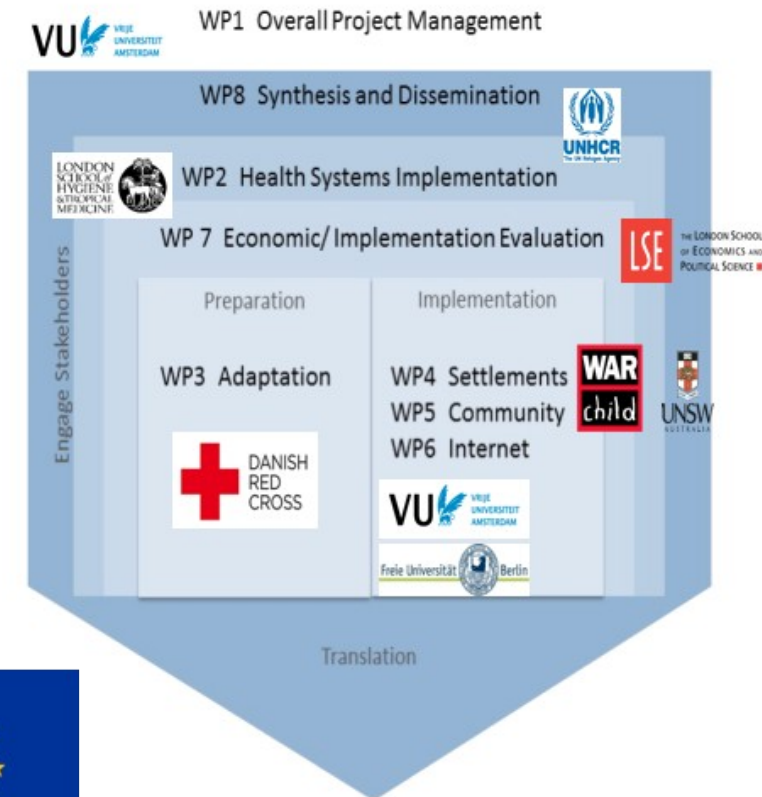
- EU Horizon2020 project, duration 5 years

- Evaluating implementation of **Scalable**

Interventions for Syrian refugees in Middle East and Europe.

- Individual, Group, **Adolescent version** and Online versions

- 15 partners (academic, NGOs)



Early Adolescent Skills for Emotions (EASE)

Group psychological help for young adolescents impaired by distress in communities exposed to adversity

10-14 year olds, transdiagnostic (stress, depression, anxiety)

Group Sessions:

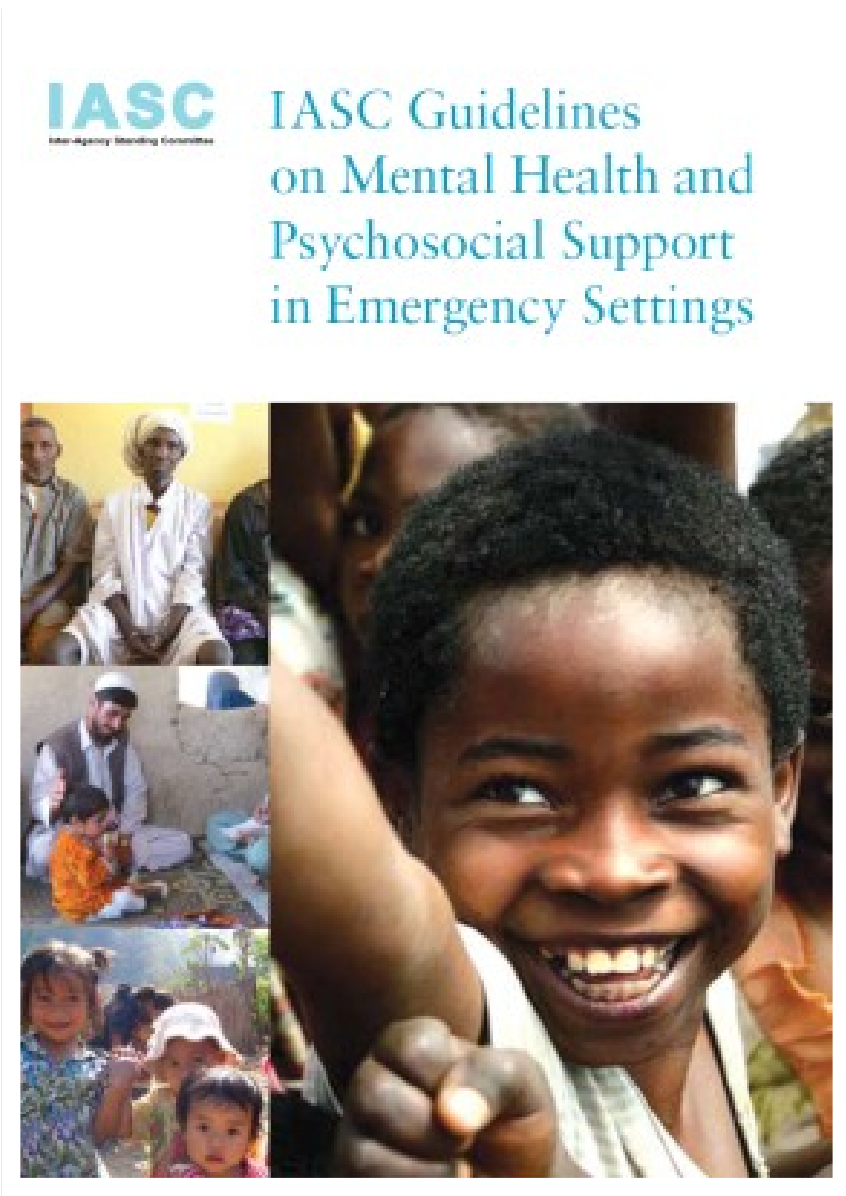
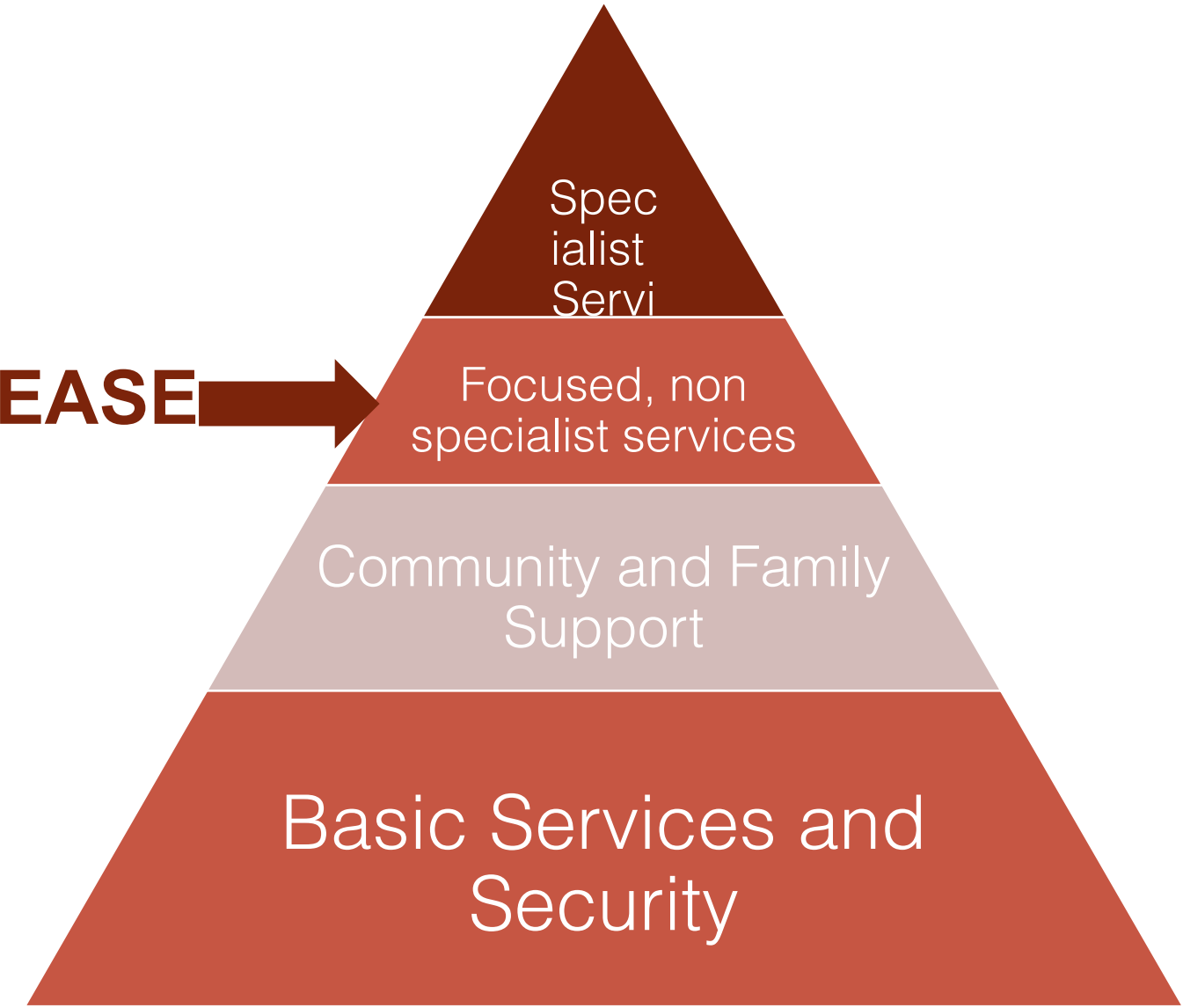
- 7 for children
- 3 for caregivers

Facilitators-

Experienced, non-specialist psychosocial support providers



The MHPSS Pyramid



EASE Methods



EASE Facilitators

**If non- MH professionals- 9 days classroom based training
(80-90 hours)**

1 practice group with close supervision

Ongoing supervision



Global Planned Trials

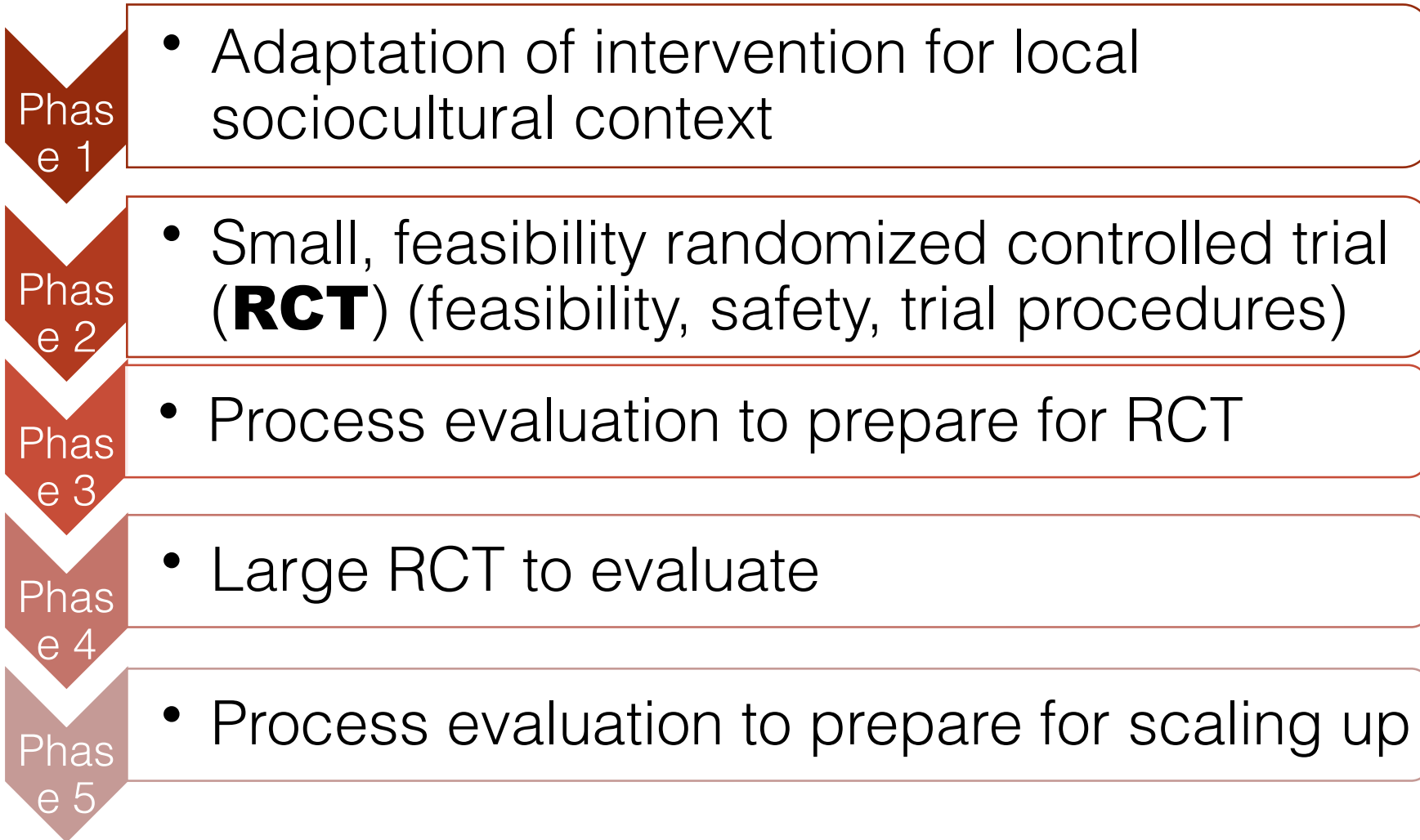


Lebano
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The background of the slide features a semi-transparent red horizontal band across the middle. Behind this band, several hands of various skin tones are raised, reaching upwards. The hands are slightly out of focus, creating a sense of depth and collective action. In the top left corner, there is a solid black rectangle. In the top right corner, there is a solid red rectangle.

EASF Trial In Lebanon

WHO's 5 Phase Model For New Intervention



EASE in Lebanon

Lebanon

- 1.5m Syrian refugees
- >200,000 Palestinian refugees
- Many vulnerable Lebanese children

Syrian, Lebanese, Palestinian children

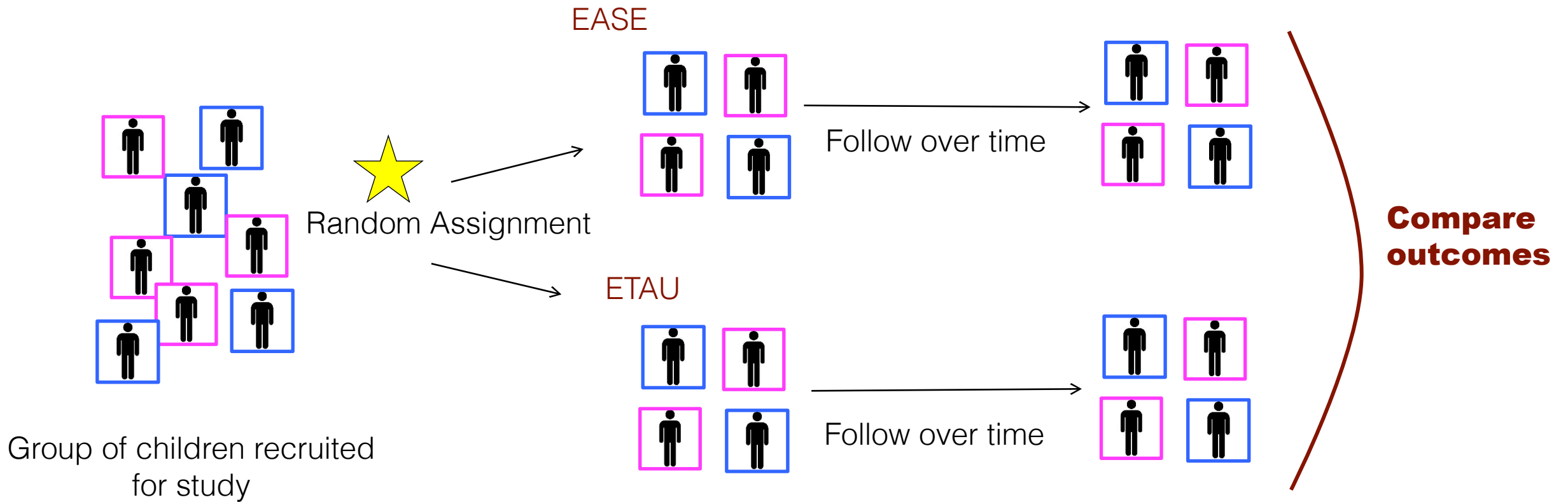
War Child Direct implementation

Locations

- Vulnerable regions in North and Akkar
- Very few publicly available MH services, especially for children



The Randomized Controlled Trial

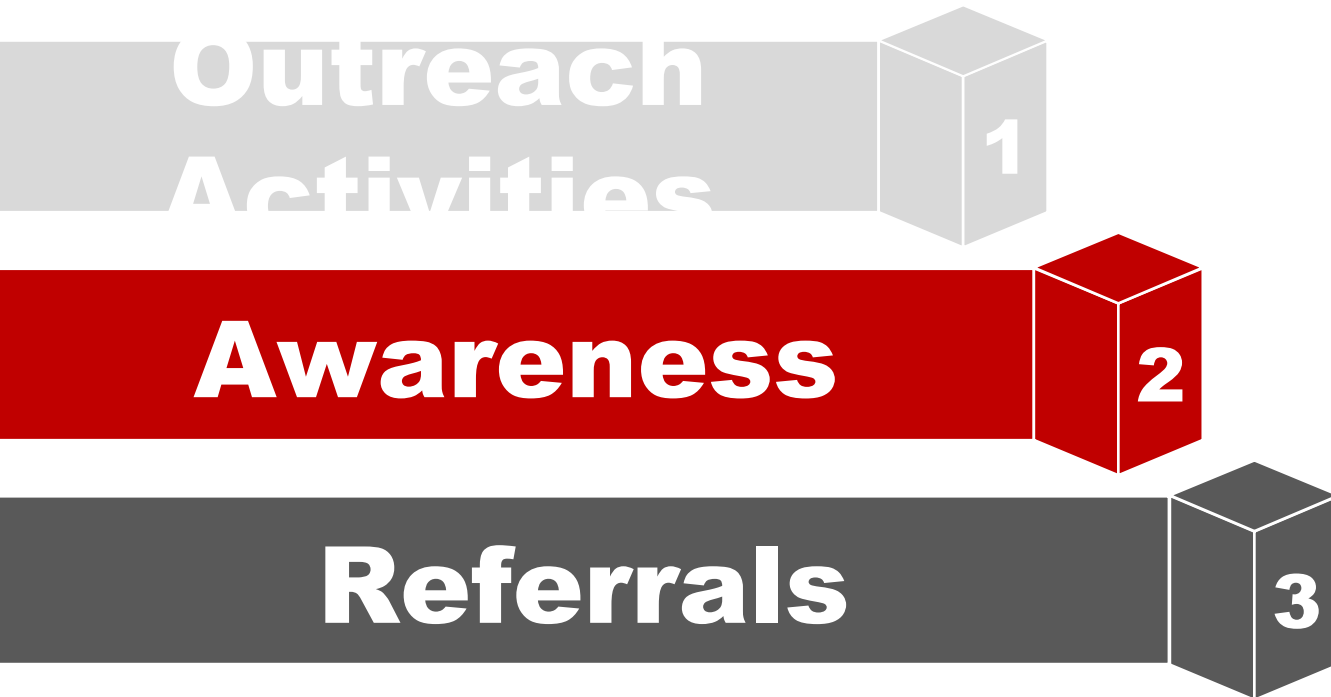


Enhanced Treatment as Usual

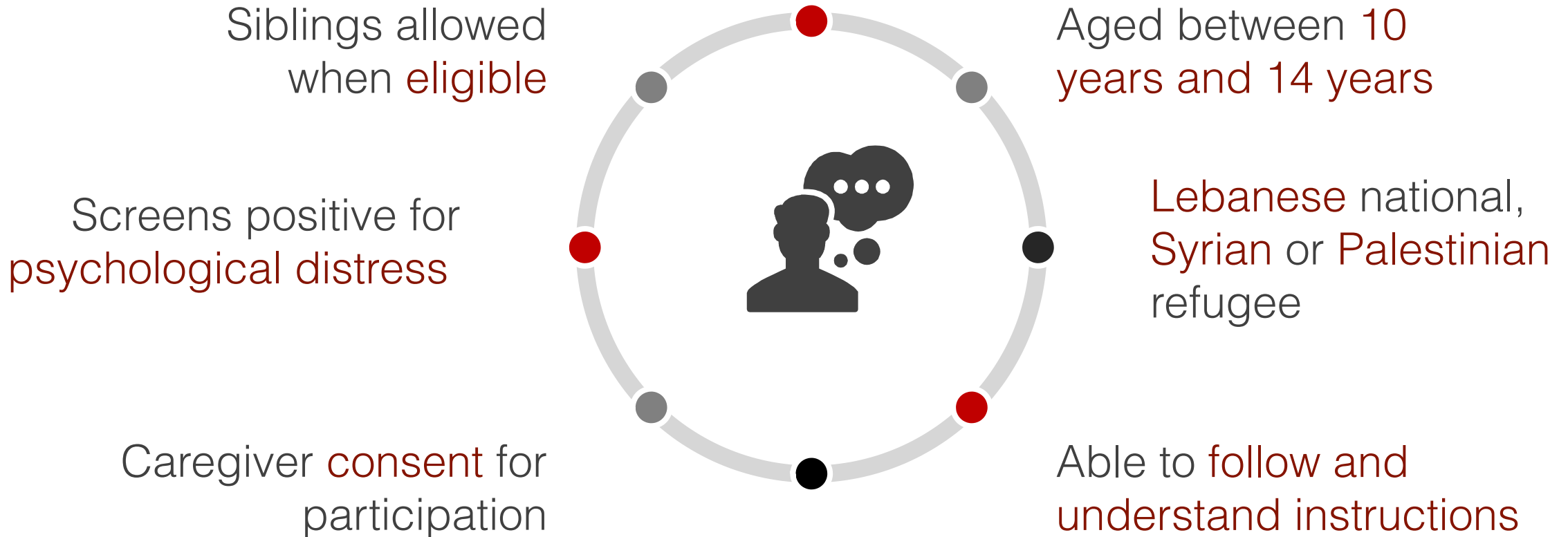
Single psychoeducation session, jointly for eligible adolescents and their caregivers that includes information on:

1. The results of the screening
2. Self-care strategies
3. Seeking services from local health or community services offering psychosocial/ mental health care support

Screening



Inclusion Criteria



Exclusion Criteria

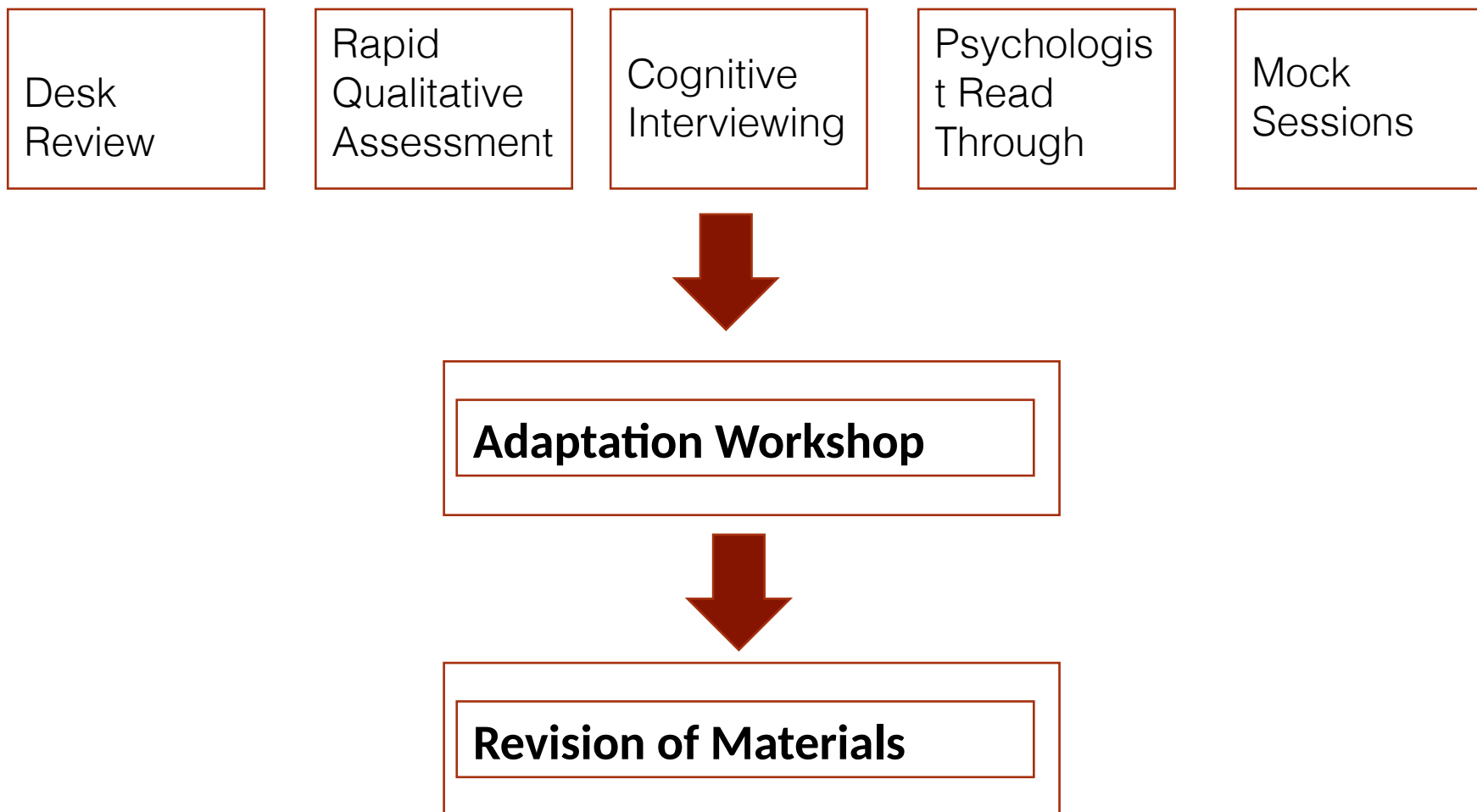
Adolescents with significant **cognitive impairment** or severe **neurological impairments** or **developmental difficulties**



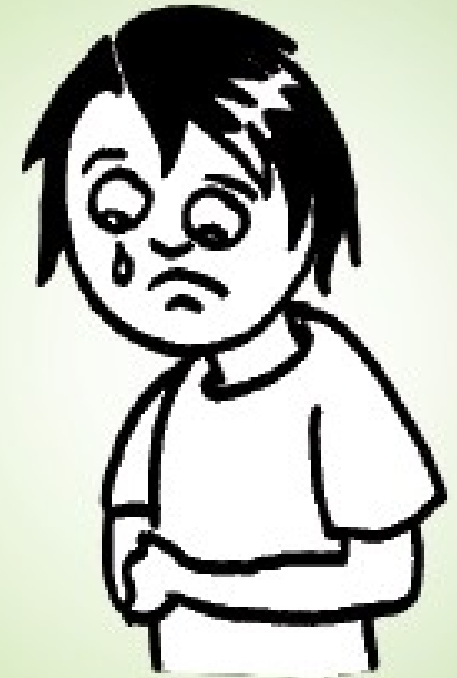
Unaccompanied **minors**

Adolescents at risk of **imminent suicide**

Adaptation Process



Desk Review & Rapid Qualitative Assessment



Desk Review - Aims

- **Understanding of problems** experienced by community
- Give insight on **how these experiences are expressed** locally.
- Explore individual and community **coping methods** are commonly used by the adolescents.
- Explore the **awareness and communication around Mental Health** in the wider community.
- **Map the services** around MH already available in the community
- To **receive input on the planned EASE** intervention delivery

Rapid Qualitative Assessment - Methodology

Free listing

- 11 children, 13 caregivers

Focus Group Discussion

- 15 children

Key Informant Interviews

- 7 children
- 9 caregivers
- 4 community members
- 3 health care providers

Results - Free Listing

What problems affect adolescents

- Physical violence and abuse
 - Among children
 - From adults towards children
- Neglect and emotional abuse from parents
- Emotional abuse among children
 - Bullying among children
 - Children using bad language with each other
- Substance use by children



What activities does a well-functioning adolescent do?

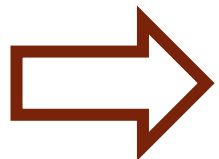
- **Helping** caregivers and other family members
- **Showing respect** and affection to important adults
- Spending **nice/pleasurable time** with siblings and other family members
- **Praying** or other religious activities
- **Eating** and enjoying food
- Taking care of **personal hygiene**
- **Playing** with friends , Entertaining self with games / individual sports
- **Studying** for school



Results - Framework Analysis

2- Substance Abuse

- **Highly prevalent:** drinking, pill taking and smoking
- Limited understanding about the physical and psychological impact of substance use
- Causes: boredom, lack of opportunities, poverty, parenting influences mentioned as underlying causes of substance use
- Effects: increase in violence, isolation from family members

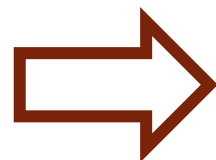


Also appears in other literature- needs to be addressed

Results - Framework Analysis

3- Poverty

- Major daily stressor
- Poverty and lack of education are cyclical: children drop out of school to work and provide for the family
- Families unable to provide essentials such as housing, clothing, food etc.
- Impact: Connection between poverty and criminal activity

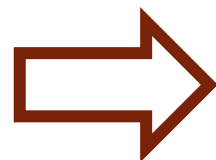


Also appears in other literature

Results - Framework Analysis

4- Other Problems

- Tensions between Lebanese and Syrians
 - Syrians feel discriminated
 - Lebanese respondents not happy with the Syrian 'newcomers'
- Stigmatisation: experienced based on ethnicity, poverty and Mental Health problems
- Little referral to traumatic events in conflict – separation from beloved ones



Daily Stressors - emphasized in other literature

Results - Framework Analysis

5- Coping Mechanisms & MH Community Awareness

○ Coping mechanisms

- **Negative:** substance use, violence, normalisation of abuse etc.
- **Positive:** talking with friends and parents (especially mother), seeking assistance, role of good parenting, playing/doing activities, friendships

○ Mental health awareness

- Varied level of awareness (Some linked problems to mental health)
- Varying opinion on seeking assistance and on benefits MH interventions, taboo

Results - Framework Analysis

6- Service Mapping

- MH professionals have knowledge on what is available.
- Majority community members not aware of many MH services
- Suspicion of work of NGOs – quality and fairness (impact on implementation) – ***It's better talk to friends and family***

Results - Framework Analysis

7- Intervention Input

○ **EASE helper**

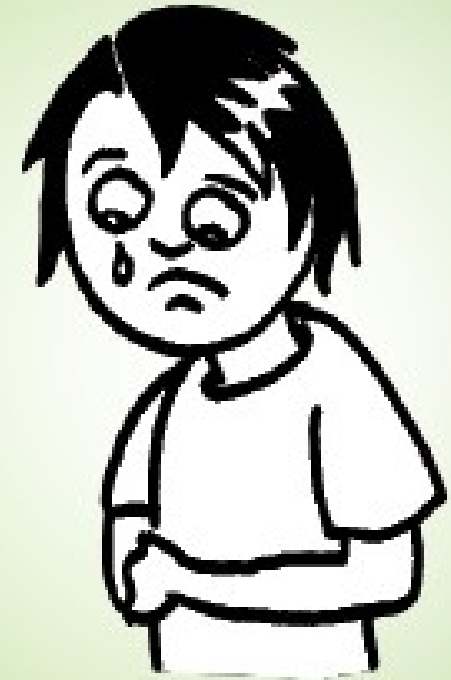
- Should come from the region
- Should be well trained and have a relevant background (MH professionals)

○ **Parents:** Role of parents is crucial - participation of the adolescents depend on the willingness of the parents

○ **Location of EASE:** a house, park, the stadium, or community centres

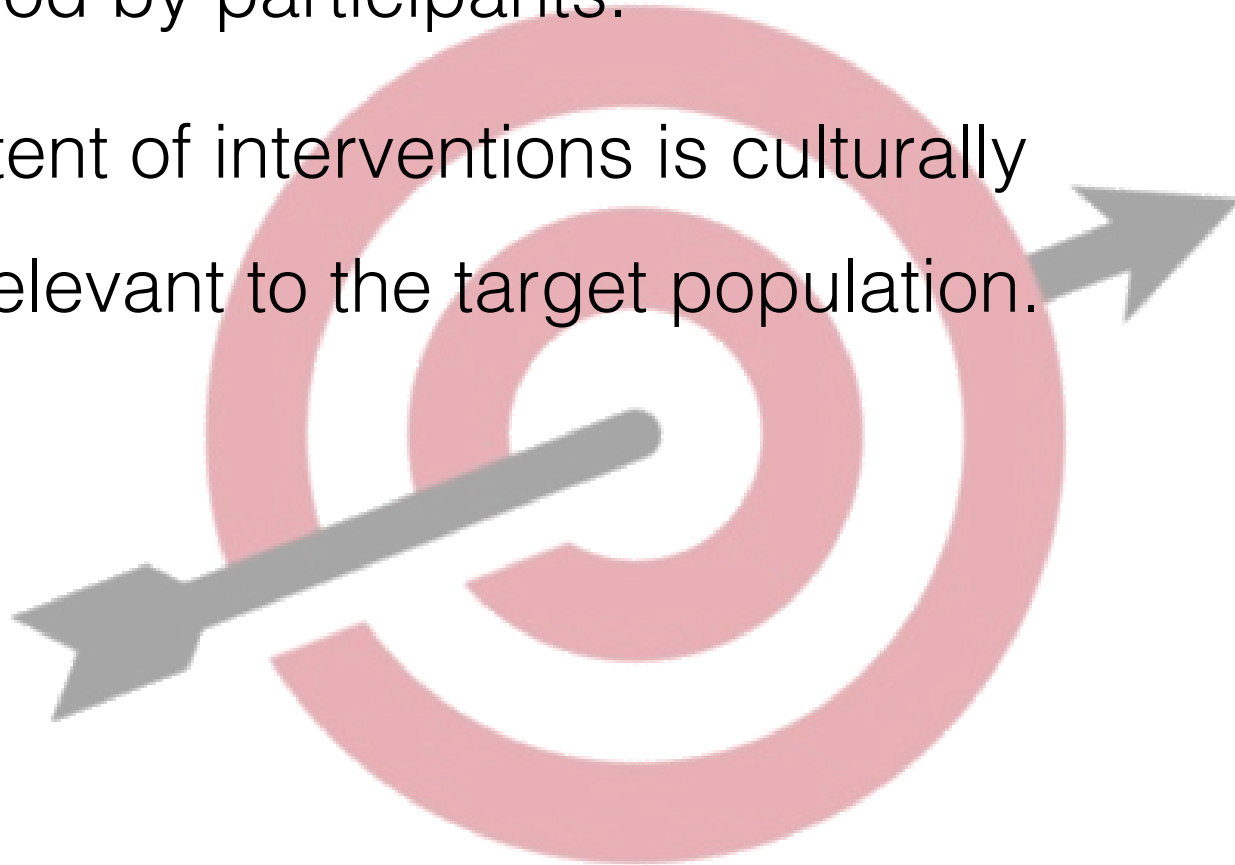
○ **Time for EASE:** Almost all participants recommend a time outside school hours

Cognitive Interviewing



Cognitive Interviewing - Aims

- Ensure that the intervention materials are easily and accurately understood by participants.
- Ensure that the content of interventions is culturally acceptable and is relevant to the target population.



Cognitive Interviewing - Methods

2 groups of children and 2 groups of caregivers were shown the materials and asked questions about whether it was relevant, understandable, acceptable.



Main Findings

- Storybook and EASE manual sessions were **relevant, comprehensible**
- Language used was **simple** and **easy** to understand

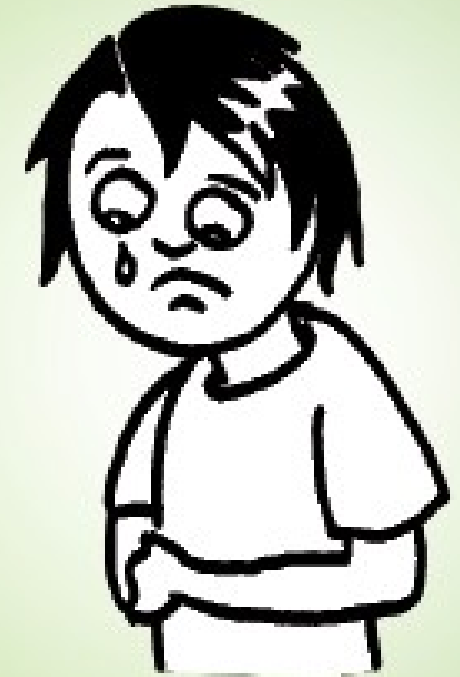
Children:

- Easier to report problems of parents of friends and neighbors rather than own life
- Some additional explanation needed for strategies

Caregivers:

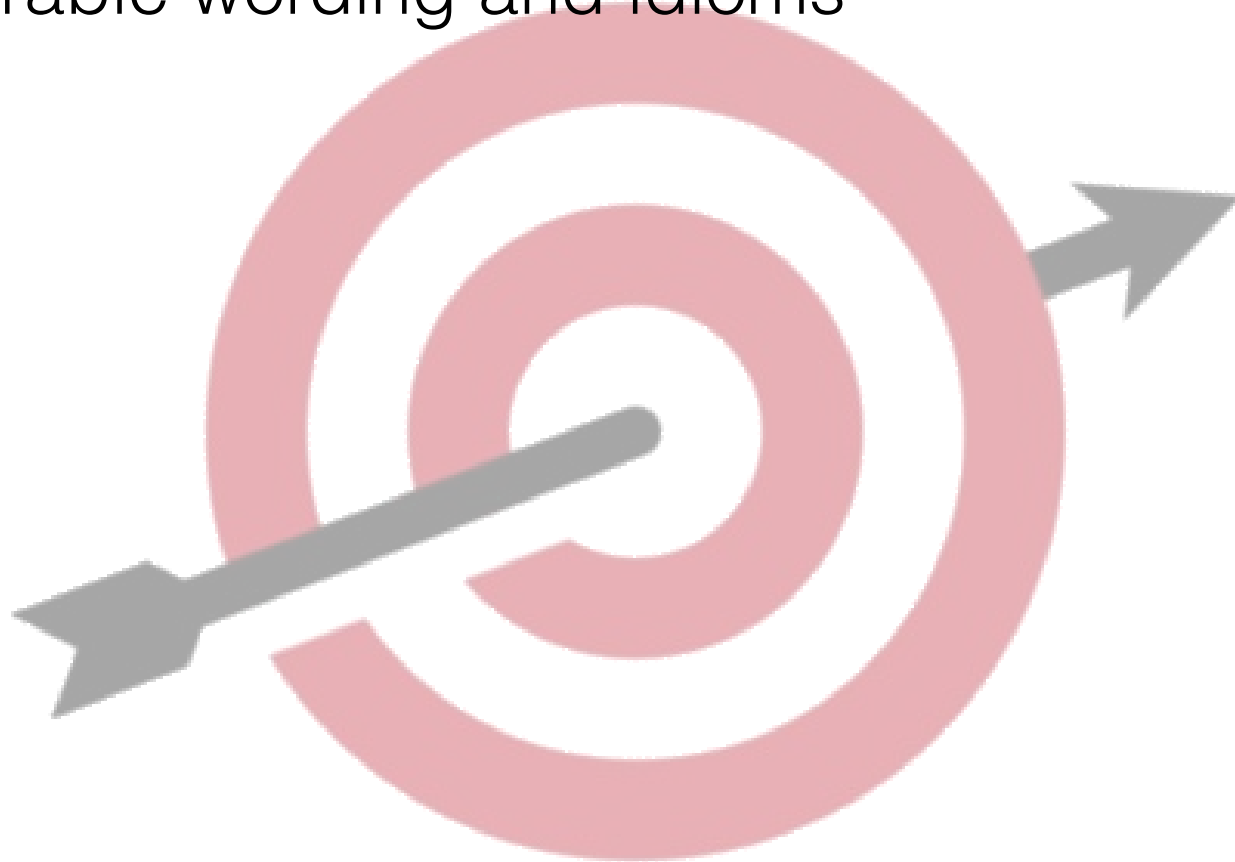
- Very talkative, liked the chance to share with others
- Worried that suicide would be discussed with children
- Physical punishment very **common** and openly disclosed- *“no other options”*
- Recognized need for self-care but hard to implement

Psychologist Read-Through



Psychologist Read-Through - Aims

Check for **consistency**, **accuracy** and **appropriateness**
of Arabic wording and idioms



Psychologist Read-Through - Methods

3 PSS trainers,
regional PSS advisor
and research
coordinator **read**
through materials
and **discussed** any
translation issues



Main Findings

- Language generally understandable
- Revisions were made for consistency, accuracy, and simple terminology

e.g.

- “*emotional problems*” – word used in Arabic, while accurate, can have connotations of “*romantic problems*”
 - “3attifieh” → “naafsieh”

Mock Sessions

○ Attendees

- 3 x WCH PSS trainers from Lebanon
- WCH Regional PSS advisor from Middle East Region
- 3 x non-Lebanese psychologists
- 2 x non-Lebanese researchers

○ Process

- The 10 sessions were presented to the group by a psychologist
- An overview of the session was given, and material was walked through
- Key activities were conducted as in manual, others were read through
- Feedback was gathered on issues and suggested changes

Some of the Findings

- Sessions are generally well designed
- Some sessions are too long mainly the Caregivers' sessions
- Story of mother being sick and might die not appropriate to the context
- Suggestions for edits to improve facilitators' ease of use and participants engagement (Less text, more discussion, more interaction)
- Use harmonized colloquial Arabic for technical terms

Adaptation Workshop!



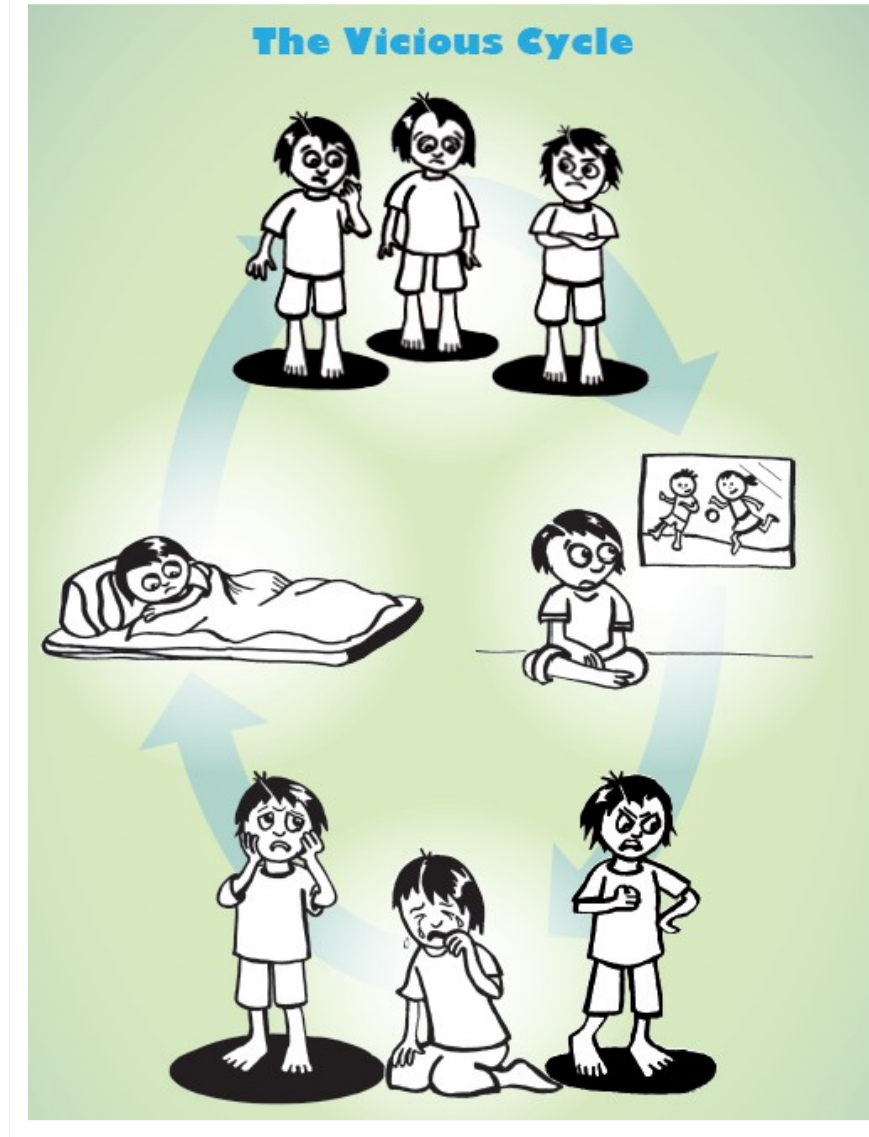
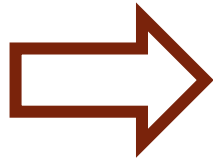
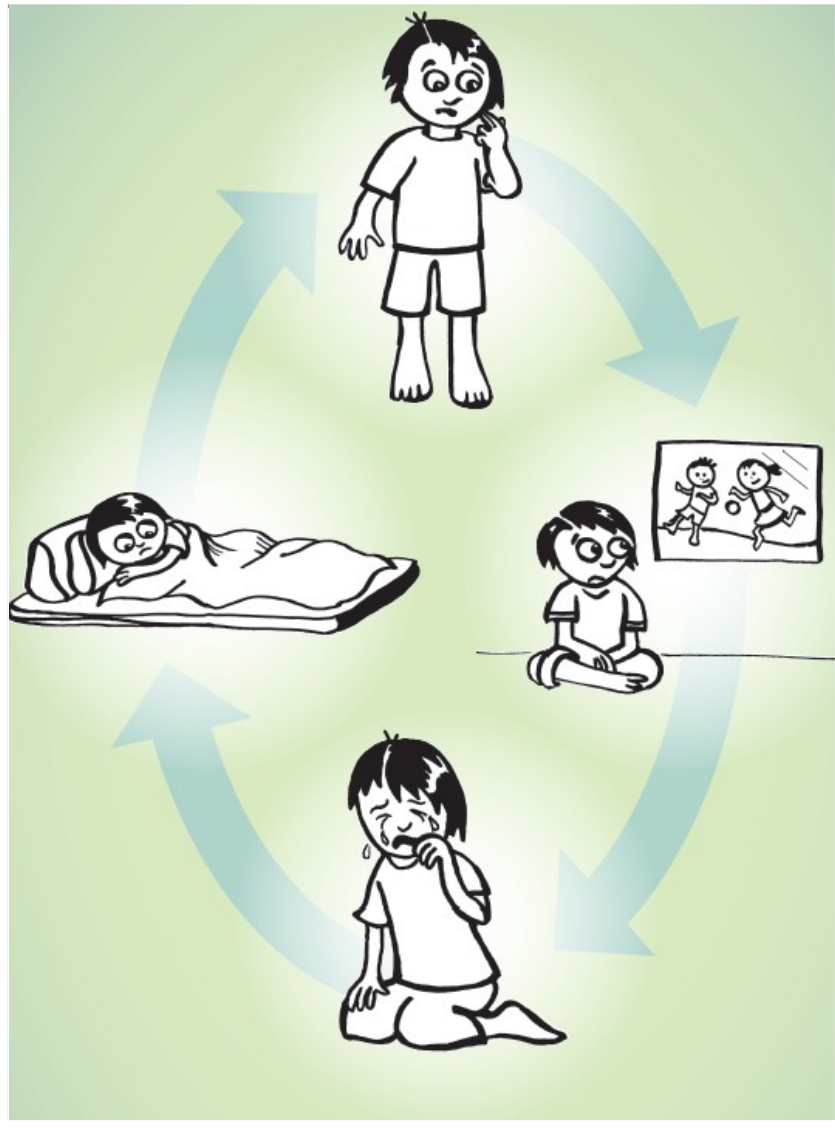
A background image showing several hands of different skin tones raised in the air, symbolizing participation or agreement. The image is overlaid with a semi-transparent red band containing white text.

Many suggestions were incorporated in WHO
'base' manual as relevant to all low resource
contexts

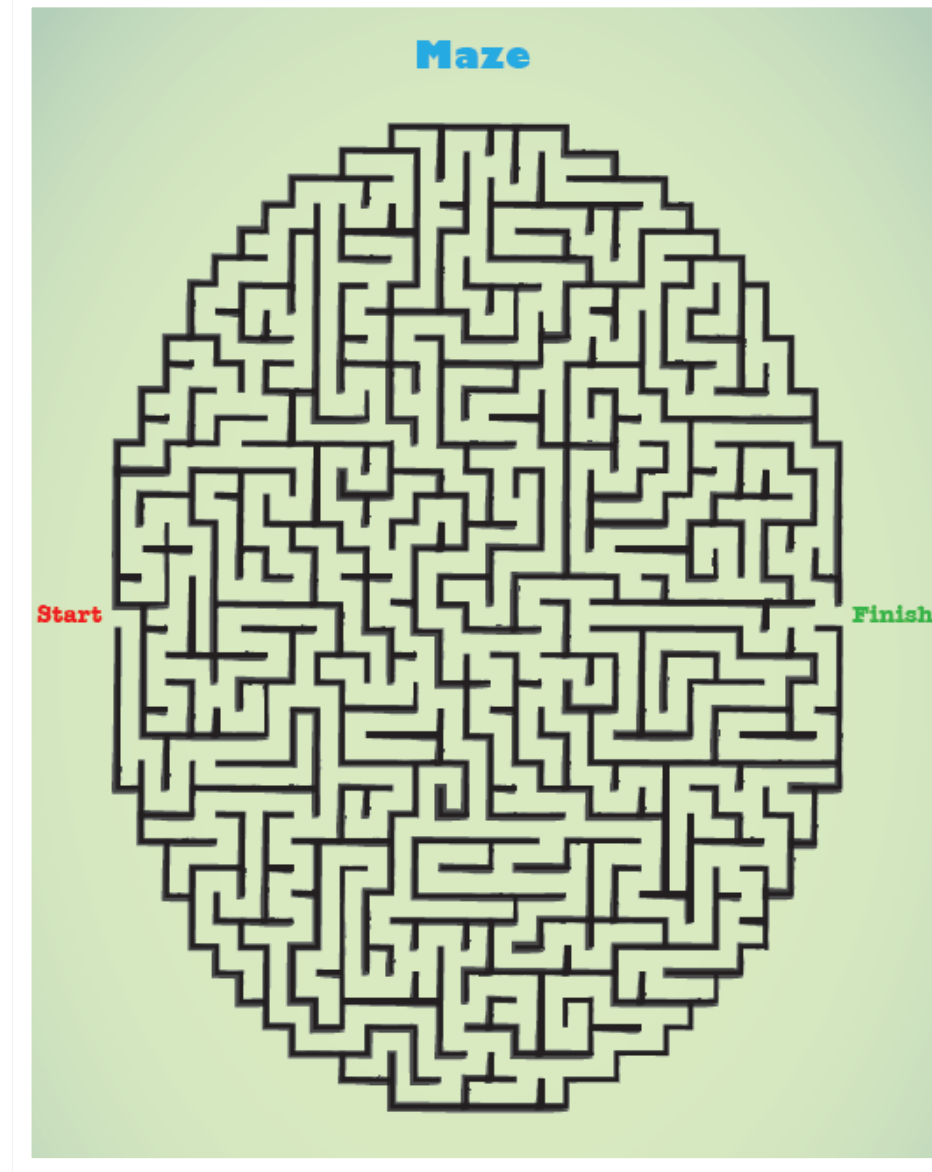
Adaptations– Pre-piloting

- Addressing **aggression and bullying** throughout
- Tired cycle → **Vicious** Cycle
- Took out story about mother's death
- Training for facilitators for how to respond and refer to disclosure on Grief, Abuse, and Substance Use
- Reducing resources needed- such as balloons, coloured pencils, costumes
- Prioritising problems during problem solving
- Changed reference to “doctors” and “scientists” —> trusted neighbours and lived experiences instead
- Quality time needs to consider large families, limited space, and limited time

Example – Tired Cycle → Vicious Cycle



Example – Maze Activity Addition

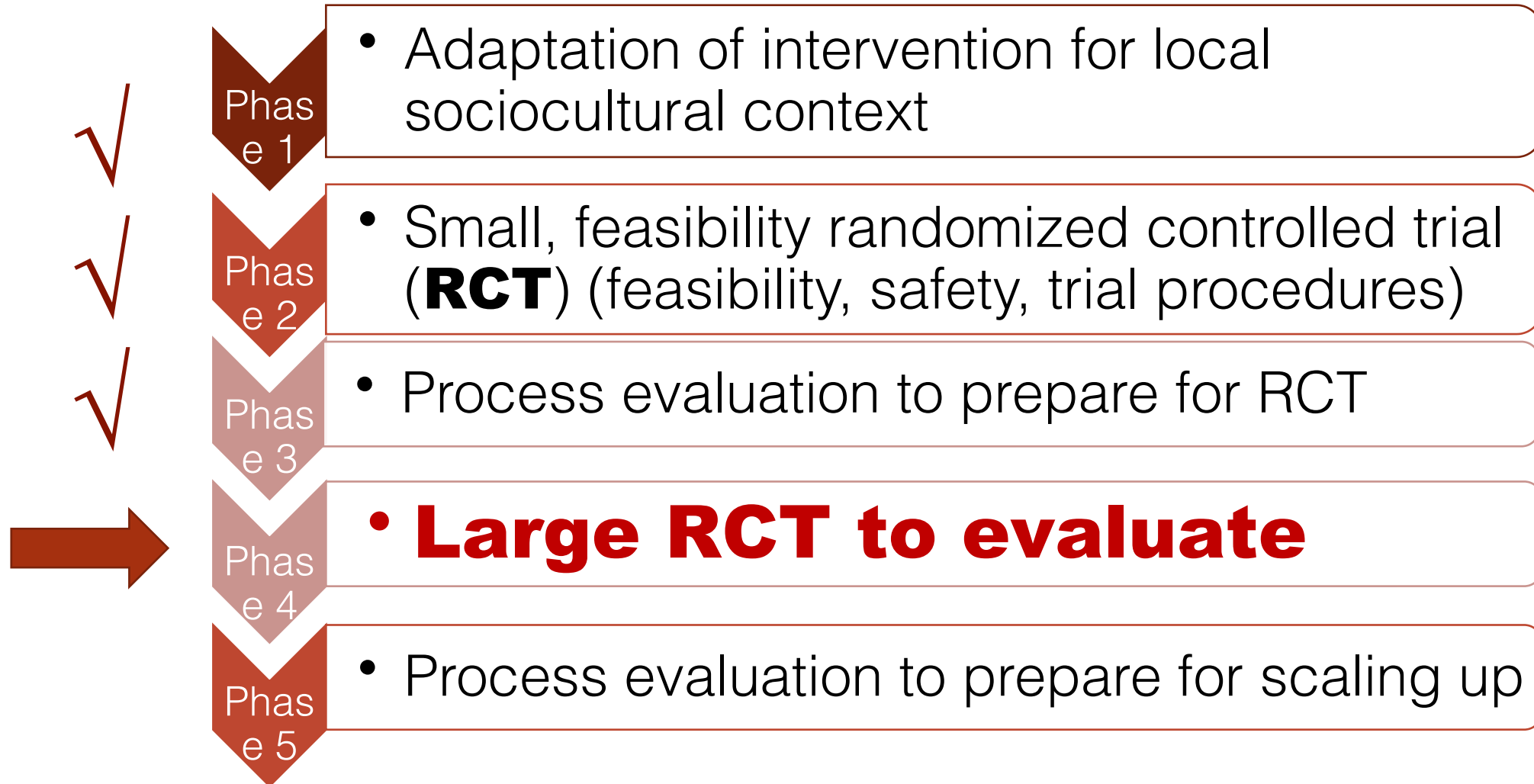


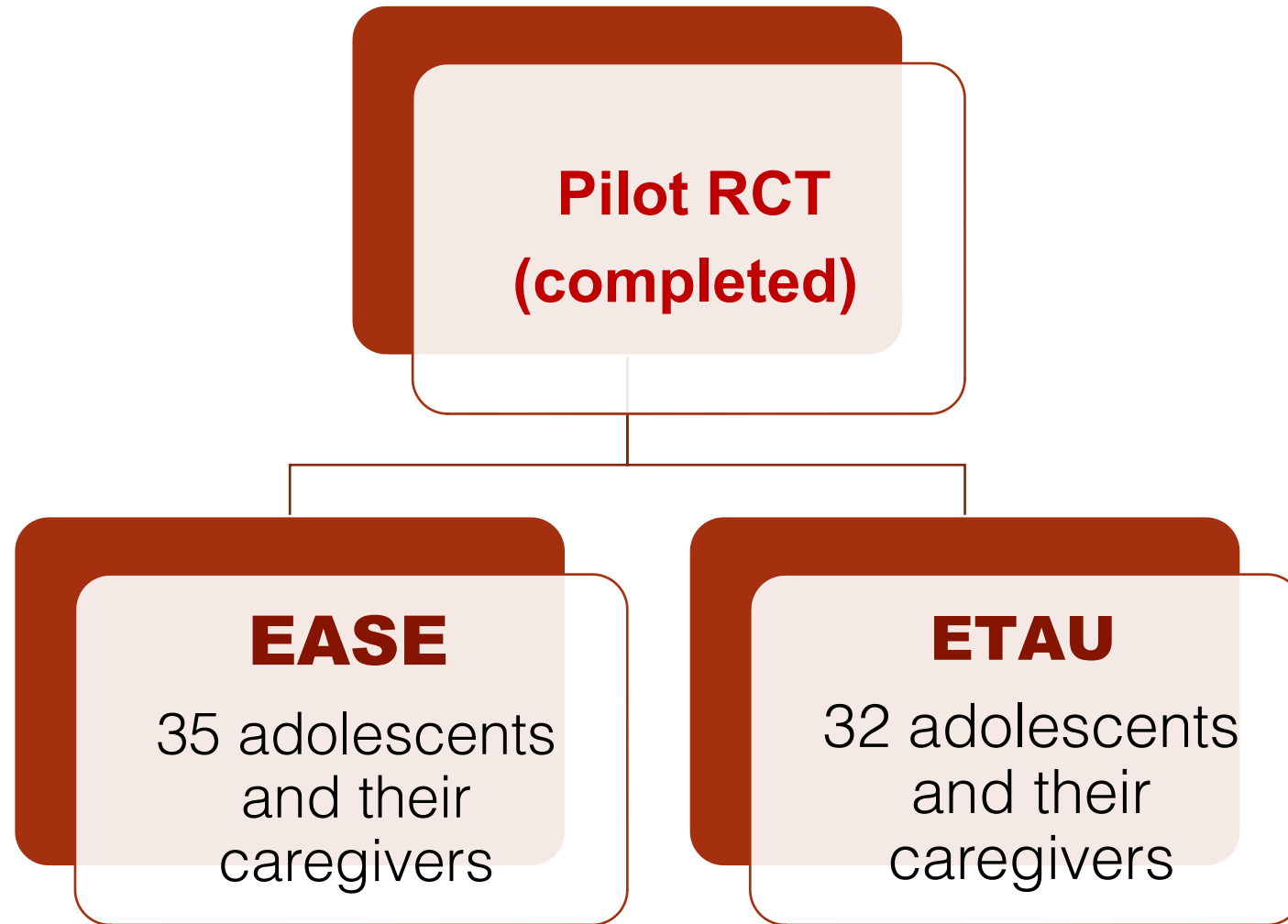
Adaptations – Post-piloting



- More interaction was incorporated into sessions
- Storybook was re-written by a creative writer to increase engagement and interest
- Caregiver sessions shortened due to low literacy and need for slower pace

Where are we now





- Assessments taken at pre, post, and 3 month follow up
- Analysis still ongoing

Full RCT - Ongoing

- Full Randomized controlled trial (445 children)
- Children randomized to receive either:
 - EASE program
 - PYA session in home
- **When:** July 2019 – Dec 2019
- **Where:** Minnieh (T5) and Sahel (Akkar)

SCALING UP PSYCHOLOGICAL
INTERVENTIONS WITH
SYRIAN REFUGEES
STRENGTHS



It's been a huge, fun, team effort!

You can take a Child out of War...

...but how do you take War out of a Child?

