Assessment Study of Psychosocial Status of Children and Adolescents in the South of Lebanon and Southern Suburbs of Beirut After the July 06 War (SSSS)

By: IDRAAC

in association with:
the Department of Psychiatry and Clinical Psychology at Balamand University Medical School and
St George Hospital University Medical Center

in partnership with: The Higher Council of Children (Lebanon)

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IDRAAC

Karam EG, Mneimneh ZN, Karam AN, Fayyad JA, Tabet CC, Salamoun MM. : Mental Health and War: Field Studies form the IDRAAC Lebanon Wars Studies. In Richard Mollica (Ed). Project 1 Billion, Book of Best Practices: Trauma and Role of Mental Health in Post-Conflict Recovery.

Representative Sample

- The 2005-2006 School Survey published by the Lebanese Ministry of Education
- 20 Schools randomly selected with randomly selected classes and sections
- Representative sample from both war affected regions

N=971 adolescents, grades 7-12 (12 to 18 years)

- Average age 14.6 (1.7) years with 53.8% girls and 46.2% boys.
- Private (51.9%) and public (48.1%) schools.

Top 5 Coping Strategies among Adolescents

Girls:
- I prayed a lot during the war in order to feel better (77.5%)
- I accept bad things that happened during the war because they are God's will (69.3%)
- During war, I talked about my feelings to others (50.1%)
- I tried to control my feelings during war (48.0%)
- During war, I thought of other things to distract myself (37.3%)

Boys:
- I accept bad things that happened during the war because they are God's will (70.2%)
- I prayed a lot during the war in order to feel better (56.7%)
- I do not fear death at all (51.1%)
- I do not fear war at all (42.1%)
- I tried to control my feelings during war (39.6%)

Final Predictors of Probable Mental Disorders

Logistic Regression results after accounting for clusters and strata of school, school size and region (caza)

- Exposure to war events
- Problems related to school
- **Family relationship problems**
- Insecurity and related feelings

The Instruments

- The Questionnaire for Psychosocial Stressors (IDRAAC, 2007)
- The Strengths and Difficulties Questionnaire – SDQ (Goodman R, 1997)
- The Child Revised Impact of Events Scale – CRIES (Perrin S et. al., 2005)

Themes of the Questionnaire for Psychosocial Stressors

- Family Relationship Stressors (10 items)
- School Stressors (3 items)
- Leisure Activities Stressors (4 items)
- Family Burden (5 items)
- Displacement / Social Network Stressors (9 items)
- War events (8 items)
- TV Stressors (1 item)
- Medical Illness (1 item)
- Rumors (1 item)
- Coping Style (4 subfactors, 12 items)
- Quarrels about religion / politics (2 items)
- Insecurity & Related Feelings (6 items)
- Loss of Hope and related Beliefs (11 items)

Significant Logistic Regression Results

Characteristic	SDQ Well Being OR	CRIES PTSD OR	Combined OR
Family Relations Stressors			
Parents do not spend enough time with me	2.17 (1.09-4.35)	---	4.67 (1.60-13.56)
Parent faces are sad	---	1.99 (1.05-3.76)	---
Parents very irritable	2.29 (1.23-4.29)	1.71 (1.05-2.77)	7.51 (2.54-22.24)
lack help in studies at Home	2.47 (1.52-4.03)	---	4.53 (1.83-11.20)
Quarrelling			
Fight about politics	1.48 (1.12-1.94)	---	---
School Stressors			
Teachers are not kind	2.41 (1.03-5.63)	---	3.21 (1.14-9.03)

Significant Logistic Regression Results

Characteristic	SDQ Well Being OR	CRIES PTSD OR	Combined OR
Gender (boys)	0.34 (0.11-1.00)	0.27 (0.11-0.65)	0.09 (0.02-0.41)
Coping			
Problem Solving	0.56 (0.33-0.96)	---	0.28 (0.12-0.64)
Denial fear war	---	0.61 (0.40-0.93)	---
Beliefs			
Can't Express Opinions if Different than Others	2.24 (1.10-4.57)	2.48 (1.28-4.79)	5.56 (1.63-18.94)
Leisure Stressors			
No leisure other than TV	1.95 (1.00-3.77)	---	---
No hobbies	---	3.15 (1.65-6.01)	4.26 (1.06-17.19)
Toys lost during war	---	1.60 (1.04-2.47)	3.09 (1.42-6.70)
No safe place to play outside	---	---	0.45 (0.20-1.00)

Significant logistic regression results controlling for number of war events

Characteristic	SDQ Well Being OR	CRIES PTSD OR	Combined OR
Gender (boys)	0.22 (0.09-0.52)	0.14 (0.06-0.35)	0.05 (0.01-0.30)
Coping			
Problem Solving	0.54 (0.34-0.85)	---	0.21 (0.07-0.60)
Denial fear war	---	0.62 (0.41-0.92)	---
Beliefs			
Can't Express Opinions if Different than Others	2.07 (1.10-3.89)	2.29 (1.19-4.39)	9.09 (1.73-47.84)
Leisure			
No leisure other than TV	---	---	---
No hobbies	---	3.43 (1.78-6.62)	---
Toys lost during war	---	---	---
No safe place to play outside	---	---	0.30 (0.10-0.83)

Significant logistic regression results controlling for number of war events

Characteristic	SDQ Well Being OR	CRIES PTSD OR	Combined OR
Family Relations Stressors			
Parents do not spend enough time with me	1.89 (1.08-3.32)	---	8.06 (2.14-30.40)
Parent faces are sad	---	1.93 (1.07-3.48)	---
Parents very irritable	2.40 (1.54-3.72)	1.64 (1.06-2.52)	12.51 (3.17-49.46)
lack help in studies at Home	2.11 (1.42-3.14)	---	4.83 (1.65-14.18)
Quarrelling			
Fight about politics/religion	1.33 (1.09-1.64)	---	---
School			
Teachers are not kind	2.06 (1.12-3.80)	---	---

Profile of the Resilient Adolescent

Personal Factors

- Problem-solving skills
- Expression of opinion
- Having a Hobby

Environmental Factors

- Family support for studying
- Having leisure activities and safe places to play
- Kind teachers
- Parents not irritable, not sad
- No political/religious quarrels around

- Need for a comprehensive Resilience – Building Intervention that targets:
- Family
- School
- Personal Competence and Coping

Dissemination of an evidence-based intervention to parents of children with behavioral problems in a developing country

John A. Fayyad
Lynn Farah
Youmna Cassir
Mariana Salamoun
Elie G. Karam

Fayyad JA, et.al (2010). *European Child and Adolescent Psychiatry*, 19(8):629-36

Objective

To demonstrate the feasibility of task shifting and dissemination of evidence-based interventions in areas where there is no access to psychiatry or psychology clinics, as well as to evaluate the effect of this community based intervention on externalizing problems and risk of maltreatment.

METHODOLOGY

THE INTERVENTION

The World Psychiatric Association (WPA) Presidential Global Program on Child Mental Health (2002) in association with the World Health Organization (WHO) and the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

Integrated Services Programme Task Force developed manuals for internalizing disorders and externalizing disorders

These manuals were piloted in different sites in Egypt,Lebanon,Israel and Brazil *(Jensen,2006; Bauermeister et al.,2006; So et al.,2006, Murray et al, 2006)*

METHODOLOGY

TRAINING MANUAL

A Lebanese Arabic adaptation of the WPA treatment manual for externalizing disorders, «Helping Challenging Children» developed by the Integrated Services Programme Taskforce.

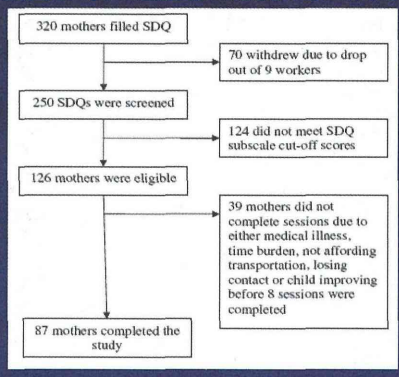
The original manual included effective psychological behavioral interventions including parent training (9 sessions) and child training (8 sessions).

For this study, we adapted 8 sessions targeting parents only.

CONTENT OF TRAINING

Session 1: why children misbehave
Session 2: overview of basic positive parenting
Session 3: attending and special play time
Session 4: rewarding and ignoring skills
Session 5: effective commands
Session 6: home token economy
Session 7: strategies for reducing misbehavior
Session 8: parents stress anger and mood management

FLOW CHART OF RECRUITMENT OF MOTHERS



Fayyad JA, et.al (2010). *European Child and Adolescent Psychiatry*, 19(8):629-36

RESULTS
DEMOGRAPHICS

Gender:

77.5% Boys

22.5% Girls

Mean Age

9.01 ± 2.16 years

RESULTS
Parenting Attitudes Questionnaire by Mothers

	Before Training (%)	After Training	P-value
Allocate time to converse and share interests with the child	53.2	93.8	0.001
Reactions to the child's difficult behavior:			
Shout	57.3	9.8	p <0.001
Hit	40.2	6.1	p <0.001
Punish	52.4	36.6	0.031
Give repetitive remarks	64.6	32.9	p <0.001
Talk with him/her	50.0	90.2	p <0.001
Scold	29.6	8.5	0.002
Ignore	17.1	69.5	0.001

RESULTS
Comparison of the Parent SDQ total difficulties score before and after training by category

Total Difficulties Score		Before N (%)	After N (%)
Normal	0-13	11 (16.2%)	38 (57.6%)
Borderline	14-16	20 (29.4%)	15 (22.7%)
Abnormal	17-40	37 (54.4%)	13 (19.7%)

p<0.001

RESULTS
Comparison of parent SDQ subscale scores

SDQ subscales	N	Before Training Mean ± SD	After Training Mean ± SD	P-value
Emotional Problems	69	3.9±2.1	3.0±2.0	0.001
Conduct Problems	66	3.7±1.7	2.7±1.5	<0.001
Hyperactivity	68	6.0±2.5	4.5±2.2	<0.001
Peer relations	67	3.4±1.6	2.9±1.4	0.01
Total Difficulties Score	64	16.7±5.3	13.0±4.9	<0.001

LIMITATIONS

- Absence of control group
- Compliance of mothers with completion of sessions
- Drop-out bias: maybe mothers with more severe problems preferentially dropped out skewing results in a favorable direction
- Selection bias favoring mild-moderate cases
- No involvement of fathers

EUROPEAN COMMISSION
Humanitarian Aid

IDRAAC
INSTITUTE FOR DEVELOPMENT, RESEARCH, ADVOCACY AND APPLIED CARE

School Program for Building Resilience and Coping

Resilience-Building Intervention

- Need to reach largest number of students possible
- Not enough mental health professionals
- Reach children via teachers
- Change role from teacher to educator and mediator of Resilience and Coping

Resilience-Building Intervention

- Each session includes a combination of carefully selected techniques :
  1. Awareness of emotions and emotional processing
  2. Awareness of thoughts and thought processing including identifying cognitive mistakes and problem solving
  3. Controlling focus of attention and behavioral reactions.
  4. Improving communication, including how to give and ask for support, learn active empathic listening, improve team work spirit and decrease impulse and violent behavior.

School Program for Building Resilience and Coping
أنا أقوى

- To develop personal resilience factors
- To develop resilience promoting factors at school
- To sensitize parents on resilience factors

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www.idraac.org

School Program for Building Resilience and Coping
أنا أقوى

The Mediators:

Teachers become educators. The program strengthens the relationship between the home room teacher and the students, thus improving their attitude, motivation, concentration and performance.

The Format:

15 weekly sessions distributed over the academic year. Each session includes cognitive – behavioral techniques.

The Manual:

Adapted by IDRAAC from a program at the Children's Brain Research Foundation in Chicago, the Nathan Kline Institute for Psychiatric Research in New York.

School Program for Building Resilience and Coping

At the end of the program, we expect to see a child with an improved personal competence in:

- Problem Solving
- Cognitive Distraction
- Social Skills
- Self Confidence

Quality Measures

- Supervision: tape-recording, session-by-session data sheet
- Qualities of teacher
- Ratings by non-intervention teachers
- Fidelity to the instructions
- Students' feedback re: interest and engagement
- Satisfaction Questionnaire (Teacher, Supervisor, Principal)
- Classroom Atmosphere (Intervention, Main and Control Teachers)

Ratings and Data

	CHILD	TEACHER	MOTHERS / FATHERS
Personal Competence	✓	✓	✓
Childhood Adversity	✓	-	✓
Traumatic Events	✓	-	✓
Aggression	-	✓	✓
Impulsivity	-	✓	✓
Hyperactivity	-	✓	✓
Anxiety Symptoms	✓	-	-
Mood Symptoms	✓	-	-

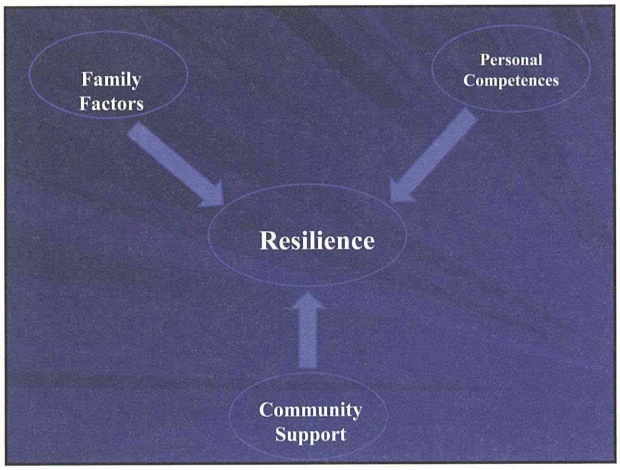
- Number of schools: 17
  - 10 private with 1282 students → 916 in intervention group and 366 in control group.
  - 7 public with 665 students → 437 in intervention group and 228 in control group.
- Number of trained teachers delivering intervention =44
- Number of classrooms: 93
  - 68 classrooms in intervention group
  - 25 classrooms in control group

some preliminary results

- The intervention shows superiority to controls on several outcomes (internalizing and externalizing).
- Some outcomes show improvement in the total sample (Separation Anxiety, ADHD reported by Teacher and Other Teachers, Impulsivity reported by Teachers)
- Other outcomes show improvement when stratifying by risk groups (those with low resilience scores, those with exposure to family violence, neglect, lack of leisure).
- It looks like those with war events exposure benefit only when their resilience scores are low or when their anxiety scores are high, but may get worse when they have high Depression scores.

Teacher Satisfaction	Not at all	A little	Some-what	A lot	N
Do you think this program provided you with new educational methods?		2 4.5	27 61.4	15 34.1	44
Were these methods practical and easy to apply?		2 4.5	20 45.5	22 50.0	44
In your opinion, did this program lead to a perceptible positive change in the students?	1 2.3	9 20.5	25 56.8	9 20.5	44
Did this program help with different aspects of student behavior?		11 25.0	21 47.7	12 27.3	44
In the future, would you like to apply the educational methods related to this program to students in other classes?	4 9.1	3 6.8	15 34.1	22 50.0	44

Supervisor Satisfaction	Not at all	A little	Some-what	A lot	N
Do you think this program provided you with new educational methods?			8 57.1	6 42.9	14
Were these methods practical and easy to apply?			8 57.1	6 42.9	14
In your opinion, did this program lead to a perceptible positive change in the students?		3 21.4	6 42.9	5 35.7	14
Did this program help with different aspects of student behavior?		2 14.3	10 71.4	2 14.3	14
In the future, would you like to apply the educational methods related to this program to students in other classes?		1 7.1	2 14.3	11 78.6	14



THANK YOU !

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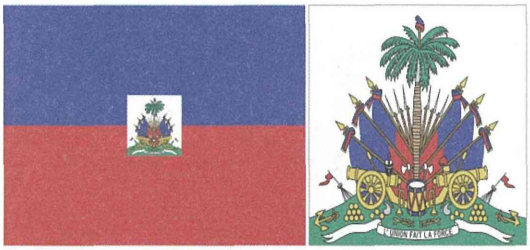
Haiti After the Earthquake



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"The Pearl of the Caribbean"

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Learning Objectives

- To discuss the scope and impact of the devastating January 2010 Haiti Earthquake
- To illustrate the significant mental health challenges faced by children after the earthquake
- To describe acute and longer-term mental health interventions for earthquake-affected children
- To identify future approaches for support and intervention

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A proud and distinctive history

- Haitian Revolution in 1804 ended French colonial rule & established Haiti as the first independent Black republic in the New World
- Successful slave rebellion and fight for independence underpin Haitian national pride
- Haiti is also known for its rich musical and artistic traditions

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- After independence, Haiti was required to pay reparations to France (payments ended in the 1940s)

- Economic isolation and political unrest and dysfunction followed in the subsequent years
- Even prior to the earthquake, Haiti ranked 145/169 on the UN Human Development Index – "the poorest country in the Western Hemisphere"
- The scope of the earthquake was magnified by poverty and lack of infrastructure – not simply a "natural disaster"

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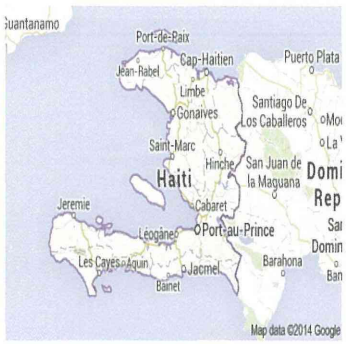
"Goudou-Goudou" – The Earthquake of 2010

- 7.0 Magnitude quake
- Epicenter near Leogane
- 220,000+ perished
- 300,000+ injured
- 100,000+ homes destroyed
- Losses of 7.8 billion US dollars



Statistics Without Borders 2013
Office of the Secretary-General's Special Advisor

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- ❑ 1.5 million children directly or indirectly affected
- ❑ 30,000+ children were displaced
- ❑ 9,000 children registered with UNICEF as "separated" from their families from 2010-2011
- ❑ By late 2012, 3,000 had been reunited with family members
- ❑ Almost a quarter of schools in the country were impacted by the earthquake
- ❑ 80% of affected schools were so damaged that they had to be closed following the quake

Statistics Without Borders 2013
Unicef.org
Office of the Secretary-General's Special Advisor

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"Goudou-Goudou" – The Earthquake of 2010

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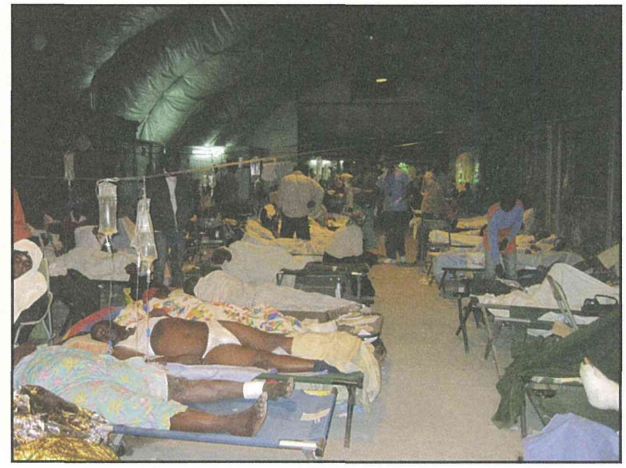
The Presidential Palace (Before and (2 years) after the Earthquake)

Children's National



Observations and Reflections from the Front Lines

Karen Schneider, MD
Pediatric Emergency Medicine Physician
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March 19, 2014

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- ❑ Children separated from families
- ❑ Children treated alongside adults
- ❑ Children surrounded by pain, visible injury, mortality
- ❑ Life threatening infections and limb threatening injuries
- ❑ Rudimentary pain control
- ❑ High level of stress among providers

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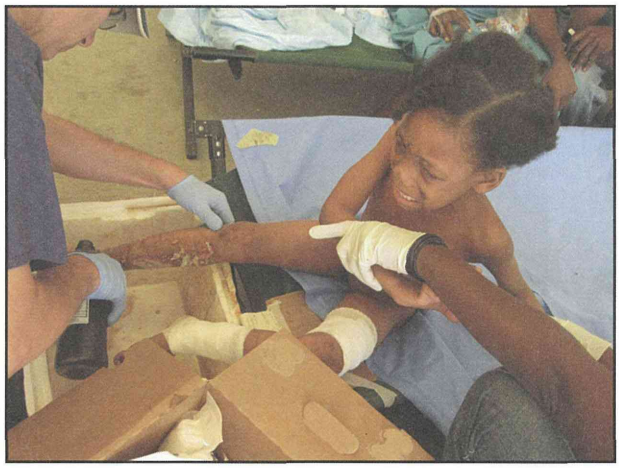


Stories of sorrow…

" It was obvious we would have to amputate or he would die. He panicked when we told him. 'NO, NO, NO!' he begged, 'I can wiggle my toes, see!' He pointed to his toes and they wiggled away. 'You have a bad infection,' we explained, 'you're getting a fever and soon you will die if we do not cut off your leg.' He thought for a full minute ….he wet his lips before he spoke … he had made up his mind. 'My father needs me,' he said, 'my mother is dead, my sisters are dead, my father needs me.'

[He] knew what it meant to be an amputee in Haiti: he would no longer be able to go to school or church; he rode his bike, how would he get there? Children with deformities were often shunned from attending school. Whether he did or didn't go to school, he would probably not be able to get a job. In a country where there was already an 80 percent unemployment rate, why hire a one-legged man when you could have your choice of two-legged men. [He] believed he would spend his life on the street begging, homeless, hungry and dirty."

K. Schneider, MD, "From the Mouths of Babes"

Stories of hope…

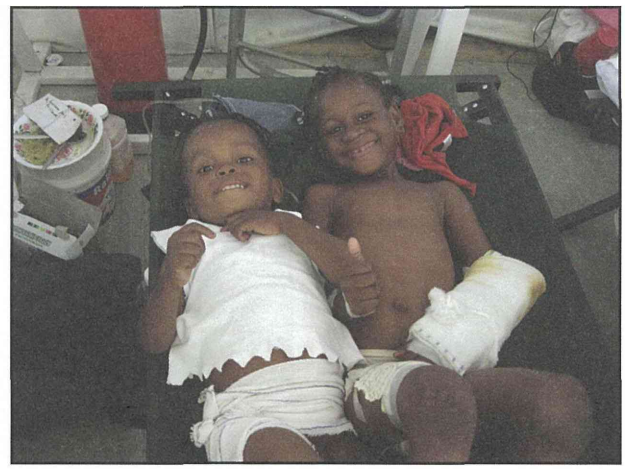
"[He] was 11 years old and…had a fractured femur….He was one of our 'orphans.' He was by himself and had no idea if his family was alive or dead. Every day he would ask for a phone and call his mother. Every day there was no answer. Yet he kept trying, once or even twice a day.

On February 17, 36 days post earthquake, he tried his mother once again and his mother answered! He shouted 'Ma Ma' and cried with joy. We all cried and cheered! She was injured but alive. Their house had collapsed; she was pulled out and taken for medical care. She knew where she had left the cell phone and asked a relative to sift through the remains of the house to find the phone; it was the only way she was going to find her four children. They were all on their way home from school on the afternoon of the quake and all old enough to know her cell phone number. Peterson taught me, don't give up too soon."

"The earthquake changed their lives and they changed my life too. I am a different person because I met them."

K. Schneider, MD, "From the Mouths of Babes"

Haiti Dance Group Remerges from the Rubble



- Responders on the ground immediately after the earthquake encountered children with significant generalized anxiety, fears about more earthquakes and aftershocks, and worries about further harm coming to themselves or their family members.
- Many children described feeling as though the earth was still moving
- Children may have been trapped for hours or days and may have had family members who were buried in the rubble and therefore unable to have traditional burial and remembrance services.
- Many were living under circumstances in which basic needs and security were not guaranteed

Rose et al., Intervention(2011)
Ravenscroft, K. Disaster Psychiatry in Haiti (2011)

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Idioms of Distress – "Tet Fe Mal"

- Terms for psychosocial distress do not neatly overlap with terms for psychiatric syndromes
- Idioms of distress may denote both physical and psychological symptoms
- Haitian clinicians often aware of broad meaning of these terms but more commonly address/treat physical symptoms
- For example, "Tet fe mal" is a common expression that means literally headache or discomfort in the head
- Possible interpretations by clinicians and lay people include headache, hypertension, anemia, malnutrition but also trouble with concentration, life stress, emotional distress

Keys et al. Social Science & Medicine (2012)

March 19, 2014