



The Caregiver Support Intervention:
Strengthening the Wellbeing of Conflict-Affected
Children Through Parental Support

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War Child Holland

HOW ARE CHILDREN AFFECTED BY WAR?



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The Direct Effects Model

Violence, loss, and chaos of war are primary threats to children's mental health.



Direct Effects Model Has led to Focus on Direct Work with Children

- Child Friendly Spaces with various activities
- Structured recreational activities
- Preventive life skills/resilience interventions
- Clinical interventions
 - Trauma-focused CBT
 - NET
 - Interpersonal Group Therapy
 - Common Elements Treatment Approaches

Effectiveness of Child-focused Interventions

- Reported effects range from none to medium in pragmatic trials, larger in efficacy studies
- Recent review (2017) suggests little evidence of impact on anxiety and depression, modest impact on PTSD. Mixed findings on positive indicators (prosocial behavior, social support, etc.)
 - Bangpan, Dickson, & Chiumento (2017).

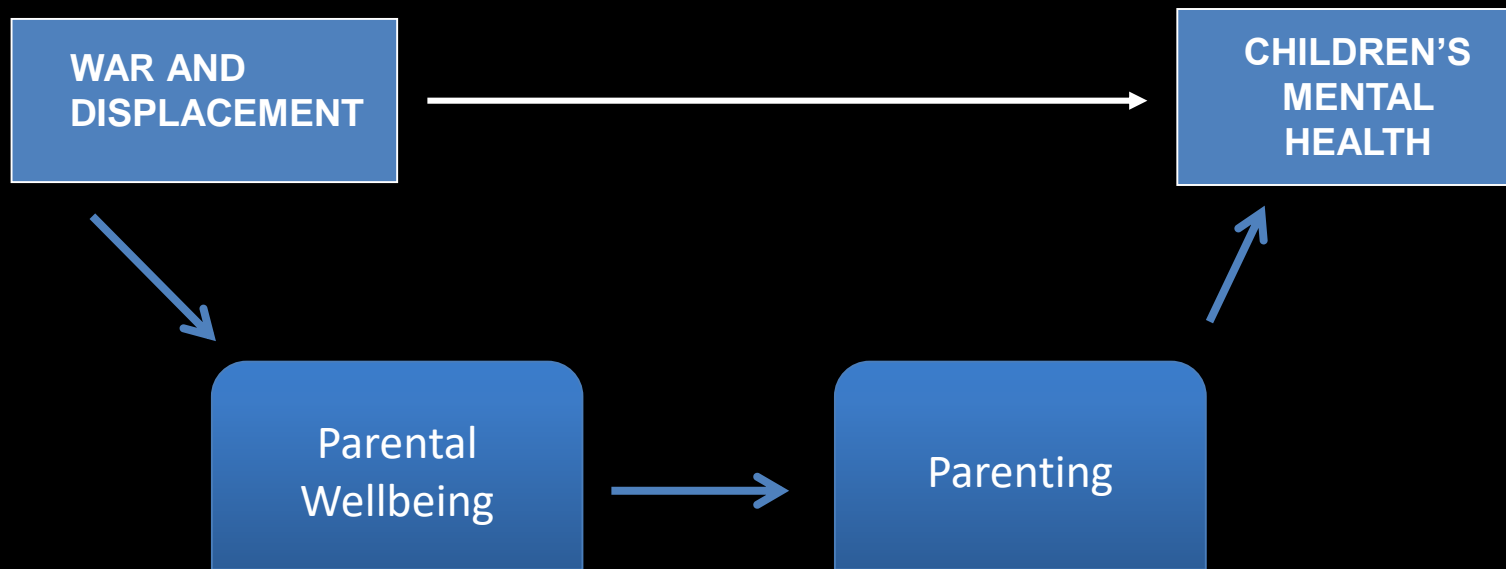
Missing from the Model



Parents & Child Mental Health

- Parents can be powerful force in protecting children from war-related stress.¹ However...
- Parents also experience increase in stress, trauma, depression, frustration, shame/humiliation.
- Can negatively affect parenting²
 - Less responsive to children's needs
 - Increase in harsh and even abusive parenting
 - Increase in intimate partner violence

BEYOND DIRECT EFFECTS: A MEDIATIONAL MODEL



IMPLICATION

To strengthen the wellbeing of war-affected children, we also need to strengthen the wellbeing and parenting capacity of their caregivers.

TRADITIONAL PARENTING PROGRAMS

- Based on a deficit model: lack of knowledge & skills underlies sub-optimal parenting
 - Model fails to consider impact of chronic adversity on parental wellbeing and parenting
- Do show small to medium effects, but could effects be larger and more consistent by addressing parents' own psychosocial wellbeing?

THE CAREGIVER SUPPORT INTERVENTION

- A brief (8 session) universal (i.e., non-clinical) psychosocial intervention for parents affected by war and forced migration
- Aim 1: Reduce parental stress/improve wellbeing in order to strengthen parenting
- Aim 2: Improve parenting capacity directly through training in positive parenting

METHODS

1. Strengthen parental wellbeing through:

- Social support of group
- Coping with sadness & loss
- Anger and frustration: triggers and coping strategies
- Emotion regulation strategies
 - Mindfulness, self-calming, and relaxation exercises
 - Home practice every week

METHODS

2. Strengthen parenting directly through:

- Recognizing impact of stress on parenting
- Impact of stress, including harsh parenting, on children
- Key elements of effective (“positive”) parenting
- Home practice

Rationale for Emotion Regulation Techniques

- Evidence of cross-cultural efficacy
- Readily accessible with minimal instruction and guidance
 - Essential for scalability

Emotion Regulation

- New technique introduced each session
- Practice 3+ times per week (any technique)
- All participants get mp3 with guided exercises
 - **Focus on Breath**
 - **Awareness of Feelings**
 - **Relaxing Through the Senses**
 - **Compassion (self and others)**
 - **Safe, relaxing space**
 - **Creating temporal space between feelings and reactions**
 - **Practicing relaxation visualization with a child**

TRAINING

- Non-MH specialists in local CBOs
- 5 days of training
- Practice cycle with supervision
- 3-day review & advanced training

INITIAL IMPLEMENTATION IN GAZA & LEBANON (SYRIAN REFUGEES)

- Formative Research
- Goals:
 - To assess the cultural “fit” of the intervention
 - Get feedback on its perceived usefulness
 - Identify training gaps.

PARTICIPANTS

- 6 groups (Gaza), 3 female and 3 male
- 3 Groups (Lebanon), all female
 - 10-12 people per group
 - Mean age: 38 (range: 23-70)
 - Mean # children: 4.5 (range 1-7)
- 82% attended all or 7/8 sessions
 - No drop-outs

FOCUS GROUP & INTERVIEW DATA

- 6 FGs with participants, phone interviews with those unable to attend focus groups, 1 FG with facilitators
- No differences between those who did and did not attend focus groups

KEY FINDINGS

- Emotion regulation practices (“Relaxation Exercises”) were highly valued and practiced often (3-7+ times/week) by the majority of participants
- The majority reported using the techniques successfully to lower stress & anxiety, & to fall asleep.
- Many taught the techniques to other family members, including spouses, siblings, and children.

KEY FINDINGS

- Participants linked the techniques to more positive interactions with spouses and children
 - a reduction in harsh punishment
 - a better ability to de-escalate conflicts with spouse.
- They felt calmer, and were better able to make use of positive parenting strategies.

KEY FINDINGS

- Social Support from group was strongly valued, by men as strongly as women.
- Session on anger and frustration perceived as very helpful.
 - Numerous examples of people calming themselves, disengaging from conflict, or simply becoming aware of their anger and then choosing a constructive response.

Key Findings

- Session on sadness was well received. Participants used distraction and social engagement to get out of rumination.
 - Limited success in helping people stay with sadness, but due more to facilitation than content.
- Parenting sessions were popular. More techniques & practice time were requested.
 - Many parents reported a shift from authoritarian to authoritative parenting.

Next Steps

- Grant received from Bernard van Leer Foundation to further develop and rigorously evaluate the CSI with Syrian refugees in Lebanon
- 2018: formative research, pilot RCT
- 2019: Full RCT
- If effective, will become core part of WCH “system of care”