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?
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.)
Missing from the Model

[Image of a cartoon family with sad expressions]
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 parenting\(^2\)
  – Less responsive to children’s needs
  – Increase in harsh and even abusive parenting
  – Increase in intimate partner violence

(1) Tol et al., 2013  (2) Catani et al., 2009; Khamis, 2014; Miller & Jordans, 2016
BEYOND DIRECT EFFECTS: A MEDIATIONAL MODEL

WAR AND DISPLACEMENT

Parental Wellbeing

Parenting

CHILDREN'S MENTAL HEALTH
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”