

Title: Reinforcing resilience in children from low- and middle-income countries: deducing cross-cultural efficacy of a short-term program model
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Persistent, unaddressed **barriers** are leaving children from **low- and middle-income countries** without access to **evidence-based mental health programming.**

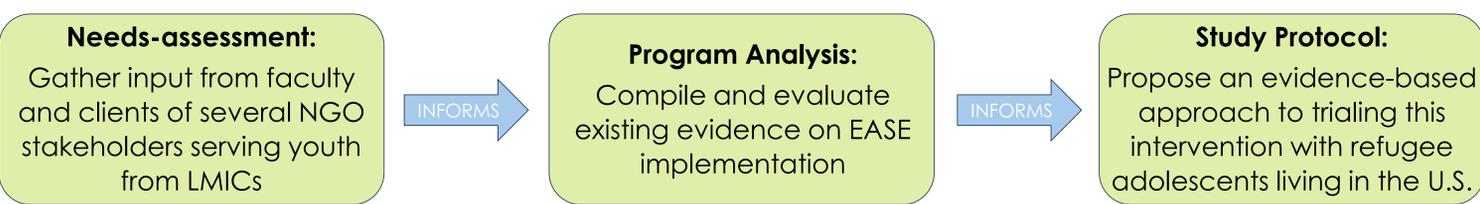
BACKGROUND

Childhood Adversity
 Adverse childhood events (ACEs), encompassing abuse, neglect, and household dysfunction, are highly prevalent. Even in high-income countries, the majority of children are not spared these exposures. The relationship between these exposures and long-term outcomes - including chronic conditions, stress responses, and psychosocial development – has become increasingly apparent. We are only beginning to understand the scope of these impacts as well as the magnitude of their societal ramifications.

Under-Resourced Communities
 Though they experience a disproportionate fraction of this burden, the impact remains under-researched. As baseline ACE rates in under-resourced regions are significantly elevated, the estimate of children worldwide having faced adverse events is well over one billion. This augmented risk does not disappear when these children are forcibly displaced, a reality for roughly forty million children worldwide. Refugee-specific adversities result in markedly increased rates of physical abuse, parental separation, incarcerated parents, and collective violence.

Early Adolescent Skills for Emotions (EASE)
 Recognizing this paucity, the World Health Organization developed a curriculum of their own. Prioritizing cultural adaptability and scalability, they presented a brief, transdiagnostic program designed to be implemented by non-specialists. The first study protocols were published in late 2019, but implementation was halted by the COVID-19 pandemic. Evidence remains limited to a handful of feasibility trials conducted since.

OBJECTIVES



DISCUSSION

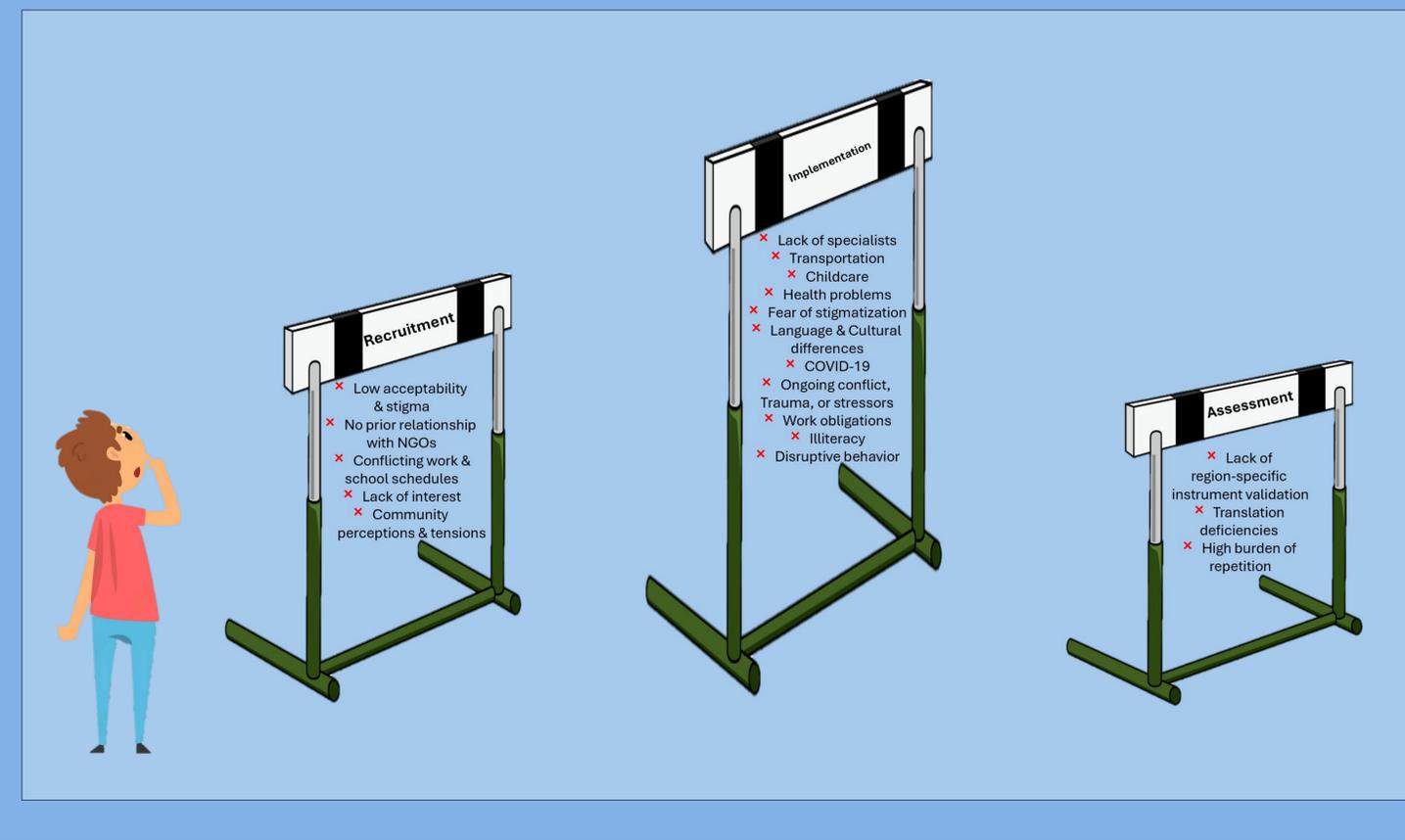
- OUTCOMES**
- Though evidence-based interventions exist, it remains unclear if these approaches are capable of effectively fortifying advantageous childhood experiences across diverse landscapes and ethnic backgrounds.
 - Feasibility trials remain useful in assessing safety and acceptability as well as identifying barriers prior to full scale studies.
 - Upcoming feasibility trial with Syrian refugee adolescents and their caregivers implemented with Kentucky Refugee Ministries in Covington, KY
 - Upcoming faculty workshops with partner NGOs implemented with Resilient Communities in and around Marrakech, Morocco

Study	Setting	Partner Organizations	Participants	Psychological Distress Inclusion cutoff	Sample Size (n)	Control	Assessment Timepoints	Primary Outcome	Secondary Outcomes	Caregiver Outcomes
Brown et al., 2019 Jordan & Lebanon protocol			Syrian refugees; 10-14 years old	CPDS > 5	64	ETAU*	Baseline, 1 week	PSC-35	PHQ-A CRIES-13 WEMWBS PSSM (if in school)	PSC-35, caregiver K6 APQ-42 27-item traumatic event checklist***
Akhtar et al., 2021 Jordan feasibility trial	Amman, Jordan; two urban districts with high refugee density	Institute for Family Health	Syrian refugees; 10-14 years old	CPDS > 5	64	ETAU*	Baseline, 1 week	PSC-35	PHQ-A CRIES-13 WEMWBS PSSM (if in school)	PSC-35, caregiver K6 APQ-42 27-item traumatic event checklist***
Hamdani et al., 2022 Pakistan feasibility trial	8 (of 202) public schools in Gujjar Khan, Rawalpindi, Pakistan nominated by District Education Dept	Ministry of Health and Department of Education	Pakistani children; enrolled in public school; 13-15 years old	PSC-35 ≥ 28	59	Waitlist**	Baseline, 3 months	PSC-35 PHQ-9	Social Problem-Solving Inventory – Revised Short Form Perceived Emotional/Personal Support Scale SWEMWBS Ped-sQL	Peds-QL APQ-42
Bryant et al., 2022 Jordan RCT	Amman, Jordan; two urban districts with high refugee density	Institute for Family Health	Syrian refugees; 10-14 years old	PSC-17 ≥ 14	471	ETAU*	Baseline, 1 week, 3 months	PSC-35	PHQ-A CRIES-13 WEMWBS PSSM (if in school)	PSC-35, caregiver K6 APQ-42 26-item traumatic event checklist***
Brown et al., 2023 Lebanon feasibility trial	Community centers in Tripoli (urban) & Minieh-Dinnieh (agricultural)	War Child	Any nationality; 10-14 years old	CPDS ≥ 5	67	ETAU*	Baseline, 1 week, 3 months	PSC-35	PHQ-A CRIES-13 WEMWBS	PSC-35, caregiver K6 APQ-42

*Enhanced Treatment As Usual: a single, 30-min psychoeducation session covering the basics of self-care and seeking psychological services
 **Received results of screening and encouraged to seek specialist support
 ***Questionnaires original to the study/studies
 Acronyms:
 ● CPDS - Child Psychosocial Distress Screener
 ● PSC - Pediatric Symptoms Checklist
 ● ETAU - Enhanced Treatment as Usual
 ● PHQ - Patient Health Questionnaire
 ● CRIES - Children's Revised Impact of Events Scale
 ● WEMWBS - Warwick Edinburgh Mental Wellbeing Scale
 ● PSSM - Psychological Sense of School Membership
 ● K6 - Kessler Distress Scale
 ● APQ - Alabama Parenting Questionnaire
 ● SWEMWBS - Short Warwick Edinburgh Mental Wellbeing Scale
 ● Ped-sQL/Peds-QL - Pediatric Quality of Life

CONCLUSION

A concerted effort must be made to design research capable of validating existing interventions throughout the heterogenous breadth of children from LMICs. In addition to efficacy, future efforts could deduce whether alternative models elicit different outcomes in the same population as well as if observed differences persist longitudinally. Answering these questions is more important than ever before as global tension and instability rise. In a world where most children, regardless of background, will be exposed to this genre of adversity, all children deserve the opportunity to avert their proven, costly, and often lifelong consequences.



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