

Benefits of Psychosocial Interventions on Traumatized Children Living in Difficult Environments in Mbeere North: A Systematic and meta-analysis

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ABSTRACT

This study examined the benefits of psychosocial interventions of traumatized children living difficult environments. Psychosocial interventions refer to additional forms of assistance for child development other than educational or practical interventions. Children who have experienced any form of trauma or lack necessary basic needs require additional and specific psychosocial interventions. From reviewed studies, substantial evidence shows that exposure to traumatic experiences out of living in difficult environments can affect brain functions of children, have long-lasting consequences resulting to poor mental health and various psychological and social problems. All forms of abuse, abandonment, neglect, poverty, illness, disabilities, pandemics, loss, and conflict, among others can all have negative effects on a child's psychosocial wellbeing. Trauma directly causes stress fears as well as emotional reactions and memory processes. While several studies have shown the benefits of use of various forms of psychosocial interventions such evidence has been inconsistent, with results varying significantly based on various factors, such as gender, culture, age, economic status setting and conflict-phase, and various forms of disabilities. Very few studies have been conducted in Mbeere North Sub-County, as regards the significance of psychosocial interventions such as psychosocial counselling regardless of the numerous cases of children going through traumatic experiences and in particular during this time of Covid-19 pandemic. Additionally, the data supporting the importance of psychosocial interventions in Mbeere North on traumatized children has not been well synthesized. Based on the evidential inconsistencies, there was need to conduct a detailed analysis on significance of psychosocial interventions used on traumatized children exposed to traumatic experiences due to living under difficult environments for healing purposes. To establish the benefits of psychosocial interventions, a systematic review and a meta-analysis was conducted by searching published studies from online databases, including PubMed, Clinicaltrials, and various relevant journals dating from 2000 to 2020. The results from nine randomized control trails indicated that provision of psychosocial services on traumatized children enhances the implementation of children's rights, promotes personal and community peace and reconciliation, helps children improve on self-esteem and social awareness, improves children's emotional intelligence, and brings in healing to broken hearts as well as helping individuals live in a more satisfying lives. The results indicated a weighted mean of Cohen's d 0.6 effect size in post treatment period. The results also indicated that the change between the intervention and control groups was statistically significant at $p < .05$. Findings further indicated that the assisted children had positive coping, enhanced hope, and reduced their fears, as well as being able to socialize and some accepted to return to school. The study recommends that teachers, parents and care givers be taught skills of dealing with in child trauma so that they can assist their children. The study also recommends that the stakeholders in Mbeere North sensitize the community and the parents on the benefits of provision of psychosocial interventions so that they can help children deal with post-traumatic stress disorder complications. Further, the local community needs to be economically empowered so that they can support their children towards accessing education and other services.

Keywords : *Difficult Environments, Psychosocial interventions, Psychosocial Counselling, Trauma, Posttraumatic Stress Disorder.*

Background

There is significant research in scientific literature showing the enormity of resources in children that help them in negotiating the common challenges of life. However such resources can be damaged by child traumas that a child goes through (UNICEF, 2009). In possession of their fast growing intelligence, creativity, emotional range and social relationships as well as other assets, children have a way of meeting their own needs and overcoming difficulties. However, to overcome difficult times, children also depend on support of others, such as members of their families. In some challenging situations like continued hunger, separation of family, stricken poverty, all forms of abuse, abandonment, neglect, infections, disabilities, pandemics, loss, and conflicts, among others may cause trauma in children and this weakens competencies. Additional support during such aforementioned times may be necessary to help children cope with adversity, regain a sense of control and so that they can function as before (UNICEF, 2009). This study reviewed other studies and explored on the benefits of psychosocial interventions to the traumatised children living in difficult environments in Mbeere North.

Reviewed studies have shown that exposure to trauma in children living in difficult environments can result to poor mental health and other various psychosocial problems, prompting the need for psychosocial interventions including psychological support (Purgato, et al., 2014). In his work Hansen, (2014) in a book called “*A Handbook, Psychological Interventions*” describes psychosocial support’ as the procedures aimed at addressing both psychological and social needs of a person, his or her family or community. The International Federation of Red Cross (IFRC), (2020) states that psychosocial support represents the close and intense relationship between a person and the collective attributes in a given social entity.

According to Da Silva, Cardoso and Chronister (2009), teachers, counsellors, parents, teams of medics and different care givers as a multi-disciplinary team are in a position to provide psychosocial interventions to traumatized children so as to help them deal with the troubling issues. The multi-disciplinary team can conduct different types of assessment on the traumatized children through a each case theory and predict the form of intervention

measures that need to be applied (Sherry & Nancy, 2013). Another benefit of psychosocial interventions noted in the reviewed studies is that the traumatized children acquire psychosocial adaptation towards achieving good fitness in a person-environment congruence described as adjustment (Da Cardoso & Chronister, 2009). By providing different types psychosocial interventions to the traumatized children, reviewed systematic and meta-analysis research has shown that children can attain psychological resilience.

Ian and Christine (2014) explain that psychological resilience is the ability of an individual to emotionally or mentally cope with a crisis, thus helping such an individual to promptly return to the status they were in prior to crises such as those experienced during childhood traumas. The National Institute of Mental Health (2020), describes childhood trauma as an emotional, painful or distressful event experienced by a child that more often than not leads to long-lasting physical and mental effects. Majority of children and youth living in difficult environments like some children in some sections in Mbeere are usually faced with greater risks for poor mental health due to exposure to unpleasant experiences, long time drought contributing to inadequate food, water, basic needs and others live in abject poverty. Other contributing factors include traumatizing include, emotional and physical abuse, insecurity, violation of human rights, poverty, or lack of basic needs domestic violence natural calamities, and wars, among others. Smith et al. (2020), emphasize that children and youth living in poor families are likely to experience trauma due to disasters and scourges, such as the novel coronavirus pandemic, HIV/Aids and other chronic disease, violent crimes, armed, family conflicts and other similar traumas. Trauma causes psychological trauma, (UNICEF, 2020).

The American Psychological Association (APA), (2019) describes trauma as an emotional response to dreadful events, such as natural disasters, accidents, experiencing tragic ordeals such as rape, or losing a loved one and family separation like divorce among other factors, which can cause psychological trauma. Another study report by SAMHSA (2015) identified an array of potential traumatic events that children commonly go through. These stressful events include factors such as physical abuses, neglect, abandonment, psychological factors, experiencing or witnessing domestic violence; community or school violence; sexual exploitation or physical or sexual assault; violent or sudden loss of a family member or friend; experiences of war or living as refugees; and neglect among others. Reviewed studies have shown that when children are faced with potential harm, their bodies' *alarm systems* get activated in an attempt to fight or run away from harm, which subsequently leaves children

feeling irritable, angry, scared or withdrawn (Copeland, Keeler, Angold & Costello, 2007) & the American Psychological Association (2011) and this calls for psychosocial support interventions.

Research reported by Pearce, Murray and Larkin (2019) shows that vulnerability to trauma in children is tied to the fact that their brains are still being developed. During tragic events, children go through a state of heightened stress, which sets off the body to release stress and fear hormones. Research findings state that such developmental trauma may be damaging to young children as it may cause disruption to normal brain development. Persistent trauma can substantially impact on long-term development in child's behaviour, mental and physical health. The feeling of fearfulness and helplessness in children may persist into adulthood, leaving such children with heightened risk of future traumatic effects and post-Traumatic Stress Disorder (PTSD), thus requiring psychosocial interventions (UNICEF, 2020).

A report by Substance Abuse and Mental Health Services Administration (SAMHSA) (2015), indicated that at least 70% percent of American children go through a traumatic event before celebrating their sixteenth birthday. Studies further as reported by Shriberg (2013) have shown that about 70% of children growing with a single mother live under low income status, while only about 30% of children live in other forms of family structures. This low income situation has its own negative effects, such as psychological and social emotional problems on children. Study results by Mohamed and Toran (2018) show that socio economic status of a family play an important role in influencing children's social emotional development.

More studies as reported by Eshleman (2020) indicate that long term and bad experiences can have devastating effects to the most vulnerable. During calamities, children are the most vulnerable members of the society and may in search of refuge even be forced to leave their homes, at times being separated from families and caregivers in the confusing escapades. This situation causes a lot of fear and trauma children and the whole family (UNICEF, 2009). Whether in ones childhood or adulthood, being exposed to trauma may end up increasing risks for various mental health problems that may last in one's lifespan such as PTSD (Breslau, Chilcoat, Kessler, & Davis, 2014).

Published studies by Harder, Mutiso, Khasakhala, Burke and Ndete (2012) on post political election violence, multiple traumas, and posttraumatic stress among children from poor

families in Kenya indicated that experiencing violence related to elections caused multiple traumas, and had high levels of PTSD. Many children and young people continued to experience PTSD symptoms for over a period of 6 months subsequent to postelection violence. The study further indicated that those who said they experienced multiple traumatic events had a high likelihood of experiencing PTSD. Reported studies by UNICEF (2019) and UNESCO have shown that children face diverse challenges, including. These include altered family dynamics, older children assuming the role of caregivers to their siblings or taking care of physically or psychologically injured or ailing parents. Moreover, those who resettle across struggle with problems including foreign culture, learning new languages, and trying to adapt to different education systems under challenging circumstances (Reed et al., 2012). Study reports by WHO (2008) indicate that UNICEF and UNESCO provide support services to children in disaster areas by evacuating them to safer places and also participate in offering psychosocial support activities to children, adolescents, caregivers, families, and the wider community through a range of psychosocial interventions that meet their complex needs.

Munda, Munene, & Nyagwencha, (2020) from Day Star University conducted a study on the state of PTSD among children living and schooling in informal areas in Kajiado North. The authors found considerable number of young people living in such settlements to experience PTSD. Studies by Tumuti and Wang'eri (2014), from Kenyatta University reported traumatic stress among many students. The study established that trauma was higher in male students compared to their female counterparts. The traumatic events associated with significant levels of trauma included witnessing violence, having a terminally ill member of family being caught in situations where one has narrowly escaped death. Okumu (2018) study findings from Day Star University targeting bereaved adolescents in children's homes in Kajiado reported that such children had past and present experiences of traumatic events. The above cited study findings may have similar results or not if they were conducted in Mbeere Sub-County.

Ndetei, Francisca, Owuor, Khasakhala and Mutiso (2007) conducted studies from the Universities of Nairobi and Kenyatta, exploring on the traumatic experiences of high school students in Kenya, and to determine the extent of PTSD among Kenyan adolescents, in relation to socio-demographic variables. Findings revealed experiences of traumatic events among students in secondary school in Kenya, who also experienced significantly high levels of PTSD, thus requiring psychosocial interventions like counselling. Additionally individual counselling was found to be helpful to children who were seriously afflicted by political violence in Sudan

(Jordans, et al., 2013). In Kenya, Mutavi et al. (2016) in a qualitative study targeting Nairobi suburbs found that children showed various negative psychosocial o due to defilements. Some of the children turned to trafficking drugs while others suffered mental challenges.

Similarly, Waweru (2018) study findings in Mbeere South indicate that poverty in the area led to children being separated from their families. The abandonment resulted in fear and other traumatic experiences. Psychosocial interventions such as counselling for both children and parents was found essential for averting trauma in children and fostering integration. This is consistent with WHO advocacy that psychosocial interventions should not be a stand-alone activity but integration into wider systems including other family support mechanisms (WHO, 2007). Generally, there is evidence that psychosocial interventions can foster resilience in children and help them cope with traumatic experiences and psychological changes that could affect their cognitive, social and mental health.

Study findings by Mutumi, (2013) from Mbeere on management challenges of drug abuse found that drug and substance abuse was influenced by some traumatic experiences. The poor families in Mbeere South face perennial problems of in-adequate food, drought, water, and poor infrastructures to support proper learning conditions. Research by Mugai (2020) indicate that there are no trained counsellors and psychologists in Embu County in primary schools who can provide psychosocial interventions to children in Mbeere North of Embu County primary schools. This means that the traumatised children in schools in Mbeere North remain with traumatic events bothering them and thus resulting to problems of post-traumatic stress disorders.

Very few studies have been conducted in Mbeere North Sub-County, as regards the significance of psychosocial interventions such as psychosocial counselling regardless of the numerous cases of children going through traumatic experiences and in particular during this time of Covid-19 pandemic. Additionally, the data supporting the importance of psychosocial interventions in Mbeere North on traumatized children has not been well synthesized. Based on the evidential inconsistencies, there was need to conduct a detailed analysis on significance of psychosocial interventions used on traumatized children exposed to traumatic experiences due to living under difficult environments for healing purposes. To establish the benefits of psychosocial interventions, a systematic review and a meta-analysis was conducted by searching published studies from different databases.

LITERATURE REVIEW

The concept of psychosocial intervention refers to any assistance that offers psychological or social support (or both) with a goal of helping to prevent mental health problems from developing, preventing post-traumatic stress disorders (PTSD), improve and promote good and long-term mental health (Feldman & Dreher, 2012). The Reference Centre for Psychosocial Support (2014) argues that applying the term psychosocial support interventions arises from combination of several factors responsible for psychosocial well-being of individuals. Supporting the same idea, Psychosocial Working Group (2005) and ARC (2009) contend that emotional, biological, spiritual, mental, cultural, material and social aspects and none can be detached from the others (INEE, 2010). As opposed to exclusively focusing on psychological or physical aspects of an individual's health and well-being, psychosocial support puts greater emphasis on people's ultimate experiences, more so highlighting the need for looking at these issues within the wider context of family and community set-ups where they occur.

Psychosocial intervention offered to traumatised children is usually offered through trained members of the community being targeted. These are people who are well respected and trusted in the community they live in, and from which they can be selected using interactive processes. These services can also be provided by other professionals such as those who hold training in mental health, psychotherapists, teachers, counsellors, local psychologists, and social workers, as well as psychiatrists, who offer services at the upper end of intervention pyramid. For emergencies, psychosocial support commonly takes place by way of child-friendly spaces as well as, through education, together with emotional and social learning. This may be effected by way child-friendly schools and temporary learning spaces, as well as mental health and psychosocial support service, (MHPSS) as described by United Nations agency for refugees (UNHCR Public Health Section, 2020).

Providers of psychosocial interventions to the traumatised children living in difficult circumstances need to understand a variety of issues such as the causes, nurturing methods, procedures, effects, types of interventions, treatment presentation, engagement and the outcomes of the support services to each individual child and how to include the parents and care givers in the provision of support services, (Technical Note on Mental Health and Psychosocial Support, (TNMHPS; 2021). Millions of children around the world suffer

unthinkable distress due to different traumatizing factors. Mental Health and Psychosocial Support Network (2021) argues that psychosocial interventions ought to be accessed by anyone affected by crisis and more so childhood traumas.

The National Institute of Mental Health (2020), describes childhood trauma as an emotional, painful or distressful event experienced by a child that more often than not leads to long-lasting physical and mental effects. Given the importance of the family environment for child and youth wellbeing, family interventions are a powerful mode of treatment; however, their development and evaluation has received relatively little attention to children living in difficult circumstances (UNICEF, 2020). In another study reviewed, Michels, (2009) share similar views with (UNICEF), (2010) in a paper that presented some systematic reviews on methods of supporting traumatized children and had made analyses on psychosocial support interventions as an essential tool for protection of the rights of children participating in transitional justice mechanisms, and the rights of child victims and witnesses in transitional justice processes.

Another systematic study by Demaria (2015) outlines other importances of providing psychological interventions, psychological first aid, and professional self-care. The said interventions encourage children to return to everyday and routine activities. This is helpful as it gives a sense of normality, creates a feeling of security and certainty to the traumatized children. Other reviewed systematic and meta-analysis studies explain that when traumatized children are provided with equivalent psychosocial interventions, they do not suffer from lack of psychological resilience. In simpler terms, psychological resilience exists in people who develop psychological and behavioral capabilities that allow them to remain calm during crises/ chaos and to move on from incidents without long-term negative consequences (Ian & Christine, 2014). There is need then for the multidisciplinary team of professionals to train traumatized children in difficult environments on how to develop and use positive emotions and positive affectivity to help in managing difficult traumatic situations.

Revised studies also explain that children and youth who have undergone through traumatic events lack positive affectivity. Positive affectivity, if acquired by traumatized children helps them promote sociability, open-minded attitude, and helpfulness (Schenk, 2017). The traumatised children having low levels of positive affectivity are characterized by sadness, lethargy, distress and un-pleasurable engagement. Gillies, Maiocchi, Bhandari, Taylor and O'Brien (2016) study contend that children and adolescents who have experienced trauma are

at high risk of developing negative emotional, behavioural and mental health outcomes. The meta-analyses in this review provide some evidence for the effectiveness of psychological therapies in prevention of traumatic stress and reduction of symptoms of PTSD in children and adolescents exposed to trauma. Child Protection Initiative, Save the Children (2011), in Denmark, explains that psychosocial interventions entails the child's feelings, mind and behavior, or his or her inner world in connection to what is happening in their environment. Some children go through very traumatic experiences during their childhood.

Ayaya, &Braitstein, (2014) conducted a study in Uasin Gishu, Kenya to establish the importance of domestic care environment on potentially traumatic events (PTEs) among orphaned and separated children. From the findings, bullying was found to be the most common PTE amongst the domestic care environments of low economic status, leading physical and sexual abuse in that sequence. All PTEs were found to be most common among street children. The study however found sexual abuse to have been common in households. Further, PTSD was reported to be more prevalent among street children at 28.8%, followed by households at 15.0%. Findings further indicated that children who were separated from their families and orphans in different domestic care difficult environments suffered to some extent, while street youth suffered the most. Psychosocial support interventions are necessary for the purpose of addressing traumatic events such as bullying, neglect, sexual abuse, and abandonment particularly in children living in extended or large family households in the low economically disadvantaged homes (WHO, 2016).

Study findings reported by Shonkoff, Boyce and McEwen (2009), indicate that exposure to hardship as ways of living in difficult environments, especially in early childhood when children are still developing, may end up exposing such minds to permanent impairments, thus affecting their behavioral development, learning, and physical health as well as mental health. Adverse childhood traumatic experiences like those from low economic homes status are risk factors that refer to intensive and common sources of stress affecting children in their early stages of life. Advanced childhood traumatic experiences include wide ranging forms of abuse, acts of violence amongst parents of caregivers, and common dysfunctions in household like alcoholism, collective violence, substance abuse (WHO, 2016).

According to UNHCR, (2016) more than 50% of forcibly displaced people in the world are children. Displacement for such children is particularly a disruptive ordeal that henceforth

separates children from their families, causes them to spend their lives away from home, thus causing them traumatic stress. Studies by Mutumi (2013), showed that some children in Mbeere North spend their time looking for clean water, food or looking after animals in cases where money to meet educational needs is not enough. Such children may be at risk of all types of abuse, neglect, violence, exploitation, child labour and misuse.

What is a Traumatic Event?

According to the National Child Traumatic Stress Network (2008), a traumatic event refers to an event that may be a cause of trauma and therefore causing psychological trauma. This form of trauma can be injurious to an individual's mind due to related resultant events that may yield an individual to overwhelming stress levels, which may end up overstretching an individual's coping abilities. This may also leave such persons with impaired abilities to integrate the involved emotions involved and this can eventually result in grave, long-term consequences (SAMHSA, 2014). The National traumatic Stress network (2020) affirms that if a child feels deeply threatened by an event that they have witnessed or been involved in, then such event or incident can be described as child trauma.

A traumatic event can also be illustrated as a dangerous, frightening, or violent experience posing a potential threat to the life or bodily integrity of a child. Witnessing traumatic, life threatening events with potential to harm an individual or a loved one's security or life can also be termed as traumatic (Cafasso (2017). Traumatic experiences particularly in children can initiate strong emotions and physical reactions that can persist long after the event. Children may feel terror, helplessness, or fear, as well as physiological reactions such as heart pounding, vomiting, or loss of bowel or bladder control. Traumatic experiences in difficult environments are described by researchers as some of the most influential factors on children and youth's mental, psychological social interactions, and growth as a whole (International Network for Education in Emergencies (INEE, 2010; UNESCO, 2006).

Being displaced from home, living in poverty, losing a parent or loved one, having a parent serving in a war zone or incarceration are other experiences that can be termed as traumatic for children (Sitler, 2009). After experiencing trauma, children often view themselves and the world differently, because they lose their ability to make sense of their experiences (Kuban & Steele, 2011). Symptoms of trauma include "posttraumatic stress disorder, anxiety problems, depressive symptoms, and dissociation" taking of alcohol, drugs and other substances (Jaycox

et al., 2009). Other traumatic effects include dropping out from school, perpetration of violence, internalizing problems and showing of myriads of emotional and behaviour disorders (Zahradnik, O'Connor, Stewart, Stevens, Ungar & Wekerle, 2010, p. 409).

Impact of Traumatic Events on Children

Reviewed studies state that while traumatic events may share certain characteristics, it is apparent that their exposure to emotional impact may not be the same (David, Edna, Riggs & Foa, 2004). Mental Health Foundation in London (2021) and National Center for Biotechnology Information, U.S share similar views that the impact of child traumatic stress can last well beyond childhood. Research has shown that child trauma survivors may experience impact such as, increased use of health and mental health services, increased involvement with the child welfare and juvenile justice systems, long-term health problems such as, diabetes child psychosis and heart disease among others. Trauma is a risk factor for nearly all behavioral health and substance use disorders.

Reviewed systematic studies indicate that trauma affects behaviour, social, learning, and emotional as well as psychological functioning of a student (Kuban & Steele, 2011, p. 41). Research indicate that children who survive trauma may experience learning problems, including lower grades and more suspensions, expulsions, rational thinking and emotional brain are affected. Such children may experience lower functioning, cognitive, develop attention and behavioural problems, drop off from schooling, or repeat grades and even experience educational achievement problems, such as poor performance in reading. Exposure to child trauma may also lead to impairment in school functioning, accelerate aggressiveness and delinquent behaviour (Jaycox, Langley, Stein & Schonlau, 2009, pp. 49-50). Regarding achievement, exposure to child trauma may cause children to have poor performance in school, lead to absenteeism, and poor reading abilities (Kuban & Steele, 2011, p. 41). Researchers in examining classroom behaviours have established that when learners suffer traumatic effects, they may end up presenting with behaviours such as poor concentration, passivity, physical verbal blow-ups, spacing out and regular absences (Sitler, 2009, p.120). Thus it is important to provide psychosocial interventions for supporting traumatised students.

Supporting Traumatized Children through Psychosocial Support Interventions and Management Programmes

Psychosocial interventions offered to traumatised children include all of the interventions in which counseling or behavior management techniques are used. The effective psychosocial interventions include contingency reinforcement, child therapies, music and movement therapies, supportive psychotherapy, group therapy, family therapy, telephone counselling, speech therapy, physiotherapy, nutritional counselling, fertility counselling genetic counselling, grief and loss counselling, and specialized pain services among others. Psychosocial interventions provides a framework which can guide the implementation of psychosocial care (Hutchison, Steginga and Dunn,(2006) and (Lock, &Wolraich 2008). Psychosocial interventions, such as cognitive behavioral therapy and acceptance including commitment therapy, are often delivered by psychologists, social workers, mental health counselors, and community health workers. These evidenced-based interventions occur in both individual and group formats (Didwell and Crosby, 2020). These interventions are not tailored towards treating a condition but are designed to foster healthy emotions, attitudes and habits. Such interventions can improve quality of life even when mental illness is not present. Psychosocial interventions are part of psychosocial support services.

According to NAMI (2017) psychosocial managements (interventions) include structured counseling, motivational enhancement, case management, care-coordination, care, protection psychotherapy and relapse prevention. Other recommended intervention programs for trauma reduction include: non-traditional as well as traditional practices; Cognitive Behavioural Intervention for Trauma in School (CBITS) Support for Students Exposed to Trauma (SSET) program; Trauma Focused Cognitive Behaviour Therapy (TF-CBT; Structured Sensory Intervention for Children, Adults, and Parents (SITCAP) program; Project Fleur-de-lis, and CBI Classroom/school-based intervention. Others include TFT Thought Field Therapy; TF-CBT; Somatic therapies, Medications, self-care, mindfulness, having a balanced, regulated sleep, diets, exercises, and Trauma-focused cognitive behavioural therapy among others.

Flynn, Fothergill, Wilcox, Coleclough, Horwitz, Ruble, Burkey, and Wissow, (2015) argue that the level of evidence on interventions to treat traumatic stress in children is based upon published, peer-reviewed data using the accompanying treatment classification criteria utilized by the ‘Office of Victims of crime Guidelines for the Psychosocial Treatment of Intra-familiar Child physical and Sexual Abuse. Their studies suggest inclusion of primary care providers, and their parents or other caregivers would be of help in addressing child traumatic stress. Similar studies for the interventions of trauma in children were also addressed by

Psychological, Social and Welfare Interventions for Psychological Health and Well-Being of Torture Survivors (PSWIPHWTS); (2014) and Kellel, & William 2014).

Professionals assisting children experiencing trauma should understand how the effects of trauma in children (Akin, Little, & Somerville, (2011); Jaycox, et al., 2009); Dionne and Nixon (2014) suggested that integrating traditional and non-traditional practices may be helpful for traumatised children. Professionals like teachers and counsellors struggle to help children cope with traumatic effects common in a school setting. Study Findings from the narrative synthesis suggest that psychosocial interventions may improve trauma feelings and include social support, financial support and other resources.

Other intercessions for early interventions and prevention of PTSD to help traumatised have been suggested by various writers such as the American Psychiatric Association (2013); and Groves, (2007). Their findings suggest that irrespective of a child's age, reassurance and support should always be offered for the purpose of supporting and **encourage children to openly share their feelings**, help them know that whatever the feelings they are experiencing are normal. Children should be assured that even unpleasant feelings will pass if they open up about them. They should be allowed to grieve any losses and those experiencing trauma should be given time to mourn and heal from the form of loss they are experiencing. This may arise from events such as disasters or a pandemic like the Covid-19 or any other disease. Activities known keep their mind occupied should be encouraged in order to remove their focus from the traumatic event. Children can be made to feel safe again by reassuring with acts such as hugging, which can be helpful in comforting and making any child feel secure irrespective of their age. Other approaches include establishing practicable structures, maintaining routines, and schedule their lives so as to make their world feel stable again. Professionals can also try to maintain regular mealtime, time for homework, and other home based or family activities (American Psychological Association, 2013); Chen, Shen, et al. 2014). Helpers and parents should keep their promises to the child as they help them rebuild trust by being trustworthy. They should reassure and help them place the situation in context (Chen, Shen, et al. 2014).

Other ways of helping traumatised children deal with trauma include: minimizing media exposure, or stop exposing the traumatized children to graphic images and videos and especially those which have similarities of the past traumatic event. Helpers should create an environment where the child feels safe to communicate what they are feeling and to ask

questions, provide the child with ongoing opportunities to talk about what they went through, encourage traumatised children to ask questions and express their concerns but never force them to talk. Other helpful ways include communicating with the child based on their age since some children can have difficulties talking about a traumatic experience. Encouraging a child to seek friendship with others and engaging in sports, games and hobbies that were enjoyable prior to experiencing the traumatic incident can help in coping. Encouraging physical activities, doing sports, games, doing happy music and play among others. Helpers should encourage children to eat good and well balanced diet with plenty of water that is, being focused on overall diet rather than specific foods (National Center for Child Traumatic Stress (2010); National Child Traumatic Stress Network (2008). Counsellors to offer structured psychosocial counselling and child therapy. Psychological counselling encourages and assists the child to find a solution for his/her problem/situation, (The National Child Traumatic Stress Network, 2020).

Further studies by Pattison from the University of Nottingham jointly with Harris (2006) from Arden University support that psychological and psychosocial counselling are effective in helping children going through trauma. Proper psychosocial counselling will help incorporate valuable lessons in a child's new life after the events. Psychosocial support helps to shape a student's behaviour and also instil enough discipline in them if they had changed their behaviours after the event. Proper psychosocial counselling helps traumatized children learn skills of helping them achieve their goals (MOeST 2004). For those who had found silence in alcohol and substance abuse due to trauma, they will learn skills of stopping the drug abuse tendencies. Psychosocial support and counselling helps those with suicidal tendencies come to self-realization and change their thoughts Ajowi, & Simatwa, (2010); American School Counselor Association (2012); American Psychiatric Association (2013)

When should Professionals be Contacted to assist the Traumatized Children?

According to National Child Traumatic Stress Network (2008) symptoms like confusion, numbness, despair and guilt that one experiences following a disaster, crisis, or other traumatic events may begin to weaken after relatively a short while. Nonetheless, traumatic stress reactions that are so intense may interfere with the ability of a child to function at home or school or home. If there is no indication that symptoms are fading, or in the event that they become worse over time, the affected child may require support from a specialist, such as

mental health professional. Parents, care givers, or teachers should seek professional help for children if symptoms persist and interfere with day-to-day activities, school or work performance, or personal relationships. The commonest signs that a child is in need of professional help to cope with a traumatic event include: emotional outbursts, aggressive behavior, withdrawal, persistent difficulty in sleeping, continued obsession with the traumatic event, serious problems at school, disrupted sleep patterns, eating habits, correct use language among others.

American Psychiatric Association, (2013) asserts that psychologists and mental health providers can work with parents and care givers to find ways to help children cope with traumatic stress. Professionals can help both children and their parents understand how on to cope with the emotional impact of a traumatic event (Health line 2020); Children do recover from traumatic events, and helpers can play an important role in their recovery. A critical part of children's recovery is having a supportive caregiving system, access to effective treatments, and service systems that are trauma informed,(Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, 2008)

Why is Psychosocial Support Important to Children

Through offering of psychosocial counselling, traumatised children are helped to deal with anxiety, reduce fear, cope with grief, depression, neglect, abuse, deal with self-care issues, loss of confidence, and improve on lack of social skills as caused by traumatic experiences (David, Riggs, Edna &Foa, (2004): Wikipedia Sep 30, 2017).Psychosocial interventions address all the child's essential elements of positive human development which are; emotional, intellectual, mental, social, and spiritual needs (Oxford English Dictionary, 2012). Other study findings by Kohrt, (2018) out line additional benefits of offering psychosocial interventions to traumatised children to include, building internal and external resources for children and their families cope with adversity, supporting families to provide for children's physical, economic, educational, health and social needs. Psychosocial interventions also help children to build resilience and positive emotions,(Ong,Bergeman, Bisconti, & Wallace, 2006); Wikidedia (2015).Even children in Mbeere Sub-county can benefit from psychosocial counselling offered by school counselors.

Guidance and counselling is offered in schools and traumatised children can be assisted by their school counsellors in collaboration with parents and care givers to develop positive emotions (Ajowi, & Simatwa, 2010). In order for the child to reach this goal, guidance and psychosocial counseling services should help children get to know themselves better and find effective solutions to their daily problems. Counsellors can also apply different types of child therapies. Child therapy helps young children as well as teenagers to cope with various psychological and emotional traumas that are affecting their wellbeing, (Wikipedia reviews, and 2019).

According to The American School Counselor Association (2012) and Oregon Department of Education (2003) primary roles of psychosocial counselor is to assist children in reaching their optimal level of psychosocial functioning through resolving negative patterns, prevention, rehabilitation, and improving quality of life. Another type of child therapy that assists traumatised children is Systems Therapy (TST) as reported by Saxe, Ellis, Fogler, Hansen, Sorkin, (2005) through their Clinical trial studies. Child Trauma Systems Therapy (TST) is helpful for improving a traumatized children's mental health and well-being. This may include adolescents and young children with social problems at home or school, experiencing traumatic problems secondary to physical abuse, rape, neglect, death of a close member of family or other major life altering emotion trauma (Glenn, 2012).

According to study findings by and WHO, (2008); Wolf, Prabhu & Carello, (2019) every child reacts to traumatic events in his or her own way. It is important to listen and try to understand children's unique perspectives and concerns, as well as those of the family. Culture plays an important role in the meaning we give to trauma and our expectations for recovery. Thus, trying to understand the child's experience from the child's own point of view, as well as that of the child's family and community, can help guide intervention efforts, (USAID, 2020; UNICEF, 2020)

THEORETICAL FRAMEWORK

The study was guided by Erik Erikson's Stages of Psychosocial Development theory. Erikson's psychosocial development theory emphasizes the social nature of our development rather than its sexual nature. Erikson observes that an individual goes through eight stages of development, with each stage building on the preceding one. Erikson suggested that how we interact with others is what affects our sense of self, or what he called the ego identity. Erikson

perceived that social interactions and relationships hold a fundamental role in shaping people's growth and development.

MATERIALS AND METHODS

The study used a systematic review and adopted a meta-analytic approach involving individual data from 2567 children in nine Randomized Controlled Trials (RCTs) evaluating the benefits of several psychosocial support interventions versus the waitlist control groups such as those receiving usual care or no treatment. The data was obtained by searching various online databases, including PubMed, MEDLINE, Clinicaltrials and a range of relevant journals dating back from 2000 to 2020. The data only included studies that focused on the benefits of psychosocial support services and interventions, such as individual and group counselling, involvement in support groups, peer support, and parental support as well as community services in traumatized children and youth in low and middle income households. Duplicate studies and studies that did not meet the criteria were excluded. Data was subsequently extracted on computer spreadsheets, focusing on details such as author, title, design, intervention and forms of comparison used, number of participants, pre-treatment and variation of scores for both intervention and waitlist control groups.

RESULTS AND DISCUSSION

Data analysis involved finding and calculating the effect size of the population of each of the studies that met quality assessment for inclusion. Individual studies' Cohen's d value was obtained through random effects DerSimonian and Laird's method for meta-analysis. A Cohen's d score of $d 0.2$ was considered as low, $d 0.5$ as medium and $d 0.8$ as high. Each of the studies effect size is shown on Table 1.

Table 1: Individual Studies Effect Size

Author, Date	N	Effect Size
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Rith-Najarian, 2019	110	<i>d</i> 0.82
James, 2015	1806	<i>d</i> 0.74
Murray, 2015	131	<i>d</i> 0.62
Bolton, 2018	125	<i>d</i> 0.86
Dorsey, 2020	320	<i>d</i> 0.14
Michael, 2014	138	<i>d</i> 0.63
Mannarino, 2012	158	<i>d</i> 0.77
Cohen, 2006	126	<i>d</i> 0.69
Chorpita, 2018	148	<i>d</i> 0.18

Data was obtained and recoded for each of the randomized control trials both at pre-intervention and post-intervention phases, after which scores were analyzed to establish the mean differences and standard deviations for each of the two groups. The study identified a beneficial effect of psychosocial interventions on PTSD after an intervention period of 6 weeks (Cohen *d* 1.02). The effect reduced slightly at follow up from at least 9 weeks after the interventions (Cohen 0.86). The analysis highlighted benefits of mental health psychosocial interventions such as focused care to children and families, specialized care, family and community support and social support services had benefits on post-traumatic distress in children. The analysis showed benefits of on PTSD (Cohen *d* 0.46), strengths such as positive coping (Cohen *d* 0.82), maintained peer social support (Cohen *d* 0.60) enhanced hope (Cohen *d* 1.04). The study hypothesis was tested by establishing confidence interval through a paired samples test for the means of the two groups. A statistical significance value of $p < .005$ was obtained as shown on Table 2.

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair Intervention_ Group - Control_ Group	.86556	.68832	.22944	.33647	1.39464	3.772	8	.005

Based on the above results, the study hypothesis that psychosocial interventions have no importance on traumatized children and youth in low and middle income families in Mbeere North is rejected, since the results provide an initial support for benefits of psychosocial support interventions ontraumatized children living in difficult environments. The findings were consistent with Purgato (2018) study which established that Mental Health and Psychosocial Support (MHPSS) is effective in reduction of PTSD and anxiety symptoms in children exposed to traumatic events in low-resource humanitarian settings.

CONCLUSIONS AND RECOMMENDATIONS

Summary

The study aimed at analyzing the benefits of psychosocial interventions on traumatized children living in difficult environments in Mbeere North. Based on the systematic and meta-analytic review of 9 randomized control trials involving 2567children, it was established that psychosocial interventions are effective and beneficial in mitigating the symptoms of posttraumatic stress disorder in traumatized children living in difficult environments.

Conclusions

The study concludes that psychosocial interventions are important in helping traumatized children living in difficult environments. Based on the results, the study further concludes that

psychosocial interventions such as providing focused care, specialized care, family and community support services, psychosocial counselling as well as social services is beneficial and effective in dealing with symptoms of posttraumatic stress disorder resulting in positive coping, enhanced, maintained social support and enhanced hope. The study makes inference that psychosocial interventions may be helpful on traumatized children living in difficult environments in Mbeere North.

Recommendations

Based on the findings the following recommendations are made:

Given the scope of traumatic experiences facing children living in difficult environments, the Government of Kenya should channel more resources towards mental health to support rehabilitation of children and youth living in needy and broken families in including all those who are living in difficult circumstance, and those being currently affected by the Covid-19 pandemic in Mbeere North.

A similar study should be conducted in lower Embu as the areas share similar hardships and later compare the results. Further, teachers and parents should be taught skills of reducing stress in traumatized child so that they can assist their children.

Further study is required on the benefits of specific psychosocial interventions on traumatised children in similar households.

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