



The effectiveness, mechanisms of change, and acceptability of Family Focused PsychoSocial Support for at-risk adolescents in Lebanon

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Main Information

Primary registry identifying number

LBCTR2021104870

Protocol number

SBS-2021-0102

MOH registration number

Pending

Study registered at the country of origin

Yes

Study registered at the country of origin: Specify**Type of registration**

Prospective

Type of registration: Justify

N/A

Date of registration in national regulatory agency

13/10/2021

Primary sponsor

American University of Beirut

Primary sponsor: Country of origin

Lebanon

Date of registration in primary registry

24/03/2022

Date of registration in national regulatory agency

13/10/2021

Public title

The effectiveness, mechanisms of change, and acceptability of Family Focused PsychoSocial Support for at-risk adolescents in Lebanon

Acronym**Scientific title**

The effectiveness, mechanisms of change, and acceptability of Family Focused PsychoSocial Support for at-risk adolescents in Lebanon

Acronym**Brief summary of the study: English**

There is a small yet growing evidence base for psychosocial interventions in conflict and humanitarian emergencies, however adolescent mental health is often under-researched and drastically under-resourced. Families play a critical role in ensuring adolescent mental health and protection outcomes, yet there has been limited research evaluating family interventions in these settings. This study aims to develop and test a family systemic program that can be delivered alongside the existing UNICEF Focused-Psychosocial Support (FPSS) curriculum for at-risk adolescents in Lebanon. Phase 1 involved the development and piloting of the family module, while Phase 2 will evaluate the program using a single-blind hybrid effectiveness-implementation randomized control trial. Through the development and evaluation of an adjunctive family systemic program we will enhance current humanitarian programming by addressing the child's ecology, while also addressing a significant weakness of the current evidence base for at-risk adolescents and their families in conflict-affected contexts. The program aims to be systemic, culturally and contextually relevant, and sustainable. The participatory, hybrid effectiveness-implementation design will ensure that the intervention is optimally contextualized, and suited for wide-scale implementation.



Brief summary of the study: Arabic

هناك قاعدة أدلة صغيرة لكن متنامية للتدخلات النفسية والاجتماعية في حالات النزاع والطوارئ الإنسانية، وغالبًا ما تشهد الصحة النفسية للمراهقين قلة في الأبحاث ونقصًا كبيرًا في الموارد. تلعب العائلات دورًا أساسيًا في ضمان الصحة النفسية للمراهقين وحمايتهم، ومع ذلك كان هناك بحث محدود لتقييم التدخلات الأسرية في هذه السياقات. تهدف هذه الدراسة إلى تطوير واختبار برنامج لظمي للأسرة يمكن تقديمه جنبًا إلى للمراهقين المعرضين للخطر في لبنان. تضمنت المرحلة الأولى تطوير (FPSS) جنب مع منهج اليونيسف للدعم النفسي والاجتماعي المركز واختبار وحدة الأسرة، في حين أن المرحلة الثانية ستقيم البرنامج باستخدام تجربة عشوائية مضبوطة وفردية التعمية تمزج بين الفعالية والتنفيذ عبر تطوير وتقييم برنامج لظمي عائلي مساعد، سنعمل على تعزيز البرمجة الإنسانية الحالية من خلال معالجة بيئة الطفل، مع معالجة الضعف الكبير في قاعدة الأدلة الحالية للمراهقين المعرضين للخطر وأسره في السياقات المتأثرة بالنزاع. يهدف البرنامج إلى أن يكون منهجيًا ومستدامًا وملائمًا ثقافيًا وسياقيًا. سيضمن التصميم التشاركي المازج بين الفعالية والتنفيذ أن يكون التدخل مثاليًا لسياقه، ومناسبًا للتنفيذ على نطاق واسع.

Health conditions/problem studied: Specify

Parent and adolescent mental health and wellbeing.

Interventions: Specify

A 7 session family focused psychosocial support program, named the Sawa A2wa Family Program.

Key inclusion and exclusion criteria: Inclusion criteria

Inclusion criteria for participation in the research study are 1) a single- or dual-headed household with an adolescent aged 12-18 (male and female), 2) identified as at-risk by the partner organization, 3) scoring above the cutoff on the Pediatric Symptom Scale for general mental health, and 4) gives assent and parental/legal guardian consent. One target child will be identified per family for the assessments (if multiple children meet the criteria in one family, the child who has the highest PSS score will be selected as the index child). At-risk status will be established as part of usual screening processes for focused PSS and clinical assessment by facilitators in partner organizations, who will identify and referral potential participants. Medium-to-high risk is defined for this study as being 'vulnerable to a protection risk but not high with imminent risk (i.e. without a current protection risk that would require immediate referral to case management). Once potential participants give verbal permission to be contacted by the research team, and have consented/assented to take part, they will be screened fully by the research team (including administering the short-form of the Pediatric Symptom Checklist) to ensure they meet the inclusion criteria and that the program is relevant to their needs.

Key inclusion and exclusion criteria: Gender

Both

Key inclusion and exclusion criteria: Specify gender

Key inclusion and exclusion criteria: Age minimum

12

Key inclusion and exclusion criteria: Age maximum

17

Key inclusion and exclusion criteria: Exclusion criteria

Participants will be excluded if they have severe psychiatric disturbance or risks requiring specialist mental health services (assessed by partner organizations as part of usual routine assessment and referral systems), if they are in immediate high risk requiring case management, or if they do not consent/assent. Cases requiring specialized services will not be invited to participate because of the level of vulnerability, potential issues of capacity, and because the family intervention is unlikely to be pitched at the right level for their needs, though they will be offered alternative relevant services. The decisions are made using the usual protocol for focused PSS programs within each partner organization by experienced mental health and child protection teams. Due to the high level of need within all communities in Lebanon, and the need to prevent resource-based tension between groups, we will include families from all nationalities, religions, and refugee status.

Type of study

Interventional

Type of intervention

Other

Type of intervention: Specify type

Family systemic focused psychosocial support

Trial scope

Other

Trial scope: Specify scope

Family systemic focused psychosocial support

Study design: Allocation

Randomized controlled trial

Study design: Masking

Blinded (masking used)

Study design: Control

Active

Study phase

1 to 2

Study design: Purpose

Other

Study design: Specify purpose

Psychosocial family support

Study design: Assignment

Study design: Specify assignment



| | | |
|--|--|------------------------|
| Single | N/A | |
| IMP has market authorization | IMP has market authorization: Specify | |
| Name of IMP | Year of authorization | Month of authorization |
| Type of IMP | | |
| Pharmaceutical class | | |
| Not applicable. | | |
| Therapeutic indication | | |
| Not applicable. | | |
| Therapeutic benefit | | |
| It is expected that the research directly and immediately benefits the participants in the RCT (through receiving family psychosocial support) at no cost to participants. Research clearly indicates benefits of family-based interventions but this not currently available for most vulnerable families living in Lebanon. If successful, we aim to integrate the module into standard care alongside existing focused PSS activities. These benefits to the community are likely to occur gradually in the 1-2 years following the analysis and publication of the trial data. | | |
| Study model | Study model: Explain model | |
| N/A | N/A | |
| Study model: Specify model | | |
| N/A | | |
| Time perspective | Time perspective: Explain time perspective | |
| N/A | N/A | |
| Time perspective: Specify perspective | | |
| N/A | | |
| Target follow-up duration | Target follow-up duration: Unit | |
| Number of groups/cohorts | | |
| Biospecimen retention | Biospecimen description | |
| None retained | Not applicable. | |
| Target sample size | Actual enrollment target size | |
| 270 | 351 | |
| Date of first enrollment: Type | Date of first enrollment: Date | |

Anticipated

15/11/2021

Date of study closure: Type

Date of study closure: Date

Anticipated

30/09/2022

Recruitment status

Recruitment status: Specify

Pending

Date of completion

IPD sharing statement plan

IPD sharing statement description

Yes

Collection and management of data will be in accordance with IRB and American Psychological Association (APA) standards, as well as the EU General Data Protection Regulation (since WCH is headquartered in Europe). All project staff will be provided with Good Clinical Practice (GCP) training through AUB, and additional training addressing research ethics, assent/consent, and child interviewing.

Short term storage and backup

Data will be stored, short-term, on secure servers, accessed through individual password protected accounts on password protected encrypted computers. Only project members who require access will have an account. Unique participant identifiers will be used, with outcome data stored separately from personal information. Identifying information will be stored on REDCap, a secure web-based system specifically designed for clinical trials, and measures will be completed and data stored on LimeSurvey, a secure survey software tool accessible through AUB. Excel files will also be used to track progress, and these will use only unique identifiers (no names), will be password protected, and stored on Dropbox, with encryption via Boxcryptor.

Long term storage

Personal identifiers and audio recordings of semi-structured interviews will be destroyed after 5 years from publication of the study, in keeping with APA and IRB ethical standards for psychological research. All other data (raw outcome data, qualitative transcripts) will be preserved by the Department of Psychology, AUB, for long term archiving in AUB's secure data bank. This is appropriate because it provides security against loss of data, and access if needed in the longer term.

Data sharing

Data will be co-owned by AUB and WCH. Non-identifiable data (such as unlinked questionnaire data) will be held by the research team for up to 3 years, for analysis. After 3 years, non-identifiable data will be made available through AUB's data bank (see http://aub.edu.lb/libguides.com/data_services/databank). The PI will be responsible for managing data and responding to access requests from external users, provided data sharing agreements detailing responsibilities of users in handling and sharing data have been agreed and signed. In line with open science initiatives, external researchers will be able to access non-identified data via information provided in publications. Identifiable data will be archived on RedCap, in a locked filing cabinet in the implementing partner organization (consent/assent forms), or on a password protected encrypted computer (audio recordings) for 5 years and then deleted/destroyed, in keeping with usual practice for psychological research. This data will not be shared with external users to protect confidentiality and anonymity.

Additional data URL

Admin comments

**Trial status**

Approved

Secondary Identifying Numbers

| Full name of issuing authority | Secondary identifying number |
|--------------------------------|------------------------------|
| American University of Beirut | Family ID |

Sources of Monetary or Material Support

| Name |
|----------------------------------|
| AHRC/ DfID (award number:103916) |

Secondary Sponsors

No Sponsors

Contact for Public/Scientific Queries

| Contact type | Contact full name | Address | Country | Telephone | Email | Affiliation |
|--------------|-------------------|-------------------------------|---------|---------------|-----------------|-------------------------------|
| Public | Tania Bosqui | Department of Psychology, AUB | Lebanon | AUB ext: 4370 | tb33@aub.edu.lb | American University of Beirut |
| Scientific | Tania Bosqui | Department of Psychology, AUB | Lebanon | AUB ext: 4370 | tb33@aub.edu.lb | American University of Beirut |

Centers/Hospitals Involved in the Study

No Centers/Hospitals

Ethics Review

| Ethics approval obtained | Approval date | Contact name | Contact email | Contact phone |
|-------------------------------------|---------------|--------------|-----------------|---------------|
| Other American University of Beirut | 12/10/2021 | Nadine Kamal | nk93@aub.edu.lb | AUB ext: 5455 |



Countries of Recruitment

| Name |
|---------|
| Lebanon |

Health Conditions or Problems Studied

| Condition | Code | Keyword |
|-----------------------------|--|--------------------------|
| Mental health and wellbeing | Mental disorder, not otherwise specified (F99) | Mental health, wellbeing |

Interventions

| Intervention | Description | Keyword |
|--------------------------|--|-------------------------------|
| Sawa A2wa Family Program | The 7 session family focused psychosocial support program includes 90 minute weekly family session and 30 minute weekly parenting sessions, with the exception of the 7th booster session delivered one month after the end of the program. The program will be delivered via non-specialists and aims to improve family functioning and adolescent mental health. | Family systemic, psychosocial |

Primary Outcomes

| Name | Time Points | Measure |
|--------------------------|------------------------------|-----------------------------|
| Adolescent mental health | Pre, post, 3 month follow-up | Pediatric Symptom Checklist |

Key Secondary Outcomes

| Name | Time Points | Measure |
|---|------------------------------|--|
| Wellbeing | Pre, post, 3 month follow-up | WHO-5 Well-Being Index |
| Family functioning | Pre, post, 3 month follow-up | SCORE Index of Family Functioning and Change |
| Emotion regulation | Pre, post, 3 month follow-up | Difficulties in Emotion Regulation Scale |
| Child protection risk, stress and adversity | Pre, post, 3 month follow-up | Standardized measure developed for the study |
| Parenting | Pre, post, 3 month follow-up | Parenting Questionnaire |
| Caregiver mental health | Pre, post, 3 month follow-up | Kessler 6 |



Trial Results

Summary results

Study results globally

Date of posting of results summaries

Date of first journal publication of results

Results URL link

Baseline characteristics

Participant flow

Adverse events

Outcome measures

URL to protocol files