DEVELOPING INTEGRATED PSYCHOSOCIAL INTERVENTIONS IN REFUGEE SETTINGS

Evaluating an integrated approach to intimate partner violence and psychosocial health in refugees

In our last post, we presented findings from a qualitative study where we explored the problems affecting Congolese women that have experienced intimate partner violence (IPV) in Nyarugusu refugee camp, Tanzania. Stress, sadness and fear emerged as the most common problems affecting female IPV survivors and thus became important targets of the Nguvu program. This 8-session group-based intervention combines components of two interventions that have previously been tested in women that have experienced gender-based violence: 1) Advocacy/empowerment counseling, and 2) Cognitive processing therapy.

Our goal was to develop a program that included important components of both advocacy/empowerment counseling and cognitive processing therapy, but was combined in a way that they could be delivered as a single intervention. We also wanted to ensure that the intervention was appropriate in Nyarugusu refugee camp. We consulted with experts that were familiar with Nyarugusu refugee camp as well as experts in the areas of advocacy/empowerment counseling and cognitive processing therapy. An important change to the existing interventions was the length of the program. In order for the Nguvu program to be feasibly delivered in Nyarugusu refugee camp, we needed to shorten the intervention to eight sessions.

After the intervention had been developed, we began to plan the procedures for evaluating it. As part of this process we identified measurement tools (for example, scales measuring psychological distress and IPV) that would be used to evaluate how well the Nguvu intervention was able to reduce psychological distress and IPV, which were the two primary objectives of the intervention. We identified scales that had been used in other parts of central and east Africa because we thought that this would be an indication that we could translate and adapt these measures to our study setting. All measures were translated into the Swahili spoken in the camp through an ongoing translation and adaptation process that involved Swahili speakers translating the English scales and then having local Congolese refugees read the measures and recommend further changes. We found that the translation wasn’t purely from English to Swahili, but rather from English to the Swahili that is spoken in Nyarugusu refugee camp, which borrows French terms and phrases.

TRAINING OF RESEARCH ASSISTANTS AND INTERVENTION FACILITATORS

Once we had initial drafts of the measurement tools and intervention manual, we selected 10 research assistants and 10 intervention facilitators to train in data collection and delivery of the intervention, respectively. The research assistants were female refugees from Nyarugusu that were selected based on prior experience in data collection or gender-based violence programs. Regardless of prior experience, the research assistants underwent a 10-day training in data collection, ethics and basic elements of research design, which was followed by several short refresher trainings. As research assistants practiced data collection, they noticed phrasing and questions in the measurement tools that required further changes to to make the intended meaning clear for future participants.

Similarly, we chose to train intervention facilitators that were members of the Congolese refugee community in Nyarugusu and had experience working with our partner organization, the International Rescue Committee (IRC), on gender-based violence and related programming. Many of the intervention facilitators served as gender-based violence counselors for IRC and had experience serving as counselors for women affected by IPV. During their 10-day training, which was also followed by several refresher trainings and direct supervision by a clinical psychologist, the intervention facilitators learned the intervention sessions and practiced carrying out portions of the intervention through role-plays. In these role-plays one intervention facilitator would play the role of the facilitator and the other would play the role of a potential participant. Oftentimes, the trainers and other intervention facilitators in training would observe these role-plays to identify common strategies and challenges in delivering the intervention.

The development of the intervention and measurement tools throughout the training process highlighted an advantage of selecting community members as project staff. They were able to provide insight into the appropriateness of these activities in their community prior to beginning the pilot study, which improved our research and intervention activities while also providing deeper understanding of these activities by the research assistants and intervention facilitators.

WHAT IS NEXT?

In an upcoming post we will present results from the pilot study, which was recently completed. In this pilot study we tested our measurement instruments and delivery of the intervention in a sample of 60 women affected by psychological distress and IPV in Nyarugusu camp. In addition to collecting data on psychological distress and IPV, we conducted qualitative interviews with pilot participants to learn more about how participation in this intervention has impacted their lives and some of the things that they think could be improved. **Stay tuned!**