

# IMPLEMENTING PSYCHOSOCIAL SUPPORT FOR CHILDREN AFFECTED BY THE BEIRUT BLAST: PROVIDING A SAFE PLACE IN THE MIDDLE OF CRISIS

Steffi Schenzle

*UiT The Arctic University of Norway (Norway)*

## Abstract

The Beirut blast on August 4, 2020 has left a large impact on the well-being of children. This paper is a preliminary presentation of a larger explorative case study investigating the experiences of psychosocial counsellors providing psychosocial support through non-formal education for affected children after the blast. Longitudinal fieldwork consisting of digital and face-to-face in-depth interviews, visual materials and focus group discussions have been conducted. This paper describes how psychosocial support implemented by counsellors can provide a safe place for children in light of the aftermath of the Beirut blast and the ongoing crises in Lebanon. The supporting factors include a physically safe space, tools provided to the children to reduce their stress levels and increase their well-being, and a professional team providing a child-friendly and respectful place.

**Keywords:** *Education in emergencies, psychosocial intervention, traumatic stress, well-being, Beirut blast.*

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## 1. Introduction

This research takes place in Lebanon, a country that has been suffering for the past years from a number of overlying crises, including the ongoing refugee crisis, an economic crisis and the recent COVID-19 pandemic (Abouzeid et al., 2020; UNHCR, 2020; United Nations, 2021). Farran (2021) found severe mental health-related consequences due to these ongoing crises in Lebanon. On August 4, 2020, a substantial amount of ammonium nitrate exploded in the port of Beirut. This explosion killed more than 200 people, injured over 6,000 and left 300,000 homeless (Cheaito & Al-Hajj, 2020). Many refugee families were among the victims of the explosion, and it has been argued that the children of these families who survived past conflict and crises will be especially prone to longer-lasting consequences of a new potentially traumatizing event (UNICEF, 2020). These children are expected to struggle with psychosocial consequences of the blast, which might have further increased existing stress levels or caused a re-traumatization. Considering that even minor and non-extreme events can cause traumatic reactions, it is likely that already traumatized children will be more severely affected by a new traumatic event such as the explosion in Beirut. According to Ghumman et al. (2016), refugees are more vulnerable to developing posttraumatic stress disorder (PTSD) due to the various impacts and consequences of a crisis and conflicts they endure.

In this setting, traumatic stress is likely to be experienced by a large number of children, both due to their refugee background or the overlying crises in Lebanon (Khamis, 2019). However, access to psychotherapy can be very limited in times of conflict and crisis, as many psychiatric hospitals and clinics are closed, and the number of people in need is extending the possibilities of individual support in a mass-trauma situation (Silove et al., 2017). This implies that interventions should provide support at the collective level, not at the individual level. Psychosocial support is an umbrella term for interventions that can be preventative, curative or focused on promoting well-being (Global Education Monitoring Report, 2019). Hobfoll et al. (2007) established an evidence-based recommendation to implement psychosocial support in a mass-trauma setting. They found five principles that need to be promoted to create a successful intervention: sense of safety, calming, sense of self-efficacy, connectedness, and finally, instilling hope. The last principle focuses on the possibility of a better future and the relevance of providing resources for the people facing crises and conflicts. Such large-scale interventions, especially when implemented as school-based support, have proven successful in humanitarian crises (El-Khodary & Samara, 2020; Hovenga, 2021; Schultz et al., 2016). In response to such increased stress levels, schools

can create a secure base for students and provide social support for affected students (Morton & Berardi, 2018). However, in the case of Lebanon, schools have been widely closed since the economic crisis reached its first peak in 2019 and have remained closed due to the COVID-19 pandemic, leaving the children alone at home (Save the Children, 2020). The Norwegian Refugee Council (NRC) responded to this emergency situation by setting up two informal learning centres to implement psychosocial support for children affected by the explosion. The present paper forms part of a case study and will present the implementation of a psychosocial support intervention through non-formal education in an emergency setting. This paper aims to focus on a descriptive presentation of the existing data material and answer the following research question: *How is psychosocial support organized in order to provide a safe place for the children and educators in the middle of a humanitarian crisis in Lebanon?*

### **1.1. Setting of the study**

The NRC opened two child-friendly facilities in the most severely affected areas of Beirut from September 2020 for a period of one year. In each of the two centres, two psychosocial counsellors and one education officer were hired. These professionals were trained in the “Better Learning Program” (BLP) and delivered this intervention to approximately 160 children per month for eight cycles. In total, 1,200 children received support through the BLP after the Beirut blast. The programme provided psychoeducation and tools to understand stress and reduce stress reactions (Norwegian Refugee Council, 2019). It was delivered through two group sessions per week for the duration of four weeks. Each group consisted of six to eight children. The counsellors conducted a pre- and post-test with each child to evaluate the effects of the intervention. The centres were open from September 2020 to September 2021.

## **2. Methods**

Using an explorative approach, longitudinal fieldwork commenced in February 2021. Data were collected using a qualitative approach in two-stage fieldwork. The COVID-19 pandemic meant that physical fieldwork was impossible for many researchers before September 2021 (e.g. Andrejuk, 2020; Howlett, 2021). Therefore, the initial part of the data collection was conducted through online qualitative fieldwork. The further data collection consisted of in-depth interviews, participant observations and focus group discussions, all conducted in person. A qualitative approach was chosen to explore the perceptions and experiences of the experts working in the field (Creswell & Poth, 2018). The aim of the data collection was to gain a detailed and rich understanding of their work, following the concept of qualitative research from Ritchie et al. (2013). Through interviews, a researcher can gain insights into a participant’s individual perspectives and experiences of a psychosocial intervention (Brinkmann & Kvale, 2015). Over seven months, qualitative in-depth interviews with the education team working in the non-formal education centres were conducted. The participants consisted of four psychosocial counsellors and two education officers who had either completed or had almost completed a master’s degree in clinical psychology. There were one male and five female participants, and all were Lebanese and living in Beirut at the time of the explosion.

The initial stage of the data collection was conducted through 46 in-depth interviews with the six presented key informants. For a period of eight months between February 2021 and September 2021, the interviews were conducted in intervals of approximately three to four weeks, all remotely over Zoom. The interviews were semi-structured, based on a thematic interview guide, with an average length of 45 minutes. Interview topics included the impact of the explosion, the perceived need for psychosocial support, the practical implementation of the intervention, perceptions of the children and parents, and finally, the perceived impact of the intervention and areas for consolidation and improvement. Throughout the period of the online fieldwork, visual materials, including drawings of the children, photographs and videos, were shared to further the understanding of the field.

The second stage included qualitative face-to-face fieldwork in Beirut, Lebanon, over two weeks in September 2021. The data collected included five in-depth interviews and one focus group discussion with the education team. Further data were based on participant observation in the centres. The in-depth interviews focused on the educators’ professional and personal change throughout the one-year period of implementing PSS to affected children.

### 3. Organization and implementation of psychosocial support

#### 3.1. Set-up of the education centres

In the initial days following the explosion, the NRC focused on responding to the emergency situation by providing shelter, water, sanitation and hygiene interventions, in addition to emergency cash and legal assistance. However, a small survey conducted over the phone with families in Beirut indicated that the threatening impact on children's well-being and mental health was an urgent issue. Thus, the NRC decided to set up two non-formal education centres in Beirut to deliver psychosocial support for affected children. To create physically safe centres, the selection of locations had the following requirements:

1. Safe neighbourhood with secure access and parking spaces
2. Proper building, not an emergency tent
3. No visible destruction by the blast around the centres
4. Sufficient space for eight students and one counsellor (due to COVID-19)
5. Elevator/accessibility for all children

Concurrently with the selection of locations, the education team conducted the first outreach to recruit children for the first cycle. This was conducted using a door-to-door approach where the team interacted with neighbourhood communities to find homes of families with children. Through speaking with the families, there was revealed to be a considerable need for PSS. Prior to starting the first cycle at the end of September, the education team held a waiting list for the following three cycles. Parents reported increased stress levels and nightmares among their children since the Beirut blast. The main concern raised by the families was the fear of the COVID-19 pandemic as schools remained closed and most physical activities were cancelled. However, the educators ensured the maintenance of strict regulations, and most parents were comfortable with their children attending the programme.

Before the implementation began, the education team received capacity building training through the BLP. This was conducted by the NRC's regional BLP capacity building manager in a three-day course. The training was described as practical and hands-on, featuring learning theories, psychoeducation and tools and techniques to support children in regulating their emotions and stress levels. The counsellors reported the training to be both helpful for their implementation of the BLP, and also for recovering from their own stressful experiences of the Beirut blast.

#### 3.2. Implementing psychosocial support

By the end of September 2020, the first cycle of the BLP began with 120 students. The implementation happened over two sessions per week for a period of four weeks. During this period, the students participated in group sessions with eight children in which they learned about psychoeducation and tools and techniques relating to the following four topics: stress and stressful reactions, regulating stress, body and mind connection, and ridding oneself of unwanted thoughts. Each session used a specific routine with an introductory song to create a feeling of cohesion and a sense of safety in the group setting. After the song ended, there were relaxation and breathing exercises to help create habits of tools and techniques for the children to carry on with after the programme ended. The children were divided into two age groups: 6 to 9 years and 10 to 14 years old.

During the first session, students were invited to share stressful events they had experienced. Besides the explosion, they mainly mentioned everyday life stressors such as exams, fighting with siblings, storms, illnesses and fear of the dark. During the second session, the "safe place" visualization technique was introduced where the children were asked to imagine a space where they feel safe and well. Almost all the children thought about places related to nature, their homes and their families. In the third week, the children described learning about the mind-body connection as eye-opening as it explained to them the normalcy of their reactions to stressful situations. In the final week, the children learned to distinguish between their thoughts and reality, and to prevent their unwanted thoughts from taking them in a downward spiral. Typical unwanted thoughts included the following: "nobody loves me", "there will be another explosion", "I am ugly", "there will be another war", "I will be killed with a knife tomorrow", and "a car will run me over". At the end of the BLP, the counsellors reported that the children attained a set of tools and techniques to understand and regulate their stress reactions and increase their well-being.

The majority of the participating children in this programme were Syrian refugees who either moved as young children to Lebanon or were born in there as the children of Syrian parents. Although the programme was open to all children affected by the explosion, the education team in the centres described difficulties in reaching out to the Lebanese families. Stated reasons for this included racism among Lebanese families towards refugees and the nature of the NRC normally providing support for refugees.

The education team reported signs of severe poverty among many of the children, such as damaged and dirty clothing, lack of food and drinking water, insufficient money for transport to the centres, and lack of hygiene materials to protect themselves from COVID-19. They also recognized that many of the children were understimulated due to a lack of schooling materials at home. For example, many had difficulty with drawing and writing, even in the higher age group.

### **3.3. Perceptions on the impact of the intervention**

The impact of the PSS programme was described on two levels: on the children, and on the counsellors themselves. The education team reported a significant visible change in the children's behaviour from the beginning of the programme to the final session. Furthermore, the children opened up and became less shy, participated more and formed relationships with the other students. Their initial behavioural issues improved significantly, and they became quieter, politer and more autonomous. They rapidly adapted to the rules of the centres and respected the programme, the other children and the counsellors. The counsellors also reported delighted parents contacting them to report a positive change in their children's behaviour and attitude at home.

The counsellors also reported an impact of the programme on themselves. They witnessed their own healing process through the provision of PSS to the children. Both feelings of empathy with the children and reflection of their own stressful reactions and experiences in the children's encounters with the explosion and the crisis in Lebanon provided them with support for their personal well-being.

## **4. Summary of experiences**

Children attending the PSS programmes were able to regain a feeling of safety in the midst of the crisis in Lebanon, through different factors. As the Beirut blast had a significant effect on the children's physical safety, the presence of a safe building where they were provided with support was an important factor in them feeling safe. The BLP provided the children with tools and techniques to reduce their physical and mental stress reactions and improve their well-being. The child-friendly and respectful nature of the setting provided them with a platform to share their worries and regain a feeling of control over their situation. The trained mental health personnel were another supportive factor in this process. With the schools in Lebanon being closed since October 2019, the impact of this PSS programme might have been amplified as it provided support for children who were otherwise isolated at home. It provided them with contact with adults with a professional background and a social support network through the other participating children.

## **5. The way forward and implications**

This paper was based on a preliminary descriptive overview of the dataset collected from the NRC's education centres in Beirut. Further analysis of the qualitative and quantitative data will provide deeper insights and additional academic contributions. The project will pay close attention to the implementation of psychosocial support and the counsellors' perceptions of the children, their parents and themselves. There will be a focus on the counsellors' professional development, their perceptions of needed support and their processes of organizing and developing the centres. The project will use a mixed methods approach. Quantitative data based on pre- and post-tests of the children attending BLP will be analyzed to gain an understanding of their stress levels, well-being and school functioning, in addition to the impact of the programme on these factors.

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