Syrian refugee children and post traumatic stress disorder at school

Health & Medicine, Mental Health

The purpose of this literature review is to examine and evaluate current researchers on Syrian refugee children with Post Traumatic Stress Disorder. However, this review will focus on what the barriers of mental health Syrian refugee children face at schools, how Post Traumatic Stress Disorder (PTSD) affect their social-emotional development, language barriers, and what interventions that educators can support Syrian refugee children in an educational system. However, with all the perspectives of the themes, there is limitation, implications for each case study that the researchers have conducted.

Barriers of Mental Health and Syrian Children With PTSD

As per Perkins, J, Ajeeb, D., Fadel, M., & Saleh, L (2018) the purpose of this study is to identify, explain and compare barriers of mental health on Syrian children with PTSD in two schools in Damascus and Latakia. The study method used are self-screen instruments (CRIES-8 & RCADS-25) on 492 children between 8 and 15 years in 2016. Also, 241 boys and 251 girls with PTSD participated in the study and reported 5 categories distribution of negative experiences; war zone, death, violence, displacement and other categories (Perkins, J, Ajeeb, D., Fadel, M., & Saleh, L, 2018). In a similar case, Eruyar, S., Maltby, J., & Vostanis, P (2018) recruited from two school in Turkey with 263 Syrian refugee children between the ages 8 and 18 years. In addition, they collected 134 girls and 129 boys. Moreover, this study collected information through interview process in Turkish and Arabic language. In addition to this study, the method used to conduct this study was called Stressful Life Event Scale which was to determine the volume of trauma children are facing in a 6-month period study. However, the method

they conducted in this study is different from Perkins case, they conducted the effects of exposure and the mental health at school in a multilingual language was in a paper format, it was also examined during school events to help further their research (Eruyar, S., Maltby, J., & Vostanis, P, 2018). However, with limitation Perkins et al. (2018) studies didn't include children who didn't attend school and parents who didn't want to take part. In addition, information collection from parents were limited. Although there are challenges for qualified staff to start any programs to help support refugee Syrian children (Perkins, et al., 2018). Furthermore, Eruyar, S., Maltby, J., & Vostanis, P (2018) indicted there was a challenge for recruitment of two schools with limited information and not enough participators (Eruyar, S., Maltby, J., & Vostanis, P, 2018). Meanwhile, Perkins et al. (2018) study was able to prove the risk factors for prediction of PTSD and collect data with five categories of negative experiences. The study continued with a follow-up, routines of screening for PTSD children and other multiple disorders to help distress Syrian refugee children. Also, this research argues Syrian children should continuously be screened for multiple disorders (Perkins et al., 2018). In similar study, Eruyar, S., Maltby, J., & Vostanis, P (2018) strength was implementing multilingual intervention, two information sheets given to young children and older children based on the age group. Meanwhile, this helped children understand and read the process of the study (Eruyar, S., Maltby, J., & Vostanis, P, 2018). Therefore, as per Perkins et al. (2018) discusses on implementing programs in all schools in order to help with prevention and rehabilitation for children with PTSD. The program will help distress children well-being and mental health services can

support Syrian refugee children entering the schools (Perkins et al., 2018). However, Eruyar, S., Maltby, J., & Vostanis, P (2018) future is to include more school and community to collect more information and have more parent involvement into the study (Eruyar, S., Maltby, J., & Vostanis, P, 2018). As result to this study, (Perkins et al. (2018) tested all five categories and is proven that children experienced in war zone, they have more negative experiences and screened girls were to have more psychological experience than the boys. Meanwhile, the mental health and psychosocial support (MHPSS) are aware of the crises of children with PTSD and the outcomes that children are in need for help the future. Children with PTSD are associated with traumatic events that impacts their psychological health (Perkins et al., 2018). Conversely, Eruyar, S., Maltby, J., & Vostanis, P (2018) also concluded gender difference with children being exposed to trauma are boys are shown to have more traumatic stress and symptoms of PTSD than girls (Eruyar, S., Maltby, J., & Vostanis, P, 2018).

Education Support and Syrian Children with PTSD

Gormez, et al. (2017) was to evaluate cognitive behaviour will reduce social-emotional distress refugee children. Meanwhile, they conducted 32 participants from ages 10 and 15 years of age in Turkey. However, their study was towards girls based on their experiences with PTSD. In addition, teachers were able to carry out and received training to deliver the intervention in 8 sessions in a school setting (Gormez, et al., 2017). Where as Sullivan, L. A., & Simonson, R. G (2016) determination of this study was an intervention for children’s social-emotional state in the school setting in

2015. In addition to this, variety of methods were measured to help social-emotional strategies and intervention to Syrian refugee children with cognitive behaviour using layers of strategies, creative expression and social intervention (Sullivan, L. A., & Simonson, R. G, 2016). In a different study, Khamis, V. (2019) method was different than Gormez study. Khamis, V. (2019) investigated social-emotional Syrian refugee children in Lebanon and Jordon as they collected 1000 Syrian children ages 7 to18 an school and out of school setting using a scale for trauma exposure, short scale for social-emotional form and school environment scale for Syrian refugee children at school where of those children 461 were boys and 539 were girls. Furthermore, the instruments process of this study was conducted in an interview process and a scale for trauma exposure that took 35-45 min. (Khamis, V, 2019). In fact, Gormez, et al. (2017) limitations studies were too small and couldn’t control the group to compare their studies. Additionally, self-report was in a questionnaire format for children with PTSD. Besides, parents were not part of this study, and the follow-up of this study was limited (Gormez, et al., 2017). Sullivan, L. A., & Simonson, R. G (2016) intervention limitation relied on independence on individual and the teams of special skilled therapist availability to carry out treatment. As though the limitation is challenging the public power of these intervention in furthermost schools, where that kind of interventionist may perhaps be price excessive (Sullivan, L. A., & Simonson, R. G 2016). Therefore, Khamis, V (2019) collected 130 children and declined the process which caused to lose their data (Khamis, V, 2019). Equally important, two researchers have similar success, Gormez, et al, (2017) and Khamis, V (2019) tracked which children

witnessed the event or which personally been exposed to traumatic past. The most significant study found social-emotional problem was the only symptoms that showed improvement. In the light of, teachers had extensive training to observe children with their social-emotional development. Furthermore, based on the questionnaire, the strength of this study are the 25 questions that covered social and emotional difficulties, behaviour and aggression in schools (Gormez, et al., 2017) and Khamis, V, 2019). In this case, Sullivan, L. A., & Simonson, R, G (2016) strengths recognized the challenge children are experiencing and teachers facing when evaluating the intervention. However, with special training, intervention for social-emotional is to implement programs at school for educators to gain techniques in a classroom to support children who are in need (Sullivan, L. A., & Simonson, R. G, 2016). In spite of, Khamis, V (2019) indicated they are able to find results who use support helps reduce PTSD symptoms and able to use coming mechanism than who don’t use support (Khamis, V, 2019). However, Gormez et al. (2017) future implication is to increase their participation, focus on follow-up studies, and offer support teachers who are working with children with PTSD in Syria (Gormez et al., 2017). Similarly, in Sullivan, L. A., & Simonson, R. G 2016) study have more support for their teachers to be more prepared to deliver information as well to implement the intervention into the classroom (Sullivan, L. A., & Simonson, R. G 2016). With another similar case, Khamis, V (2019) shows a argues into promoting a support service and strategies to educate children in school environment, for instance building relationship and behavior strategies in the classroom (Khamis, V, 2019). As a result, these case studies are showing teachers are

in need for more support and training in delivering, more recourses and gaining training techniques from outside service to implement it into the classroom. On the other hand, Khamis, V. (2019) results demonstrated 45. 6 % children are exposed to trauma and developed PTSD that links to social-emotional stress and older children show more intensive stress than younger children. After all the researcher found, those 1000 children have severe PTSD with an onset of 6 months after being exposed to trauma (Khamis, V, 2019). However, with 3 studies used different method of investigating their data, they can implement strategies to help children cope with their social-emotional development and teachers to gain support to deliver strategies to Syrian refugee children at school.

Aydin, H, & Kaya, Y (2017) study involved 7 teachers and 1 principal in Turkey. However, this study is intended for Syrian refugee children who are attending school in 2015-2016. In addition, with the participants in this study, the educators noticed the main problem Syrians facing in the educational system is the language barriers. In addition, Children who attends in the Turkish school are lacking Turkish language. Moreover, a qualitive method was used to collect recordings and documentation for educators who are working with Syrian refugee children. Afterward, this study was to gather the status of children attending in Turkish school with a different language (Aydin, H, & Kaya, Y, 2017). Meanwhile Seker, B., D & Sirkeci, I (2015) conducted a similar study in Easter Turkey in 3 different schools and teachers participated in the study from ages 27 and 43. Hence, they were able to include parents in the study which also included volunteers

and university graduates. This study was collected in 2010 to 2011 with an interview process of 45-60 min (Seker, B., D & Sirkeci, I, 2015). Meanwhile, Sirin et al., (2018) conducted a pilot study test online where they can assist Syrian children refugee language barriers. In fact, 147 children age 9 to 14 participated in this intervention and the wait list control group. Generally, during the study children were tested on 40 Turkish words online in which given to the intervention and the control group (Sirin et al, 2018). Conversely, two studies have similar challenges in their analysis, Aydin, H, & Kaya, Y (2017) teachers do not have the access to teach Syrian refugee with PTSD children in Turkey. They also believe that Turkish language is more difficult to learn, and Syrian will take more longer to learn the language. In addition, participants of this study stated Syrian children were not successful in completed the class because of the language barriers (Aydin, H, & Kaya, Y, 2017). Similarly, Seker, B., D & Sirkeci, I (2015) stated Syrian children with PTSD have difficulty learning the Turkish-Language because students are limited in learning the language which affected them to not attend school as well as difficulty communicating with their peers. Teachers also had difficulty communicating with the children and it make the study difficult to answer the interview question. Meanwhile, in the study, teacher’s observation noticed children were not able to take part in group activities due to conflicts of language barriers (Seker, B., D & Sirkeci, I, 2015). In addition to this, Sirin et al., (2018) shows a limitation of data collection due to communication between the children and the instructors. The intervention was taken in one-to-one setting which effected their findings, the results are limited with resources and language barriers was a challenge during the intervention

with the children and the teachers (Sirin et al, 2018). For the most part, both of these researchers were successful in the studies, Aydin, H, & Kaya, Y (2017) states Syrian children were successful with numerical numbers because they find it was easily to understand (Aydin, H, & Kaya, Y, 2017). Similarly, Seker, B., D & Sirkeci, I (2015) teachers were able to give out recommendation such as funding should be implemented and programs such as second language learning at school to help refugee children with PTSD. However, the study shows using games online shows improvements of language learning skills, cognitive skills and the use of computer (Sirin et al, 2018). For future implications, Aydin, H, & Kaya, Y (2017) suggested to offer a program that supports the Turkish language. However, support the language in the first couple years after when children started school as it is more critical part of the children's future (Aydin, H, & Kaya, Y, 2017). In comparison, Seker, B. D., Sirkeci, I (2015) future implication is to conduct more teachers and schools also implement programs to help children with Turkish language when attending the educational system (Seker, B. D., Sirkeci, I, 2015). Sirin et al. (2018) future is to implement more technology to conduct their study such games to better their future (Sirin et al, 2018). As a result to this case study, Aydin, H, & Kaya, Y (2017) and Seker, B. D., & Sirkeci, I (2015) concludes participants main barriers are learning the Turkish language, overcoming a new language at school and difficulty communicating with their peers is a gap that is a challenge for children with PTSD. In a different study, Sirin et al., (2018) were able to find out there are no difference in age, or gender when conducting their study. However, the study is shown the intervention group shows more knowledge on Turkish

words than the controlled group. In brief, using technology demonstrated the need of children learning a new language helps with language barriers (Sirin et al. 2018).

Intervention Strategies for Syrian Refugee Children with Post Traumatic Stress Disorder

Ugurlu, N., Akca, L., & Acarturk, C. (2016) conducted art therapy on one-to-one Syrian refugee children from ages 7-12 at the school in Turkey. In addition, 29 girls and 34 boys participated in this study and based on their age group, 7-9, 9-10 and 11-12 were separated. Generally, the SLE Questionnaire scale was used to conduct the study gather children who are stressed and experienced in traumatic events. In comparison, Deboys, R., Holttum, S., & Wright, K (2017) provided 40 participants and of those participants were 14 children with PTSD which there were six boys and eight girls. Most importantly, art therapist attending the school involved teachers and parents in this study (Deboys, R., Holttum, S., & Wright, K, 2017). Furthermore, there was no male art therapist participated and the parents who participated in the study were female. However, of those 14 participants, 4 of them did not show any change (Deboys, R., Holttum, S., & Wright, K. 2017). In addition, Ugurlu, N., Akca, L., & Acarturk, C (2016) limitation was different and only lacking control of the group, future studies are needed, conduct in a larger group as well as have a follow-up with this study (Ugurlu, N., Akca, L., & Acarturk, C, 2016). In a positive note, Deboys, R., Holttum, S., & Wright, K (2017) have significantly tested improvements of refugee children with PTSD who participates in art therapy. For instance, children’s confidence, communication have increased, and behavior has

decreased. Similarly, Ugurlu, N., Akca, L., & Acarturk, C (2016) discusses art therapy helps children discuss about their memory, have more self-control, reduces their depression, and PTSD. Furthermore, children were given tools to take the skills outside of the intervention such as relaxation to reduce stress, and expressing techniques through drawings (Ugurlu, N., Akca, L., & Acarturk, C, 2016). Meanwhile, Deboys, R., Holttum, S., & Wright, K (2017) implication of this study, art therapy is important with children of PTSD as it helps their emotional and social development (Department for Education & the Education Funding Agency, 2014). This study finds that schools should value the importance and understand art therapy. However, the next step to track children development such as their communication, behavior, educational accomplishments and to follow-up in a randomized trial (Deboys, R., Holttum, S., & Wright, K 2017). In this case, Ugurlu, N., Akca, L., & Acarturk, C. (2016) mentions to increase the participants, not conduct in a group settings, service workers to speak their language and to have a follow-up in their studies (Ugurlu, N., Akca, L., & Acarturk, C, 2016) As per Ugurlu, N., Akca, L., & Acarturk, C (2016) results 35 children who were tested in the SLE questionnaire scale were to be more stressed when experienced a traumatic even in their home country. However, the study found art therapy reduces PTSD and other symptoms among Syrian refugee children with their communication and confidence level increased (Ugurlu, N., Akca, L., & Acarturk, C, 2016). In comparison, Deboys, R., Holttum, S., & Wright, K (2017) results are teachers at school have noticed changes in children are proven to be more successful in gaining confidence, improvement of their

communication and their behavior have declined at school (Deboys, R., Holttum, S., & Wright, K, 2017).

Diab, Peltonen, Qouta, Palosaari, & Punamäki (2015) recruited participants at school in Palistine for teaching Recovery Techniques (TRT) with 482 children from ages 10 to 13 years. Their goal was to conduct 500 children and 18 children were absent. In the study, 50. 6 percent were boys and 49. 4 percent were girls. In addition, TRT was able to increase Syrian children resilience and for those who are exposed to war trauma. The method used for this study is through intervention of TRT in extra curricular activity at the school. In addition, the purpose of this study was to help children resources to deal with the symptoms of exposed PTSD (Diab et al., 2015). In comparison, Sarkadi et al. (2018) conducted children at an older between age 13-18 years. The study was tested on 43 boys and 3 girls. However, 69 children were to conduct in this study as children did not complete the test and some did not show up (Sarkadi, et al., 2018). Method used in both studies involved the Cognitive Behavioral Therapy (CBT) to help children with comping mechanism, empowerment, emotional well being and psycho-educational tools at school for extra curriculum program. In fact, Diab et al. (2015) conducted a study that had limited information and resources and was cautiously examined, the experience of the prosocial scales was moderate and limited (Diab et al., 2015). However, Sarkadi, et al. (2018) discusses that their study was difficult to control the group in the intervention. Meanwhile, children had difficulty answering the questions and needed assistance to complete the task. The method used to conduct this

study used 2 Scales; Children's Revised Impact of Event Scale and Montgomery–Åsberg Depression Rating Scale Self-report (Sarkadi, et al., 2018). On the other hand, Diab et al. (2015) discusses their strengths of how TRT enhances resilience, tools that children develop helped with coping skills, emotional regulation and feel empowered (Diab et al., 2015). Sarkadi, et al. (2018) finds doing this study helped in a group setting where the community and personal services helped without increasing the finances. However, the TRT completions with 84% participants helped with their studies. For instance, they were able to have a clear analysis and able to have a follow-up in the intervention (Sarkadi, et al., 2018). However, both studies agree on having a controlled group and increase participant. In condition that Diab et al. (2015) recognize which to intervention should address as a group or and individual study (Diab, Peltonen, Qouta, Palosaari, & Punamäki, 2015). Similar study, Sarkadi, et al. (2018) future implementation to design a controllable study, have more evidence with TRT procedure and to increase their study participants (Sarkadi, et al., 2018). As result, Diab, Peltonen, Qouta, Palosaari, & Punamäki (2015) evaluated that the TRT intervention helped children with PTSD. However, this has helped with their peers with pro social behaviour and resilience. Although the intervention was conducted in group and individual setting in which this will be future implementation to recognize the separation of the study (Diab et al., 2015). In brief, Sarkadi, et al. (2018) concludes TRT helps children cope with stress and having more participants helps conclude their studies.

In conclusion, much of the researchers have conducted studies to demonstrate their findings that impacts on Syrian refugee children with PTSD, their social-emotional and language barriers, and future implication for their academic studies from the ages of 7 to 18 years. Also with the outline of limitations, the challenges of participation of the study and implication to work on their further studies. Lastly, the researcher's findings with thier intervention such as art therapy and TRT studies have proven it increases the children's resiliency, being able to express their emotions and increase their social interaction with their peers and reducing their behaviour at school.

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