USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

Testing a community-based psychosocial support intervention for victims of the armed conflict in the Colombian Pacific Coast

Presenters:

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SÉPTIMO SIMPOSIO MUNDIAL SOBRE INVESTIGACIÓN EN SISTEMAS DE SALUD

Context

- Setting
  - Quibdó, Colombia
  - Adult victims of armed conflict, majority Afro-Colombian and Venezuelan migrants
  - 2020-21: Affected by Covid-19 and mass protests/police violence

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Intervention description

- Community-based psychosocial group intervention adapted from the ACOPLE group model (used in Colombia since 2010)
  - Collective problem-solving skills (drawing from WHO's Problem Management Plus)
  - Expressive activities based on cultural practices (e.g., paper mask, dance)
- 8 weekly group sessions facilitated by Community Psychosocial Agents (CPAs) (non-professional community members from the region) with training/supervision from professional MHPSS providers.
- During pandemic, available in remote and in-person modalities.
  - Remote: Smart phone lending library; data top-ups; material/snack delivery; safety planning checklist
  - In-person: Meet in community space, travel stipend, snacks

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Pilot phase (Fall 2020)

- 39 participants randomly assigned to in-person, remote, and hybrid modalities.
- Significant reduction of distress and improved wellbeing from pre to post intervention; no differences by modality.
- Coping results suggest decreased social support in remote modality.
- High satisfaction across all modalities, but participants in the remote groups reported feeling less “listened to” than those in the in-person groups
- Qualitative results:
    - Remote sessions: flexible scheduling, less exposure to community violence, easier attendance, preferred by tech-savvy younger participants.
    - Seen as more “instructive” and less collaborative in comparison with the in-person modality. Difficulties with internet connectivity and confidentiality.
    - Importance of being able to choose modality.

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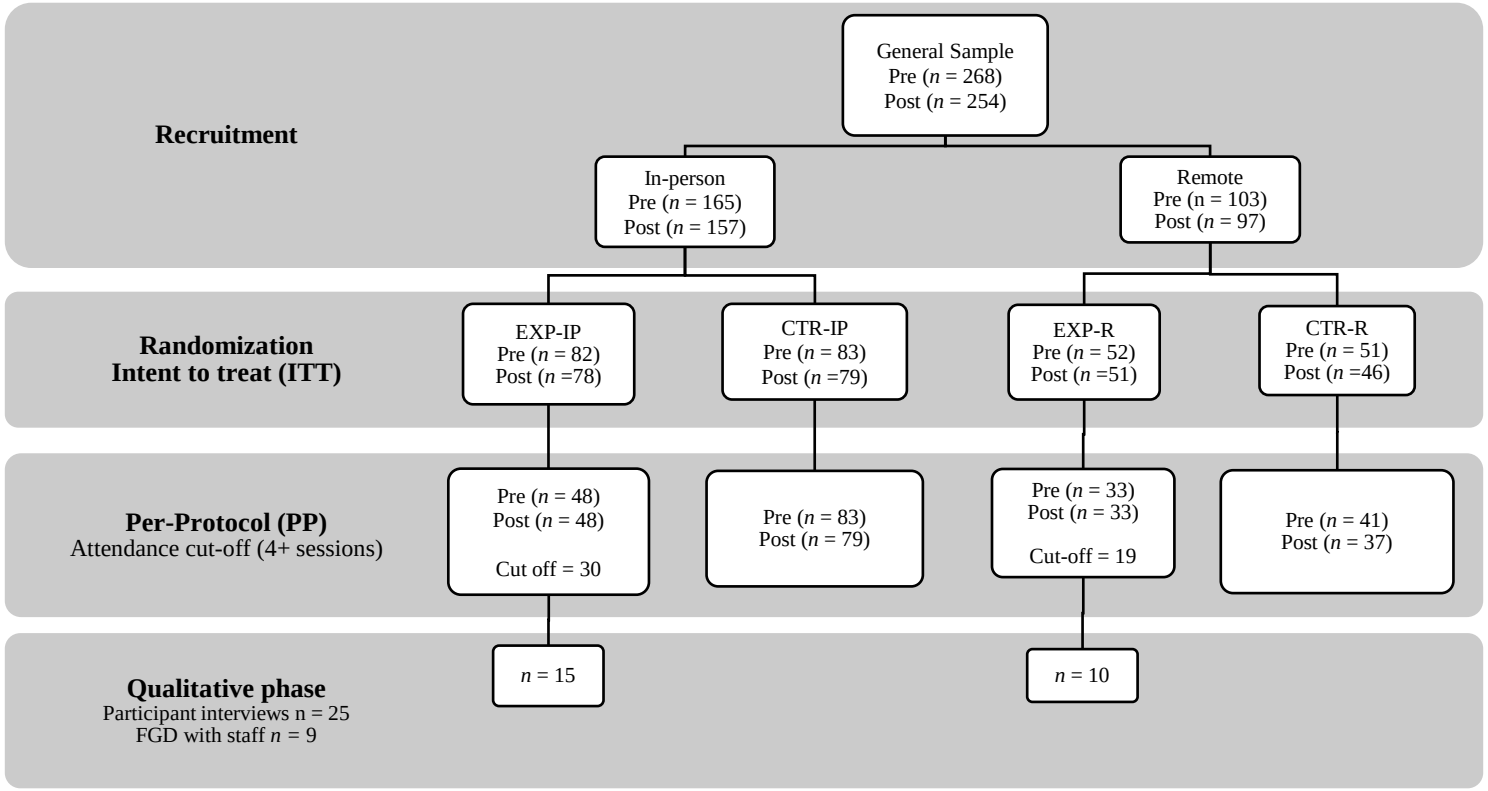
RCT phase (2021)

- Inclusion: 18+ years old, resident of Quibdo or Tutenendo, violence exposure
- 268 participants chose in-person or remote modalities, then randomized to experimental and waitlist control conditions.



- Quantitative interviews conducted at pre and post intervention time points
- Subset of experimental participants invited for semi-structured interviews at post; FGD conducted with staff

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Sample demographics

Age	
Mean (SD)	38.7 (14.7)
Gender, n (%)	
Man	31 (11.6%)
Woman	237 (88.4%)
Area of residence, n (%)	
Rural	59 (22.0%)
Urban	209 (78.0%)
Nationality, n (%)	
Colombian	224 (83.6%)
Venezuelan	44 (16.4%)
Education, n (%)	
Primary school or less	86 (32.1%)
Middle to high school	118 (44.0%)
Undergraduate degree or higher	63 (23.5%)

Marital Status, n (%)	
Single	90 (33.6%)
Married or partnered	162 (60.4%)
Divorced	16 (6.0%)
Ethnicity, n (%)	
Afro-descendant	227 (84.7%)
Indigenous	36 (13.4%)
Work Status, n (%)	
Informal	99 (36.9%)
Formal	23 (8.6%)
Domestic duties	76 (28.4%)
Unemployed	70 (26.1%)
Internally displaced, n (%)	
Yes	185 (69.0%)
Use of MHPSS services in last year, n (%)	
Yes	25 (9.3%)

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Outcome indicators and tools

Indicators	Tools	Cronbach α
Primary Outcomes		
Wellbeing	Personal Wellbeing Index (IWG, 2013)	0.73
Generalized distress	Kessler-6 (Kessler et al., 2003)	0.76
Depression	Hopkins Symptoms Checklist (HCL-25, Derogatis, et al., 1974)	0.88
Anxiety	HCL-25, Derogatis, et al., 1974)	0.86
PTSD	PTSD Checklist (PCL-C, Norris & Hamblen, 2004)	0.9
Functional Impairment	Disability Assessment Schedule (WHO-DAS-12, Vásquez-Barquero, et al., 2000)	0.83
Community Resilience	Escala de Resiliencia Comunitaria (ERC, Ruiz Pérez, 2015)	0.84
Secondary Outcomes		
Coping Strategies	Brief Cope Questionnaire (Carver, 1997)	0.85
Emotion Regulation	Emotion Regulation Questionnaire (Gross & John, 2003)	0.71

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Effectiveness: Full Sample Per Protocol Primary Outcomes

Variable	Diff Coeff	p	η^2_p	ICC
Wellbeing	0.06	0.82	0.00	0.35
Generalized distress	0.18	0.18	0.01	0.38
Depression	-0.17	0.04	0.02	0.56
Anxiety	-0.19	0.02	0.03	0.61
PTSD	-0.17	0.05	0.02	0.58
Functional impairment	-0.17	0.07	0.02	0.60
Community Resiliency	-0.29	0.06	0.02	0.34

- Significance at $P < 0.05$
- Significance at $P = 0.05$ to 0.1

- No secondary outcomes had significant results;
  No intent to treat (ITT) outcomes had significant results

- Significant reduction in depression and anxiety, and trend-level reduction in PTSD, functional impairment, and community resiliency in participants attending 4+ sessions.

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In-person groups: Per Protocol Primary Outcomes

Variable	Diff Coeff	p	η^2_p	ICC
Wellbeing	0.21	0.48	0.00	0.42
Generalized distress	0.22	0.19	0.01	0.39
Depression	-0.27	0.00	0.06	0.62
Anxiety	-0.26	0.01	0.06	0.67
PTSD	-0.32	0.00	0.07	0.59
Functional impairment	-0.09	0.25	0.01	0.51
Community Resiliency	0.04	0.61	0.00	0.52

- Significant reduction in depression, anxiety and PTSD for in-person participants (in per protocol and intent to treat samples)
- No remote group outcomes were significant

- Significance at $P < 0.05$
- Significance at $P = 0.05$ to 0.1

- No secondary outcomes had significant results

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Implementation Outcomes: Feasibility

- Covid-19 and protests/police violence challenges and delays
- Retention: 26% of the sample did not attend any session; 60% attended 4+ (53% in person; 67% remote)

Importance of flexibility/follow up

They [CPAs] did not impose their will, but first…they proposed to do it on Saturdays. We said no to Saturdays, but better through weekdays. So we…chose the day.. -IP participant

..it was much easier for people who participated in the remote modality [to attend] because of the technological facilities, so there was no difficulty. -Staff FGD

..every Wednesday, Mrs. [name] always called me half an hour before [the session]. She reminded us by chat or phone call. –IP participant

Contextual barriers

A you know, we must work hard here, so there were times when I had to work, and couldn't attend. Also, I got COVID and got very sick. While I was at home with COVID, I thought, "oh, but I need the meetings. -IP participant.

Sometimes [blackout] in all Quibdó, sometimes [the energy] is gone by sectors…And I couldn't get out; there was nowhere to go at the precise moment. -Remote participant

You were about to answer the question, and felt that urge to participate, but the [internet] connectivity made it hard to understand. So, that discouraged me a lot. -Remote participant

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Acceptability/utility

- **Satisfaction survey:** High levels of overall satisfaction, including feeling supported, heard, needs understood, culture respected, learning useful skills. No differences by modality.

- Importance of peer support/knowledge exchange/kindness

There was the time for each to express…if the other person already went through a similar situation, and how they faced it. And at this moment, we started to take these tools, different ways of solving the same problem." -IP participant

I was happy because they were nice people, very friendly, the explanations...there was not "no because this is like this"… No, you felt comfortable there with the people, they treated you well, so ¿how can one be bored, brother? The time you were there, you had a good time. -IP participant

- Confidentiality and distraction concerns in remote groups

Sometimes, during the meetings, your child starts crying, or you get distracted, the cell phone rings or something and you start to check your WhatsApp messages, and everyone is like "blablabla", and before you know it you have missed the whole meeting. -Remote participant

CPA: It's difficult because we never know how private these meetings really are.
CPA: Exactly! Privacy. Some people couldn't really express themselves freely because there was a family member there. –Staff FGD

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Adaptability

Integrating traditional practices

This is a traditional practice…known as the "comadreo" when the neighbors come to a place and they are washing, and they are talking, "oh, "comadre" [neighboor-mate] such a thing, here and here," talking about their situations. And that is like a way of unburdening, by talking about things. -Staff FGD

I do [consider it important to have the space to share traditions from Venezuela], because perhaps the things that I am used to are not the same customs that they have here, and in some ways, my customs can help here, to help solve things. -Remote participant

CPAs drawing from community knowledge

So we have to speak in a way that people understand easily, but since we know how to do it, we know with whom we are going to work, how to speak to them..
- Staff FGD

Potential for community scale-up

For example, I can manage a group and share [the knowledge]. Maybe, I lack the knowledge to convey what I want. But it is no longer only you working [HAI], but other than you, each of us … that is why I said community work. That the community is able to start working in its own space.
–In-person participant.

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Conclusions

- Community support groups were effective in reducing symptoms of anxiety and depression among participants who attended 4+ sessions (trend level effects on PTSD, functional impairment, and community resilience)
- By modality analyses revealed significant results for anxiety, depression, and PTSD for in-person participants, not for remote participants.

- Qualitative data highlights implementation challenges and opportunities
  - Attendance challenges in both modalities
  - Importance of traditional practices and community facilitators; community scale up
  - Challenges with privacy/confidentiality, managing distractions, and connectivity in remote modality
    - More work needed to explore how to address privacy/confidentiality issues and creative methods to promote social cohesion and exchange of peer support in remote settings

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