



Original article

Moderators of Treatment Effectiveness for War-Affected Youth With Depression in Northern Uganda

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A B S T R A C T

Purpose: As we build the evidence base of interventions for depression among war-affected youth, it is critical to understand factors moderating treatment outcomes. The current study investigated how gender and history of abduction by Lord's Resistance Army rebels moderated treatment outcomes for war-affected youth.

Methods: The study—a three-armed, randomized, controlled trial—was conducted with internally displaced war-affected adolescents in northern Uganda. Participants with significant depression symptoms ($N = 304$; 57% female; 14–17 years of age) were randomly assigned to an interpersonal psychotherapy group (IPT-G), a creative play/recreation group, or a wait-list control condition. Secondary analyses were conducted on data from this randomized controlled trial.

Results: A history of abduction by Lord's Resistance Army rebels was reported by 42% of the sample. Gender and abduction history interacted to moderate the effectiveness of IPT-G for the treatment of depression. In the IPT-G intervention arm, treatment effectiveness was greatest among female subjects without an abduction history, with effect size = 1.06. IPT-G was effective for the treatment of depression for both male and female subjects with a history of abduction (effect size = .92 and .50, respectively). Male subjects with no abduction history in IPT-G showed no significant improvement compared with those in the control conditions.

Conclusions: Abduction history and gender are potentially important moderators of treatment effects, suggesting that these factors need to be considered when providing interventions for war-affected youth. IPT-G may be an effective intervention for female subjects without an abduction history, as well as for both male and female former child soldiers, but less so for male subjects without an abduction history.

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IMPLICATIONS AND CONTRIBUTION

Limited information is available on effective interventions for war-affected children. Secondary analyses of data from an RCT of IPT-G for depression among war-affected youth in northern Uganda indicated that in addition to its effectiveness for war-affected girls, IPT-G was effective for treating depression among male and female former child soldiers.

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The conflict in northern Uganda, spanning >20 years, remains one of history's deadliest complex humanitarian emergencies. The war had particularly dire consequences for children and adolescents. The Lord's Resistance Army (LRA), the main rebel movement behind the conflict, was notorious for the abduction of civilians, including >25,000 children, over the course of the

war [1]. Children associated with armed forces and armed groups, commonly referred to as “child soldiers,” are recruited or forced into a range of roles, including, but not limited to, frontline soldiers, spies, cooks, porters, and sexual slaves [2]. They often experience a range of violence exposures, including forced separation from loved ones and involvement in atrocities [3], as well as high rates of domestic and community violence after release or escape from the fighting forces [4,5]. Previous research has demonstrated a great deal of unmet mental health need in this subgroup, including high levels of posttraumatic stress symptoms, depression, and anxiety [6,7]. Clearly, war-affected children in general and former child soldiers in particular require a range of services to address their psychological needs; yet, for mental health interventions, rigorous data informing the appropriate design of intervention models are sparse.

A handful of studies have begun to document promising therapeutic techniques used to treat children affected by armed conflict and displacement. The use of interpersonal psychotherapy [8], trauma/grief-focused therapy [9], cognitive behavioral therapy [10], narrative exposure therapy [11], recreational and connectivity activities [12], and school-based interventions [13] have all demonstrated partial efficacy in controlled studies among war-affected populations of youth. However, few studies have examined how at-risk subgroups, such as former child soldiers, fare in such interventions.

Many features of a child's war-related and postconflict experience may affect how he or she fares in mental health services. In previous research, the strength of association between exposure to war violence and psychological difficulties has varied among children affected by war [14,15]. Some children will experience distress and dysfunction as a result of violence exposure, whereas others will demonstrate resilience and establish productive roles in the community [16]. Even within the same conflict, adolescents may respond differently to traumatic exposure. For example, Slone [17] found that Israeli adolescents (Jewish and Arab) reported a positive dose–response relationship between exposure to violence and levels of distress, whereas Palestinian youth showed a reverse dose–response relationship, with more distress at low levels of exposure and significantly less distress at high levels of exposure. Similarly, Betancourt et al demonstrated great variability in trajectories of internalizing symptoms among war-affected youth in Sierra Leone [18]. Worsening or maintenance of high symptoms was associated with death of a caregiver during war, postconflict family abuse and neglect, and community stigma. It is thus possible that some interventions may be effective for some subgroups of children but ineffective (or even harmful) for others [13,19]. A recent cluster-randomized trial of trauma-focused treatment for youth affected by violence revealed both regional and gender differences in treatment outcomes. Intervention effects were strongest in Asian populations in Nepal and Indonesia but less effective in Burundi, where the conflict was characterized by ongoing insecurity [20]. Further examination of treatment effects in this school-based mental health intervention for children revealed that gender, household size, sibling support, and social support moderated changes in functional impairment [21]. The role of potential treatment moderators clearly requires further exploration in systematic evaluations.

Secondary analyses of treatment moderators may assist in identifying the conditions under which interventions are most effective. A moderator is a baseline characteristic that has an interactive effect with treatment on the outcome of interest [22].

The critical role of moderators has been widely investigated but rarely tested in treatments available for war-affected youth. The randomized controlled trial (RCT) examined here was originally conducted in northern Uganda to investigate whether a psychotherapeutic intervention (interpersonal psychotherapy for groups [IPT-G]) and an activity-based intervention (creative play [CP]) were effective for reducing depression symptoms among adolescents living in internally displaced persons (IDP) camps [8]. Previous research with this population identified five salient mental health syndromes, of which three featured depression-like symptoms (*two tam, par, and kumu*), one reflected mixed anxiety and depression symptoms (*ma lwor*), and the other reflected conduct difficulties (*kwo maraco*) [15]. Depression symptoms had demonstrated amenability to treatment in a previous RCT conducted with adults [23], which prompted investigation of the intervention in an adolescent sample. In a previous article [8], we reported that the CP intervention did not significantly improve depression symptoms for either gender compared with control subjects. IPT-G demonstrated effectiveness among girls, but no significant reduction in the burden of depression was evident for boys, and no significant effect was seen for additional outcomes such as conduct problems or functional impairment. The present analysis examines whether male and female subjects reporting LRA abduction fared better or worse in interventions.

Trauma history is likely to have a significant impact on treatment outcome, impeding response to depression treatment [24]. In the present study, many children in the IDP camps had experienced abduction by the LRA rebels. In this setting, former child soldier status (defined as LRA involvement) was not only a risk indicator for exposure to particularly toxic war traumas, but may have also been associated with stigma in the postconflict setting [25]. Given debates in the field that trauma history may impede the effectiveness of depression treatment [24], and our previous finding that girls experienced greater benefit of treatment than boys in IPT-G, it was hypothesized that treatment would be less effective with former child soldiers of either gender than with children who had not been child soldiers, and, in both of these groups, female subjects would show greater benefit than male subjects.

Methods

Participants

The RCT was conducted in two IDP camps near the town of Gulu, northern Uganda. Study inclusion criteria consisted of ability to understand and speak Acholi Luo and having lived in either of the two camps for at least 1 month before the baseline screening interview. Eligible adolescents were aged 14–17 years, scored above a predetermined threshold of depression symptom severity based on the Acholi Psychosocial Assessment Instrument (APAI) Depression Problems Subscale [26], and reported some functional impairment over the previous month [8]. Exclusion criteria included significant suicidal ideation or a severe cognitive or physical disability leading to an inability to answer the survey questions (no such cases were identified). Full details of the trial are available elsewhere [8]. The original study was approved by the Boston University Institutional Review Board and by the Ugandan National Council of Science and Technology in Kampala, Uganda.

A total of 667 Acholi youth were screened for participation in the trial; 314 participants were recruited and stratified by camp

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