**EVIDENCE-BASED PRACTICE**

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**COPE for Adolescent Syrian Refugees in Lebanon: A Brief Cognitive-Behavioral Skill-**

**Building Intervention to Improve Quality of Life and Promote Positive Mental Health**

This article was written by Chant Kazandjian, Rita Doumit, and Lisa K Militello and published in May 2020.

**Abstract**

Lebanon has the uppermost per capita evacuation centralization in the world. There is a crucial need to provide psychosocial mediation to susceptible groups such as Syrian evacuated youth. The relevance of intellectual, behavioral mediation. Investigation of tolerability and significant effects. Pre-experimental concentration on planning was used. The Adapt 7 Session was distributed to 31 young adults who were refugees in Syria. Members were asked about depression, tension, and Quality of Life (QOL). The discovery of potential and tolerance showed that the Creating Opportunities for Patient Empowerment (COPE) platform was constructive for young people. Significant reductions in darkness and tension and enhanced quality of life were also explained in detail. Adapt is a thriving intellectual and social intercession that refugee youth can provide to address psychological well-being and quality of life in the Arab / Middle East.

Keywords: COPE; Youth; Lebanon; Tension; Personal Satisfaction; Depression; Evacuated.

**Method**

* Setting, Design, and Sample

The review composition was one bundle before the experiment, a pre-test, and a post-test plan. This review was accepted by the Lebanese University Institutional Review Board (IRB) and the Community Focus Director, which acted as a review body. Public space is located in the rural area of the capital of Lebanon, serving children and families with disabilities, including Syrian refugees. Public Event Location is engaged in various activities, including projects that support educational needs and professional preparation for maintaining financial independence. A Syrian boy refugee who lived near a public place was recruited with the welcome of public place staff. The prepared was also a confirmed advisor, conducting the most essential eye-to-eye inpatient interviews with adolescents and welcoming their interest in the study.

With the consent of parents and adolescents, participants aged 13 to 17 years old read and compose Arabic, attend classes, and live in rural areas in public. Evacuees were banned from reviewing only if their first admission contract indicated stupid considerations, severe psychosis, or scientific disability. According to an IRB-sponsored review conference, rejected adolescents were alluded to adjacent to a mental health facility (American Psychological Association 2020). Members who meet the established criteria and complete benchmark surveys, programs, and post-intervention reviews will receive compensation for all relevant transportation for hours, effort, and contributions to the program. I enthusiastically received a $ 50 gift certificate, including.

**Information Analysis**

Information validation was executed using SPSS21. Graphical analysis was used to recap satisfaction, demographic, as well as post-program evaluation. Using the combined sample t-test, adolescent averages before and after the program, GAD7, PHQ9, PedQoL-4 physical health, absolute life quality inventory-4 (PedQoL-4), and psychosocial and physical summary of health (Schmidt & Brown 2019). The starter impact was using Cohen's d measurements 0.2, 0.5, and0.8 indicating the nominal, medium, and significant effects size individually. The significance level was fixed to .05.

**Results**

* Acceptability and Feasibility of the Intercession

40 Syrian teenagers evacuated from the public outskirts were enrolled in the program, completed standard procedures, and appeared at the first intercession meeting. For unclear reasons, six sub-studies were lost, which I met continuously. Thirty-four young people completed all 7 COPE meetings (85% consistency standard). The three adolescents experienced a significant life event during the last seven days of the program and were hinted at for counseling (Doumit et al., 2020). The last example comprised 31 members (77.5% integrity standard). The sample size is small. This is because it is a pilot review with the basic task of testing the validity and fundamental impact of the Virtual Oriented Skill Building Program (COPE). All members were Syrian adolescents (M = 14.22 years old, SD = 1.20 years old). The adolescent lived in a family of 5 normal families of (M = 5, SD = 1) and 2 relatives (M = 2 relatives, SD = 1). This example was equally mediated between male (N = 15, 48.4%) and female (N = 16, 51.6%) members.

Members detailed feeling great regarded and esteemed, perceived, and heard. High schooler fulfillment with the gathering meetings was good, with a mean rating of 8.54/10.00 (SD = 0.13). Essential topics in the open-finished inquiries uncovered ways the program helped them zero in on their positive qualities. Adolescents loved Session 2 (improving confidence) the most, with a mean score of 8.49/10.00 (SD = 1.19). Adolescents also preferred abilities and models featuring how to oversee, adapt to distressing circumstances at school, and work on their associations with family. Young members described the support of grams as educational and conveyed a sense of the community (Doumit et al., 2018). Meeting 4, Goal Setting, and Critical Thinking were the least special meetings but worked well among teenagers (M = 8.02, SD = 0.89). Young people said they learned alternatives to deal with stressful emotions (resentment, misery, etc.). According to the program, young people described their homes and school life as "particularly improved" (19.35%), "very improved" (70.97%), and "slightly improved" (9.68%).

**Table1. Baseline and Postintervention Outcomes.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome** | **Measure** | **Baseline *M* (*SD*)** | **Postintervention *M* (*SD*)** | **Effect size** | ***p*** |
| **Depression** | **PHQ-9** | **6.35 (3.25)** | **4.90 (2.38)** | **0.42** | **.0253\*** |
| **Anxiety** | **GAD-7** | **4.61 (2.95)** | **3.61 (2.51)** | **0.37** | **.0486\*** |
| **Quality of life** | **Physical functioning** | **89.52 (10.69)** | **93.24 (5.76)** | **0.33** | **.0370\*** |
|  | **Emotional functioning** | **81.93 (15.37)** | **85.81 (13.29)** | **0.25** | **.0899** |
| **Social functioning** | | **89.51 (10.59)** | **92.74 (9.02)** | **0.27** | **.0726** |
| **School functioning** | | **77.25 (28.22)** | **80.64 (28.22)** | **0.25** | **.0873** |
| **Psychosocial health** | | **82.90 (10.38)** | **86.39 (10.36)** | **0.36** | **.0587** |
| **Total quality of life** | | **85.20 (8.98)** | **88.77 (7.67)** | **0.39** | **.0456\*** |
| ***Note.* PHQ-9** = **Patient Health Questionnaire–9; GAD-7** = **Generalized Anxiety Disorder–7.**  **\**p*** < **.05.** | | |  |  |  |

**Table2.** **Baseline and Postintervention Outcomes by Symptom Severity.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Measure** | **Baseline *M* (*SD*)** | **Postintervention *M* (*SD*)** | **Effect size** | ***p*** | **Baseline *M* (*SD*)** | **Postintervention *M* (*SD*)** | **Effect size** | ***p*** |
| **Depression** | **PHQ-9** | **3.38 (1.56)** | **4.15 (2.23)** | **0.33** | **.2469** | **8.50 (2.30)** | **5.44 (2.40)** | **0.94** | **.0010\*\*** |
| **Anxiety** | **GAD-7** | **2.9 (1.58)** | **2.75 (1.83)** | **0.06** | **.8,008** | **7.73 (2.19)** | **5.18 (2.89)** | **1.15** | **.0033\*\*** |

**Note. PHQ-9 = Patient Health Questionnaire–9; GAD-7 = Generalized Anxiety Disorder–7.**

**Summary of Limitation**

You can collect different illustrations from this survey, but with different limitations. Our small example, a plausibility research agent, is supposed to deal with the discovery first. Due to the length of the review, it was not possible to determine if the students maintained the new skills acquired and demonstrated in the weekly sessions after the program was completed. PHQ9 in our example was low, unwavering quality (.59), despite the high reliability recently published in the adult case in Lebanon. This discrepancy may be due to use in high school tests in Syria, poor proficiency, or the subtleties of Arabic spoken and written. Information contrasts may be due to the accumulation of contrasts or deficiencies in psychometric measurements and require additional comparative and confirmatory primary studies. In this ability, findings comparable to the misery from this review should be carefully deciphered. Some young people said they did not experience the conflict in Syria because many young people came to Lebanon shortly after the conflict began. Still, most teens suffer from the stressors of traveling daily, including needs, lack of necessities and controls, segregation, family loss, and vulnerabilities to what's to come.

**Summary of strengths**

The strengths of this study lie in its curiosity and evidence-based response to an incredibly defenseless and resource-limited population. The session was verbally deciphered according to the manual. Still, it was not officially interpreted because what is conveyed in Arabic is not the same as written Arabic, so the review group is socially considerate of conducting the session. I did. Given the overall reduction in depression and discomfort and increased personal satisfaction, the COPE program is a successful tool for use in Lebanese juvenile evacuees. Running the program was cheap and did not require a variety of staff or resources to run.

**Conclusions & Implications**

The results of this review shed light on those in need of essential and powerful assets, especially for mental health. Our discoveries support past quests and build a source of inspiration. During the evacuation, there are tremendous obstacles to well-being. As this gathering progresses into their new environment and adulthood, further research is urgently needed in the exiled populations of children and adolescents to understand and promote positive emotional well-being.

**References**

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