



The efficacy of Play-based PSS Approaches in Relation to
Children and Youth's Level of Wellbeing, Resilience and
Functional Impairment
Post 1 Year of the Beirut Blast

Evaluation Report
Right to Play Lebanon
December, 2021

by

Dayana Brome & Rania Haj Ibrahim

Contents

Acronyms	3
List of Figures	3
List of Tables	3
Executive Summary	4
Introduction	7
Objective	7
Psychosocial Play Based Program Components	8
Background Information	10
Methodology	11
Data Collection Methods	11
Sample Size	12
Participants	13
Sample Distribution	14
Ethical Considerations	18
Statistical Analysis	18
Findings	20
Resilience and Functioning Impairment - Pre and Post Intervention	20
Per program – Common Effort Center, Karaguezian Center & RTP Center	23
Direct observations	32
Semi-structured Interviews with Parents	34
Semi-structured Interviews with facilitators	38
Board Game	44
Semi-structured Interviews with Children and Youth	46
Limitations	47
Conclusion and Lessons Learned	48
Recommendations	52
References	54
Appendices	55

Acronyms

PSS	Psychosocial Support
RTP	Right to Play
PACT	Play and Care Together
CE	Common Effort
CP	Child Protection
CSG	Child Safeguarding
MHPSS	Mental Health Psychosocial Support

List of Figures

Figure 1. Participants Distribution among Centers	9
Figure 2. Age Distribution of Participants among Centers	10

List of Tables

Table 1. Sample Distribution among Beneficiaries of Common Effort Center	13
Table 2. Sample Distribution among Beneficiaries of Karaguezian Center	14
Table 3. Sample Distribution among Beneficiaries of RTP Center	14
Table 4. Resilience Measures- Whole Program	19
Table 5. Resilience items	19
Table 6. Functioning impairment Measures	21
Table 7. Functioning Impairment Items	21
Table 8. Resilience Measures - Common Effort	22
Table 9. Common Effort - Resilience Items	22
Table 10. Functioning Impairment Measures - Common Effort Center	24
Table 11. Common Effort – Functioning Impairment Items	24
Table 12. Resilience Measures – Karaguezian Center	25
Table 13. Karaguezian - Resilience Items	25
Table 14. Functioning Impairment Measures - Karaguezian Center	27
Table 15. Karaguezian- Functioning Impairment Items	27
Table 16. Resilience Measures - RTP Center	28
Table 17. RTP- Resilience Items	28
Table 18. Functioning Impairment Measures - RTP Center	30
Table 19. RTP- Functioning Impairment Items	30

Executive Summary

Right to Play in Lebanon in collaboration with Common Effort and Karaguezian applied a multifaceted psychosocial play-based program as an interventional method for children and youth affected by the Beirut blast. The program components consist of the Play and Care Together (PACT) Manual, Advocacy Guide, and a Board Game that was developed by RTP. This evaluation report examines the efficacy of the three different components of this program on the levels of wellbeing, resilience, and functional impairment of children and youth living in conflicting environments. The total number of participants in this project was 272. Several data collection methods were carried out to measure wellbeing, resilience, and functional impairment of the participants among the participating youth using both quantitative and qualitative tools. The quantitative tools consisted of the following: (1) The Child and Youth Resilience Measures (CYRM-28. Ungar & Liebenberg. 2011) to measure resilience pre & post intervention, (2) Functioning Impairment Scale developed by RTP to measure functioning impairment pre & post intervention, (3) Test of Playfulness (ToP; Bundy, 2004) used during observation to measure level of play, and (4) Leuven Scale (Laevens, 2005) used to measure well-being and involvement during observation. As for qualitative tools, semi-structured interviews with facilitators, parents, and children and youth were used to investigate the impact of the program on the youth's psychosocial well-being, resilience and functioning impairment. Major findings demonstrated that play-based PSS intervention with its three components (PACT, Advocacy and Board Game) has improved well-being, resilience and psychosocial life competence skills for the youth who have experienced the Beirut blast, and the improvement was rated as 8/10 by counselors. Results yielded that the program had a positive impact on youth through enhancing their abilities to develop problem solving skills, enhancing their critical thinking skills, enhancing their ability for emotional regulation, enhancing their ability to engage in positive thinking, enhancing their self-esteem, and enhancing their ability to maintain an openness to new experiences related to their social role in their environment, community and future career. Results further indicated that the youth's functioning in daily life activities on the personal, social and educational level were

maintained and enhanced as noted by the decrease in the difficulties annotated for the day to day functioning factors like decrease in difficulty helping caregivers or other family members, difficulty showing respect to adults that are important to you, difficulty spending pleasurable time with your siblings and other family members and difficulty studying or doing well at school. Despite the noticeable improvement that was noted for the youths, some challenges were observed by the counselors during the implementation of the sessions. Difficulty in understanding the concepts of each of the PACT, advocacy and board game sessions were observed by the youth. Differences in engagement across the program components (PACT, Advocacy and Board game) were also noted. A few challenges were mainly noted for board game and advocacy. Regarding the board game, challenges were related to the use of written scenarios that were hard to understand, to the ability for the counselors to organize the games with a large group of youths which appeared to be a bit challenging for the counselors and induced boredom on behalf of the youth as well as the experience difficulty on behalf of the youths in tracking the time frame of the games. As for the advocacy component, challenges were related to the inclusion of an exercise about the “problem tree” which sounded a bit non-motivating to some youth. Advocacy seemed to be a bit theoretical for the youths at some point, and some of them expressed difficulty in coming up with topics for their initiatives during the advocacy activities. As for PACT, the main concern was the difficulty in understanding the concepts of the sessions. In fact, increased interaction and collaborative work was observed mainly for board game and PACT sessions, and these two programs were mostly positively evaluated. A few recommendations are important to take into consideration which aim to inform the design and planning for the future implementation of the three components of this whole program. Given that there was difficulty in understanding some concepts of the play games, it is recommended based on the counselor's insight to provide more visuals (small video) instead of the need to read written scenarios that might evoke inequality among the youth regarding their literacy levels. Also, there is a need to work on simplifying the topics and incorporate more age and background specific games.

This evaluation report had several limitations. The overall sample size of the study was considerably sufficient whereas the sample size for the conducted observations was relatively small (17 participants). Data collection procedures faced challenges and obstacles resulting from the country's fuel crisis during the period of project implementation. Due to these challenges, some important factors like age differences could be not measured. Future evaluation needs to provide a major focus on the differences of the impact of the play based approach across age groups as well as work on having contingency plans to curb the impact of any unexpected events that can hinder the proper implementation of the program. Given that a few limitations arose regarding the different timings for the provision of the pre and post-tests among partners, post-tests should have been done by the end of the three components (PACT, Advocacy, and Board Game) to monitor the level of wellbeing, functioning impairment, and resilience after the whole program finished. As such, to have more credible evaluation, it is recommended to have all tools (pre and post) used simultaneously and directly before and after the program to be able to assess the individuality and efficacy of every element alone. Therefore, more robust agreements with partners need to take place in order to have a better follow up for data communication between RTP and partners. Organizing the games with a large group of youths appeared to be a bit challenging for the counselors and induced boredom on behalf of the youths as such it would be important for future applications of the program to think about ideal group sizes.

Introduction

Lebanon is facing turbulent and extremely challenging times due to multiple overlapping crises (Rischke & Talebi, 2021). Numerous complex predicaments are at hand in Lebanon today such as political turmoil, a major economic crisis, ongoing impact of COVID-19 pandemic on a variety of sectors, and continuing repercussions after the Beirut blast (Rudenko, 2021). Psychosocial advocates' attention is focused on providing psychosocial support to people living in conflicting environments in order to assist them in enhancing their wellbeing and coping with daily life stressors (Miller & Rasmussen, 2010). In the light of this context, Right to Play (RTP), an international non-profit organization, in collaboration with a team of consultants formulated a three-component program that targets children and youth living in crisis-settings and affected by the difficult situation in Lebanon. This evaluation report will highlight the main aspects of the program's components and give readers a brief background review on the well-being and resilience of children and youth living in post-conflicts area. The methodology section will provide readers with details on data collection methods, participants, sample size, sample distribution, selected tools and measures, ethical considerations, and statistical analysis. The findings section will cover the results of both the quantitative and qualitative selected measurements in tools by providing readers with detailed insight on the findings of the study. The final section of the report is dedicated to limitation, conclusion and lessons learned, and recommendations for the future.

Objective

This evaluation report is lead externally and conducted by a team of two research consultants and two selected volunteers for quantitative data collection. The report aims to examine the impact of different components in the psychosocial play-based program in relation to children and youth's levels of wellbeing, resilience, and functional impairment post 1 year to Beirut blast.

Psychosocial Play Based Program Components

Reach out to youth and children was done through partners alone. Youth and children in vulnerable communities were reached out by partners themselves to participate in this project.

All of the children participated in at least two of the following components.

Play and Care Together (PACT). A structured play-based programme that advocates for psychosocial wellbeing, resilience, social and emotional life skills, peer to peer interactions, confidence, and self-awareness. The PACT manual provides guidance to facilitators to involve children and youth in the learning and teaching process by allowing them to take initiatives and lead the assigned activities. The program aims to equip children and youth with skills and tools that allow them to cope and overcome adversities through resilience and life skills. It is worth mentioning that the PACT resource can be provided by Peer Facilitators (young people in a similar age group) and Adult Facilitators. But, in the case of this first pilot in Lebanon, the programme only included Adult Facilitators. Children and youth from all partners' groups were able to receive the PACT program. In total, 272 children and youth from ages 8 to 16 were able to participate in the PACT program.

Advocacy. Following the participation in PACT, children and youth were asked to apply the learned knowledge in their communities in order to assist similar populations that are dealing with adversities. Children and youth were guided towards building up creative ideas and ways that allow them to make a difference in their environment. The advocacy component focuses on enhancing initiative-taking skills, decision making skills, planning and applying, and setting a common purpose with a clear vision. Individuals are encouraged to support a variety of causes such as political, social, economic, and more. Group members are encouraged to share a common vision that aims for a better change. In total, 154 children and youth from ages 8 to 16 were able to receive the Advocacy program.

Board Game. An RTP original board game that consists of five Mental Health Psychosocial Support (MHPSS) topics: bullying and self-expression (discrimination and disagreement, body-image, suicidal thoughts, and love and rejection). The game allows the players to apply learned knowledge from the PACT component in a different playing strategy. The aim of the game is to psycho-educate players on the concept of wellbeing by highlighting cognitive distortions, relevant life scenarios, and healthy thinking patterns through play. Children and youth are allowed to explore different scenarios and characters that relate to their daily lives through different forms such as art, theatre, sports, and music. The board game is a holistic approach that tackles different kinds of play and self-expression with the purpose of psycho-education and enhancement of overall well-being. Children and youth from all partners' groups were able to participate in the Board Game. In total, 272 children and youth from ages 8 to 16 had the chance to play the Board Game.

Background Information

The Wellbeing of Children and Youth Living in Post-Conflict Contexts. Research has shown that children and youth exposed to war, political conflict, traumatic experiences, and other life-threatening risks and experiences are more prone to pathology and comorbidities (Halevi et. al., 2016). RTP with collaboration with two non-governmental organizations: Common Effort and Karaguezian, conducted a holistic program that targets the wellbeing of youth and children that are affected by the Beirut blast. The program aims to enhance the overall wellbeing of children and youth by targeting different elements such as enhancing daily functioning through a variety of PSS play-based activities and methods.

The Resilience of Children and Youth Living in Post-Conflict Contexts. The term resilience is described as a particular response in the face of challenge or adversity that is characterized as resisting, escaping, being less vulnerable, not struggling as much as others, or having a heightened ability to handle stress (Barber, 2013). RTP and partners aimed to enhance resilience levels among children and youth affected by the Beirut blast through involvement in different contextual activities. Play-based activities tackled agency in the community, aiding other community members, future prospects, enhancing interpersonal and intrapersonal skills, increasing points of strength, and learning through cooperation and teamwork. Different components of the program, through play-based learning, enable children and youth to discover their internal capacity and work on their resilience skills in order to face adversity and learn healthy coping mechanisms.

Methodology

Data Collection Methods

The methodology relied on both quantitative and qualitative data. Pre- and post-questionnaires provided by RTP were filled by participating young people at the beginning and at the end of the one component of the program. Post-interviews were conducted randomly with primary female parents since they were reached out upon availability. Observational tools were filled in during participation in play-based PSS activities conducted by Karaguezian center. The evaluation team conducted a semi-structured interview with three facilitators in which questions were related to the participants' wellbeing, functioning impairment, resilience and efficacy of different components of the program were asked; a special set of questions targeted the Board Game component as well. In addition, further emphasis on the Board Game was targeted through semi-structured interviews with children and youth who participated in this component of the program. This allowed the organizations to evaluate the resilience, functioning impairment, and wellbeing of participants and efficacy of the program through data collected from scales and analysis of minimal observational data. The quantitative tools consisted of the following: (1) The Child and Youth Resilience Measures (CYRM-28. Ungar & Liebenberg. 2011) to measure resilience pre & post intervention, (2) Functioning Impairment Scale developed by RTP to measure functioning impairment pre & post intervention, (3) Test of Playfulness (ToP; Bundy, 2004) used during observation to measure level of play, and (4) Leuven Scale (Laevers, 2005) used to measure well-being and involvement during observation. As for qualitative tools, semi-structured interviews with facilitators, parents, and children and youth were used to investigate the impact of the program on the youth's psychosocial well-being, resilience and functioning impairment. Facilitators in each program and with each partner filled pre-tests, face to face, with participants at the beginning of the PACT program as the following:

- Common Effort: beginning of August
- RTP: End of October
- Karaguezian: End of July

Facilitators in each program and with each partner filled post-tests, face to face, with participants at the beginning of the PACT program as the following:

- Common Effort: end of August
- RTP: Mid November
- Karaguezian: Beginning of November.

As for the qualitative data collection, two volunteers were able to conduct observational sessions during the PACT program implantation with Karaguezian. As for the semi-structured interviews with parents and facilitators, the team of two consultants collected data in the middle of November remotely through phone calls.

Enumerators from RTP were trained on the data collection process and tools as well as on Child Protection Policy (CP-NRC Guidelines) and Child Protection Policy (CP-RTP Guidelines). To facilitate data collection, 1 volunteer participated in filling observational tools during the sessions. The volunteer was trained on the data collection method, informed about Right to Play Child Safeguarding Policy (CSG) and Beneficiary Protection Policy.

Sample Size

Three components: PACT, Advocacy, and the Board Game were considered for this project and implemented through two partners: Karaguezian and Common Effort, in addition to RTP which had coaches implementing the programs directly as well.

- Karaguezian center adapted the PACT Program and the Board Game for 59 participants.
- Common Effort center adapted the PACT Program, Advocacy sessions, and Board Game for 154 participants.
- RTP adapted the PACT Program and Board Game for 59 participants.

The total number of participants in the Beirut blast project was to 272 participants.

Participants

Participants were Armenian and Syrian refugees residing in different areas in Lebanon: Chiyah, Tarik Jdidi, and Burj Hammoud. 21.69 % of participants were Armenian while the majority of the participants which is 78.31% were Syrian refugees.

Gender distribution among children reached by the three different partners are represented in the charts below:

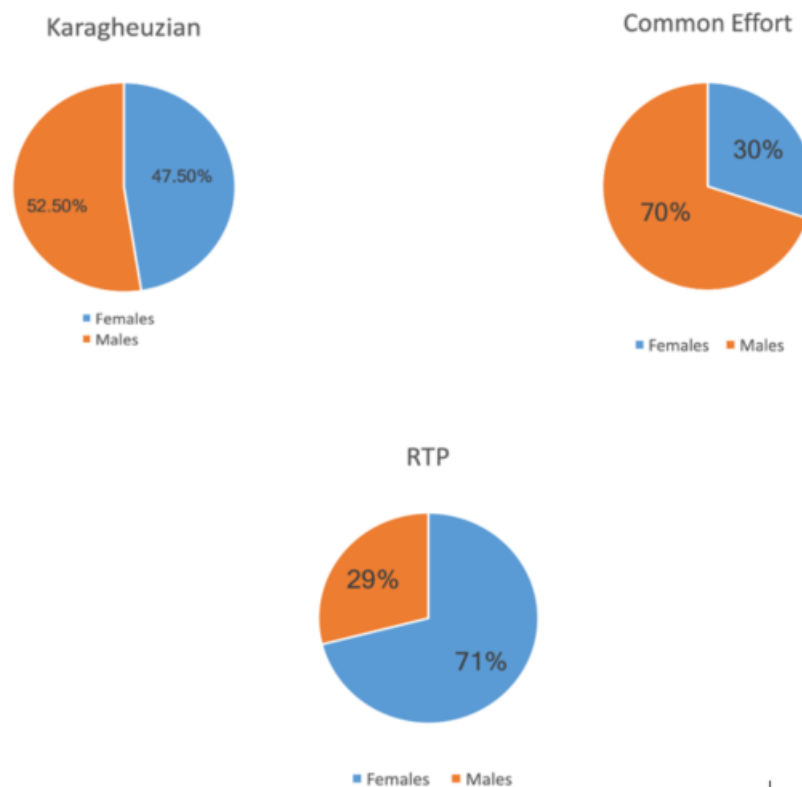


Figure 1. Participants Distribution among Centers

Age distribution among three different partners are represented in the histogram below:

- Mean age of participants in Karagheuzian is 11.
- Mean age of participants in Common Effort is 11.

- Mean age of participants in RTP is 11.

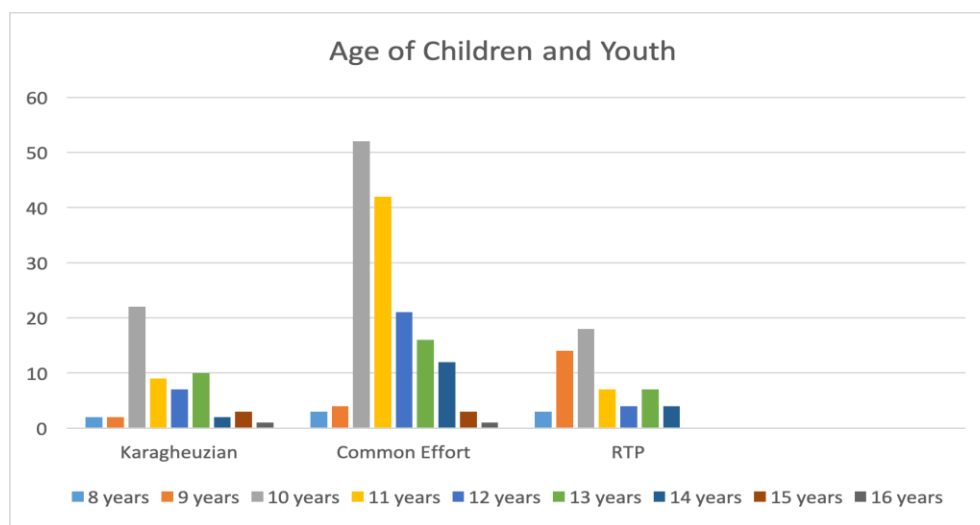


Figure 2. Age Distribution of Participants among Centers

Sample Distribution

Sample distribution of beneficiaries in **Common Effort** center across the data collection tools are presented in the table below:

Table 1. Sample Distribution among Beneficiaries of Common Effort Center

Data Collection Tool	Age Group	Number of Participants' Responses
Functioning Impairment Scale (Pre-test)	8-16	109
The Child and Youth Resilience Measure (Pre-test)		
Functioning Impairment Scale (Post-test)	8-16	99
The Child and Youth Resilience Measure (Post-test)		

Sample distribution of beneficiaries in **Karagheuzian** center across the data collection tools are presented in the table below:

Table 2. Sample Distribution among Beneficiaries of Karaguezian Center

Data Collection Tool	Age Group	Number of Participants' Responses
Functioning Impairment Scale (Pre-test)	8-16	59
The Child and Youth Resilience Measure (Pre-test)		
Functioning Impairment Scale (Post-test)	8-16	46
The Child and Youth Resilience Measure (Post-test)		

Sample distribution of beneficiaries in **RTP** center across the data collection tools are presented in the table below:

Table 3. Sample Distribution among Beneficiaries of RTP Center

Data Collection Tool	Age Group	Number of Participants' Responses
Functioning Impairment Scale (Pre-test)	8-16	17
The Child and Youth Resilience Measure (Pre-test)		
Functioning Impairment Scale (Post-test)	8-16	31
The Child and Youth Resilience Measure (Post-test)		

Tools

The Child and Youth Resilience Measure (CYRM-28. Ungar & Liebenberg. 2011). The Child and Youth Resilience Measure is used as a primary assessment tool to measure children and youth's social and ecological resilience in different countries and cultures. The CYRM-18 is rated on a 5-point likert scale; the scoring of these scales incorporates a range from 1 being the lowest score (not at all) to 5 (very much). The scale has shown to have good psychometric properties with excellent internal consistency and reliability (Jefferies, McGarrigle, & Ungar, 2019) (Appendix A).

"In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways." - Dr. Micheal Ungar

Functioning Impairment Scale. This scale is designed to evaluate the extent to which children and youth's ability to function is impaired by any behavioral or emotional problems. The scale was modified and edited to rate functioning impairment on a 4-point likert scale; the scoring of these scales incorporates a range from being 1 the lowest score (None or NA) to 4 (Often). Items include questions on daily functioning during a previous week from conducting the test (i.e. in the past week, have you had any difficulty with eating and enjoying food?). Recommendations were given to RTP on the use of the tool and its benefits to the organization. The tool allows facilitators to evaluate the wellbeing of children and their level of functioning in their society and community (Appendix B).

Test of Playfulness (ToP; Bundy, 2004). The ToP is used as a primary assessment tool to measure the participants' play. The ToP is a 30-item, observer-rated instrument suitable for children and adolescents between the ages of 6 months and 18 years. Each item of the ToP is rated on a 4-point (0–3) scale. Scores reflect the extent (i.e. proportion of time), intensity (i.e. degree of presence) or skillfulness (i.e. ease of performance) of the child-teen's play. The ToP

measures the concept of playfulness as a reflection of the combined presence of four elements contributing to a single construct of playfulness (1) perception of control (2) freedom from constraints of reality (3) source of motivation and ability to give and read social cues. The ToP has evidence for excellent inter-rater reliability (Brentnall, Bundy & Kay, 2008) and construct validity (Bundy, Nelson, Metzger & Bingaman, 2001). The Test of Playfulness will be used as a pre-/post-test measure (Appendix C).

The Leuven Scale (Laevers, 2005). In conjunction with the observation, The Leuven Scale (Laevers, 2005) is used to allow childcare practitioners to measure participants' 'emotional well-being' and 'involvement'. It is a five-point scale, and the scoring of these scales incorporates a range from 1 being the lowest score (e.g. the child hardly shows any activity/the child clearly shows signals of discomfort) and 5 being the highest score (e.g. the child is continuously engaged in the activity and completely absorbed with it/the child enjoys, in fact feels great). The Leuven scale is mainly used for observations lasting two minutes and all sequences will be coded by two researchers individually, and the inter-rater agreement will be then calculated (Appendix D).

Semi-structured interviews with facilitators. Questions on resilience and wellbeing for facilitators were deducted from the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) that is used for assessment of mental health on society, group, and individual levels and to evaluate projects and programs that target wellbeing (Mavali et. al, 2020). Another set of questions on the efficacy of different components of the program were formulated based on the objectives by RTP and partners by the end of sessions. Sample questions include: "How engaged were the participants in the sessions? How did the level of interest differ among programs (PACT, advocacy, and board game)?" A category of questions specifically targeted the board game and different elements within it. Sample questions on the board game include: "Were the themes covered in the board game relevant to the participants?" (Appendix E).

Semi-structured interviews with parents. Questions on wellbeing for parents (mothers) were deducted from a “Guide to Measuring Child’s Well-being (Murphy, 2009).” Sample questions include: “How do you rate your child’s quality of sleep?” or “How do you rate your child’s self-esteem?” (Appendix F).

Semi-structured interviews with children and youth. Selected participants for interviews was done randomly across the three partners. In total, 10 semi-structured interviews were conducted with youth and children from ages 10 to 16. Interviews with children and youth were specifically targeted to the efficacy, relevance, understanding, and influence on the board game. Questions were directed towards measuring the evaluation of the board’s game objectives and aims and children and youth’s responses and attitudes towards different elements. Sample questions include: “Did you learn any lesson from the green and red thoughts? If yes, will you apply them in your daily life? How?” (Check Appendix G).

Ethical Considerations

Participation in this study was voluntary. Parents of students were informed verbally of the use of pre and post-tests with their children. Oral consent from parents to participate in semi-structured interviews was sought through the phone. For semi-structured interviews with children and youth, oral consent was taken from parents and child assent was also taken. Participants were informed of their rights to withdraw anytime they want, privacy of information and answers, and confidentiality measures were ensured. No names were mentioned in any documentation forms that anyone other rather than the researchers have access to.

Statistical Analysis

Data analysis commenced after all post assessments had been completed. The data was verified with frequency analysis to identify erroneous data. In order to calculate the level of playfulness as measured by the Test of Playfulness (ToP), level resilience as measured by The Child and Youth Resilience Measure, daily functioning as measured by the Functioning

Impairment Scale, and well-being and involvement as measured by Leaven's scale, raw scores of each participant were entered and compared against the existing database of ToP scores, and descriptive statistics specifically mean scores at each assessment point were also calculated in order to note any improvement and changes in the mean scores of the aforementioned variables as a result of the program. Dependent sample t-test (t) was also used to investigate the differences in the mean scores between the pre and posttests. Independent sample t-test (t) was used to measure if any of the variables significantly differ across gender, and Analysis of Variance (ANOVA) was used to measure if any significant differences existed across age. Investigating if a statistical relationship existed between playfulness score and each of well-being and involvement scores as well as the summative score of well-being plus involvement, Pearson's (r) correlation analysis was used. SPSS was used to calculate all the statistical analyses. As for qualitative analysis, thematic analysis was used in order to code for the emerging themes. The analysis was done manually. Preliminary codes were generated after completing the open coding phase. Codes were then grouped into broader categories based on similarities, and themes were generated based on emerging patterns.

Findings

Resilience and Functioning Impairment - Pre and Post Intervention

At the beginning and at the end of the Pact play based sessions, the level of children and adolescents' resilience as measured by the "Child and Youth Resilience Measure (CYRM)" and functional impairment as measured by the "Functional Impairment Scale" was recorded. This was done in order to investigate and note if any improvement in the resilience levels and decrease in functional impairment took place as result of the children and adolescent's enrollment in the whole program with its three components.

Regarding resilience, an increase in the resilience levels for children and adolescents was noted; the overall mean score for resilience was higher at the end of the program ($M=3.87$, $SD=.16$) compared to the beginning of the program ($M=3.52$, $SD=.06$). This difference was significant, $t(2) = -5.200$, $p=.035$. This mainly shows that the children and adolescents levels of resilience improved after they were exposed to the play-based sessions of the three programs (check chart below).

Table 4. Resilience Measures

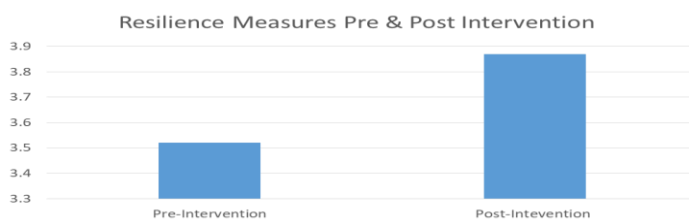


Table 5. Resilience Items

Resilience Items – Pre & Post across the three programs		
	<i>Pre -MEAN (SD)</i>	<i>Post- MEAN (SD)</i>
Do you cooperate with people around you?	3.51 (.54)	4.19 (.08)
Is getting an education important to you?	4.48 (.32)	4.36 (.16)
Do you know how to behave in different social situations?	3.26 (1)	4.25 (.77)
Do you feel that your parents watch you closely?	3.54 (.49)	3.60 (.51)
Do you feel that your parents know a lot about you?	3.74 (.56)	3.60 (.40)
Do you eat enough most days?	3.45 (.57)	3.57 (.63)
Do you strive to finish what you start?	3.47 (.25)	3.95 (.03)
Are spiritual beliefs a source of strength for you?	3.46 (.51)	3.48 (.51)
Are you proud of your ethnic background?	4.40 (.30)	4.54 (.40)
Do people think you are fun to be with?	3.81 (.80)	4.27 (.83)
Do you talk with your family about how you feel?	3.14 (.05)	3.69 (.34)
Do you feel supported by your friends?	3.68 (.52)	4.37 (.62)
Do you know where to go in your community to get help?	3.45 (1.15)	4.01 (.57)
Do you think your family will always stand by you through difficult times?	3.79 (.50)	4.35 (.47)
Do you think your friends will always stand by you through difficult times?	3.38 (.34)	4.12 (.50)
Are you treated fairly in your community	3.45 (.53)	3.80 (1)
Do you have opportunities to show others that you are becoming an adult?	3.13(.20)	3.16 (.18)
Are you aware of your own strengths?	3.05 (.40)	3.61 (.42)
Do you participate in organized religious activities?	2.81 (.65)	2.98 (.63)
Do you think it is important to serve your community?	4.01 (.51)	4.3 (.67)
Do you feel that you are safe with your family?	3.94 (.67)	4.14 (.61)
Do you have the opportunity to develop job skills that will be useful later in life?	3.23 (.30)	3.80 (.68)
Do you enjoy your community's tradition?	3.03 (.21)	3.27 (.45)
Do you enjoy your family's tradition?	3.43 (.52)	3.46 (.23)

As for functioning impairment, a significant decrease in functional impairment was noted for the youth; the overall mean score for functional impairment was lower at the end of the program ($M=1.31$, $SD=.05$) compared to the beginning of the program ($M=1.60$, $SD=.04$). This difference was significant, $t(2) = 4.821$, $p=0.04$. This mainly shows that the youth's functional impairment improved after they were exposed to the play-based sessions of the whole program with its three components (check chart below).

Table 6. Functioning Impairment Measures

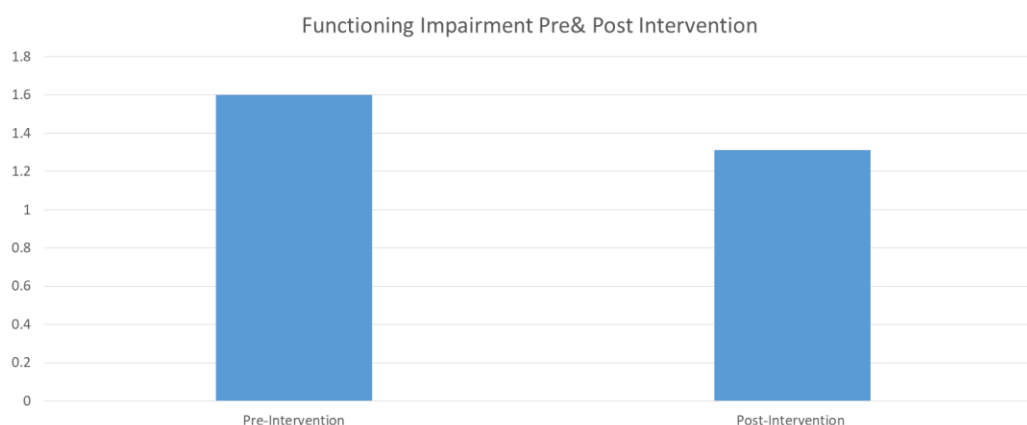


Table 7. Functioning Impairment Items

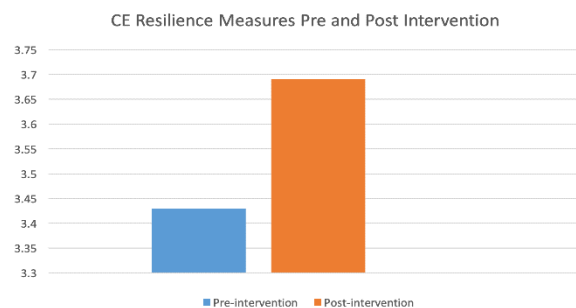
Functioning Impairment Items – Across the three programs		
	Pre -MEAN (SD)	Post- MEAN (SD)
Difficulty helping caregivers or other family members	1.50 (.06)	1.21(.13)
Difficulty showing respect to adults that are important to you	1.63(.26)	1.22 (.09)
Difficulty spending pleasurable time with your siblings and other family members	1.70 (.09)	1.35 (.03)
Difficulty spending time on praying and doing other religious activities	1.42(.08)	1.22 (.09)
Difficulty eating and enjoying food?	1.60 (.15)	1.48 (.10)
Difficulty taking care of your hygiene?	1.52 (.11)	1.24 (.11)
Difficulty entertaining yourself?	1.64 (.20)	1.24(.17)
Difficulty studying or doing well at school?	1.79 (.20)	1.54(.101)

Per program – Common Effort Center, Karaguezian Center & RTP Center

At the beginning and at the end of the Pact play based sessions, the level of children and adolescents’ resilience and functional improvement levels were measured per program as well.

Common Effort Center. For youth who were enrolled in Common Effort’s PACT program and who belong to the age group (8-16), an increase in the resilience levels was noted; the overall mean score for resilience was higher at the end of the program ($M=3.69$, $SD=.299$) compared to the beginning of the program ($M=3.43$, $SD=.43$). This difference was significant, $t(48)=-3.459$, $p=0.001$. This mainly shows that the children and adolescents levels of resilience improved after they were exposed to the play-based sessions “PACT” over a period of 2 weeks (check chart below).

Table 8. Resilience Measures - Common Effort



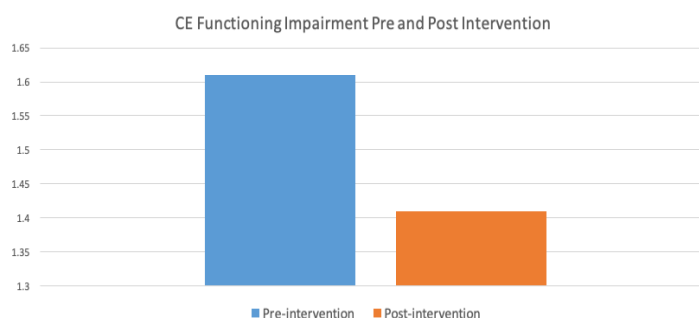
More specifically, an increase in the resilience levels was noted based on a higher average mean recorded for the following factors and their pertaining items post program intervention as shown in the below tables. There was however a decrease in “enjoying family traditions” among the participants.

Table 9. Common Effort - Resilience Items

Common Effort - Resilience Items	<i>Pre -MEAN (SD)</i>	<i>Post- MEAN (SD)</i>
Do you cooperate with people around you?	4.14 (1.25)	4.24 (.88)
Is getting an education important to you?	4.85 (.40)	4.54 (.66)
Do you know how to behave in different social situations?	2.26 (.78)	3.41 (.84)
Do you feel that your parents watch you closely?	3.42 (1.52)	3.53 (1.27)
Do you feel that your parents know a lot about you?	3.91 (1.32)	3.58 (1.24)
Do you eat enough most days?	4.12 (1.25)	4.30 (1.09)
Do you strive to finish what you start?	3.77 (1.14)	3.91 (.85)
Are spiritual beliefs a source of strength for you?	4.06 (1.43)	4.08 (.92)
Are you proud of your ethnic background?	4.08 (1.18)	4.14 (.86)
Do people think you are fun to be with?	2.95 (1.35)	3.32 (1.21)
Do you talk with your family about how you feel?	3.08 (1.33)	3.29 (1.41)
Do you feel supported by your friends?	3.08 (1.33)	3.67 (1.15)
Do you know where to go in your community to get help?	2.12 (1.07)	3.35 (.92)
Do you think your family will always stand by you through difficult times?	4 (1.08)	4.33 (.90)
Do you think your friends will always stand by you through difficult times?	3.06 (1.24)	3.61 (1.31)
Are you treated fairly in your community	2.85 (1.15)	2.87 (1.03)
Do you have opportunities to show others that you are becoming an adult?	2.93(.89)	2.98 (.81)
Are you aware of your own strengths?	2.82 (1.02)	3.37 (1.13)
Do you participate in organized religious activities?	2.89 (1.86)	3.72 (1.29)
Do you think it is important to serve your community?	4.14 (.95)	4.29 (.93)
Do you feel that you are safe with your family?	4.69 (.58)	4.54 (.73)
Do you have the opportunity to develop job skills that will be useful later in life?	2.97 (.90)	3.04 (.85)
Do you enjoy your community's tradition?	2.79 (1.07)	2.86 (1.08)
Do you enjoy your family's tradition?	4.04 (1.15)	3.51 (1.05)

As for functioning impairment, a significant decrease in functional impairment was noted for the youth; the overall mean score for functional impairment was lower at the end of the program ($M=1.41$, $SD=.45$) compared to the beginning of the program ($M=1.61$, $SD=.52$). This difference was significant, $t(64) = 2.069$, $p=0.04$. This mainly shows that the youth's functional impairment improved after they were exposed to the play-based sessions “PACT” over a period of 2 weeks (check chart below).

Table 10. Functioning Impairment Measures - Common Effort Center



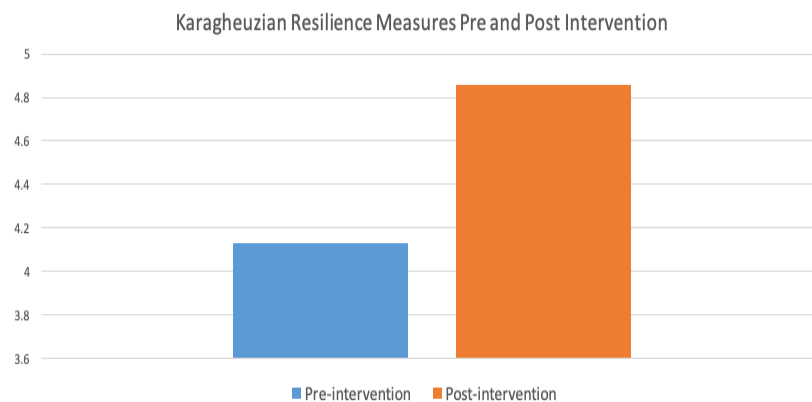
More specifically, a decrease in functional impairment for children and adolescents was noted for a decline in mean average between pre and post intervention:

Table 11. Common Effort – Functioning Impairment Items

Common Effort – Functioning Impairment Items	Pre -MEAN (SD)	Post- MEAN (SD)
Difficulty helping caregivers or other family members	1.53 (1.04)	1.34 (.68)
Difficulty showing respect to adults that are important to you	1.35 (.83)	1.22 (.48)
Difficulty spending pleasurable time with your siblings and other family members	1.61 (1.04)	1.32 (.68)
Difficulty spending time on praying and doing other religious activities	1.50 (1.01)	1.31 (.65)
Difficulty eating and enjoying food?	1.47 (.89)	1.42 (.89)
Difficulty taking care of your hygiene?	1.46 (.77)	1.29 (.57)
Difficulty entertaining yourself?	1.83 (1.12)	1.44 (.74)
Difficulty studying or doing well at school?	1.76 (1.10)	1.65 (.99)

Karaguezian Center. For youth who were enrolled in Karaguezian’s PACT and Board Game and who belong to the age group (8-16), an increase in the resilience levels was noted; the overall mean score for resilience was higher at the end of the program ($M=4.86$, $SD= .37$) compared to the beginning of the program ($M=4.13$, $SD=.83$). This difference was not significant, $t(42)=-2.457$, $p=0.742$. Although the difference is not significant, the increase in the mean post intervention indicates that an increase in the resilience levels was noted after the youth were exposed to the PACT play-based sessions (check chart below).

Table 12. Resilience Measures – Karaguezian Center



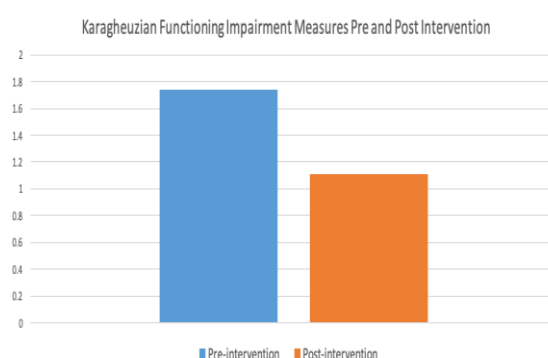
More specifically, a more specified increase in the resilience levels was noted based on a higher average mean recorded for the following factors and their pertaining items post program intervention:

Table 13. Karaguezian - Resilience Items

Karaguezian - Resilience Items		
	Pre -MEAN (SD)	Post- MEAN (SD)
Do you cooperate with people around you?	3.16 (.21)	4.24 (.88)
Is getting an education important to you?	4.35 (.37)	4.33 (.66)
Do you know how to behave in different social situations?	3.26 (.68)	4.41 (.81)
Do you feel that your parents watch you closely?	3.12 (.52)	3.13 (.27)
Do you feel that your parents know a lot about you?	4.21 (1.12)	4.01 (1.42)
Do you eat enough most days?	3.13 (.25)	3.30 (1.12)
Do you strive to finish what you start?	3.32 (1.35)	3.97 (1.85)
Are spiritual beliefs a source of strength for you?	3.16 (1.43)	3.18 (.92)
Are you proud of your ethnic background?	4.68 (.17)	4.94 (.76)
Do people think you are fun to be with?	3.95 (1.75)	4.62 (1.41)
Do you talk with your family about how you feel?	3.18 (1.12)	3.89 (1.46)
Do you feel supported by your friends?	4.08 (1.73)	4.57 (1.05)
Do you know where to go in your community to get help?	4.12 (1.67)	4.35 (.72)
Do you think your family will always stand by you through difficult times?	4.16 (.28)	4.83 (.90)
Do you think your friends will always stand by you through difficult times?	3.75 (.24)	4.61 (.31)
Are you treated fairly in your community	3.85 (.55)	4.87 (.98)
Do you have opportunities to show others that you are becoming an adult?	3.13(.32)	3.15 (.31)
Are you aware of your own strengths?	2.82 (1.02)	3.37 (1.13)
Do you participate in organized religious activities?	2.12 (1.46)	2.62 (1.67)
Do you think it is important to serve your community?	4.45 (.69)	4.98 (.13)
Do you feel that you are safe with your family?	3.37 (.12)	3.44 (.54)
Do you have the opportunity to develop job skills that will be useful later in life?	3.17 (.98)	4.04 (.21)
Do you enjoy your community's tradition?	3.19 (1.57)	3.76 (1.28)
Do you enjoy your family's tradition?	3.14 (.15)	3.20 (.55)

As for functioning impairment, a significant decrease in functional impairment was noted for the youth; the overall mean score for functional impairment was lower at the end of the program ($M=1.11$, $SD=.34$) compared to the beginning of the program ($M=1.74$, $SD=.48$). This difference was significant, $t(42) = 3.435$, $p=0.03$. This mainly shows that the youth's functional impairment improved after they were exposed to the PACT play-based sessions (Chart below).

Table 14.. Functioning Impairment Measures - Karaguezian Center



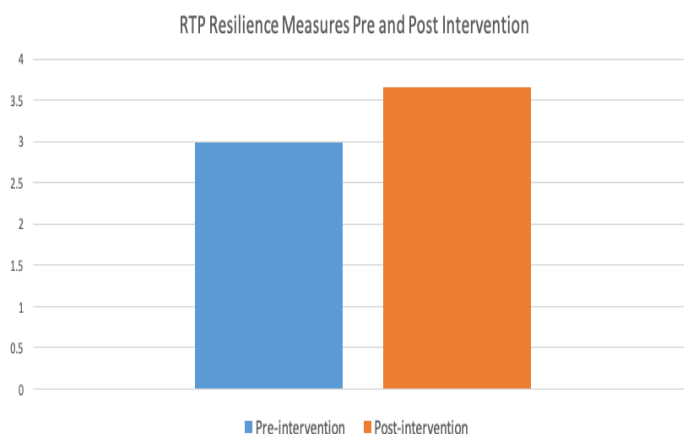
More specifically, a decrease in functioning impairment for children and youth was noted for a decline in mean average between pre and post intervention:

Table 15 Karaguezian- Functioning Impairment Items

Karaguezian- Functioning Impairment Items		
	Pre -MEAN (SD)	Post- MEAN (SD)
Difficulty helping caregivers or other family members	1.43 (1.14)	1.22 (1.48)
Difficulty showing respect to adults that are important to you	1.67(.43)	1.32 (.48)
Difficulty spending pleasurable time with your siblings and other family members	1.71 (1.35)	1.38 (1.18)
Difficulty spending time on praying and doing other religious activities	1.43 (1.12)	1.24 (.45)
Difficulty eating and enjoying food?	1.56 (.19)	1.42 (.39)
Difficulty taking care of your hygiene?	1.66 (.45)	1.33 (.15)
Difficulty entertaining yourself?	1.43 (.12)	1.14 (.86)
Difficulty studying or doing well at school?	1.81 (1.12)	1.45 (1.65)

RTP Center. For children and youth who were enrolled in RTP’s PACT and who belong to the age group (8-16), an increase in the resilience levels was noted; the overall mean score for resilience was higher at the end of the program ($M=3.66$, $SD= .78$) compared to the beginning of the program ($M=2.99$, $SD=.64$). This difference was non-significant, $t(42) = -3.943$, $p=0.17$. Although the difference is not significant, the increase in the mean post intervention indicates that an increase in the resilience levels was noted after the youth were exposed to the PACT play-based sessions (check chart below).

Table 16.. Resilience Measures - RTP Center



More specifically, an increase in the resilience levels was noted based on a higher average mean recorded for the following factors and their pertaining items post program intervention:

Table 17. RTP- Resilience Items

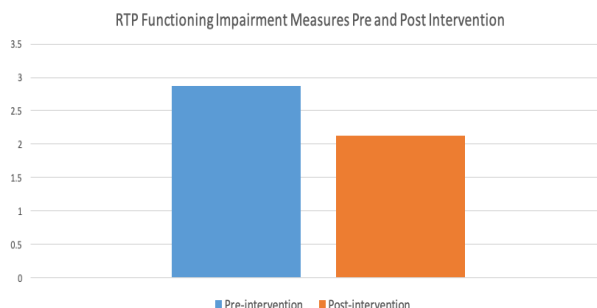
RTP- Resilience Items		
	Pre -MEAN (SD)	Post- MEAN (SD)
Do you cooperate with people around you?	3.24 (.51)	4.10 (.63)
Is getting an education important to you?	4.25 (.36)	4.21 (.25)
Do you know how to behave in different social situations?	4.26 (.35)	4.93 (.71)

Do you feel that your parents watch you closely?	4.09 (.82)	4.15 (.29)
Do you feel that your parents know a lot about you?	3.11 (1.57)	3.21 (1.85)
Do you eat enough most days?	3.11 (.45)	3.13 (.72)
Do you strive to finish what you start?	3.32 (1.35)	3.97 (1.85)
Are spiritual beliefs a source of strength for you?	3.16 (1.43)	3.18 (.92)
Are you proud of your ethnic background?	4.44 (.57)	4.54 (.86)
Do people think you are fun to be with?	4.54 (1.12)	4.87 (1.32)
Do you talk with your family about how you feel?	3.18 (1.12)	3.89 (1.46)
Do you feel supported by your friends?	3.88 (1.77)	4.87 (1.95)
Do you know where to go in your community to get help?	4.12 (1.67)	4.35 (.72)
Do you think your family will always stand by you through difficult times?	3.22 (.54)	3.89 (.32)
Do you think your friends will always stand by you through difficult times?	3.33 (.59)	4.16 (.38)
Are you treated fairly in your community	3.66 (.35)	3.67 (.18)
Do you have opportunities to show others that you are becoming an adult?	3.33(.34)	3.35 (.29)
Are you aware of your own strengths?	3.52 (1.12)	4.10 (1.53)
Do you participate in organized religious activities?	3.42 (1.46)	2.62 (1.67)
Do you think it is important to serve your community?	3.45 (.64)	3.68 (.63)
Do you feel that you are safe with your family?	3.77 (.52)	4.46 (.84)
Do you have the opportunity to develop job skills that will be useful later in life?	3.57 (.12)	4.34 (.22)
Do you enjoy your community's tradition?	3.13 (.54)	3.20 (.48)
Do you enjoy your family's tradition?	3.11 (.95)	3.67 (.43)

As for functioning impairment, a significant decrease in functional impairment was noted for the youth; the overall mean score for functional impairment was lower at the end of the program ($M=2.13$, $SD= .12$) compared to the beginning of the program ($M=2.87$, $SD=.16$). This difference was non-significant, $t(65) = -2.735$, $p=0.32$. The non-significant difference could be attributed to the small sample size of the youths who took part in the pre and posttests [17 for

pretest and 31 for posttests]. Although the difference is not significant, the decrease in the mean post intervention indicates that a decrease in the functional impairment levels was noted after the youth were exposed to the PACT play-based sessions (chart below).

Table 18. Functioning Impairment Measures - RTP Center



More specifically, a more specific decrease in functioning impairment for children and youth was noted for a decline in mean average between pre and post intervention regarding:

Table 19. RTP- Functioning Impairment Items

RTP- Functioning Impairment Items		
	Pre -MEAN (SD)	Post- MEAN (SD)
Difficulty helping caregivers or other family members	1.56 (.34)	1.08 (.38)
Difficulty showing respect to adults that are important to you	1.87(.56)	1.14 (.34)
Difficulty spending pleasurable time with your siblings and other family members	1.79 (1.23)	1.36 (1.64)
Difficulty spending time on praying and doing other religious activities	1.34(1.34)	1.12 (1.15)
Difficulty eating and enjoying food?	1.77 (.76)	1.60 (.23)
Difficulty taking care of your hygiene?	1.45 (.65)	1.12 (.78)
Difficulty entertaining yourself?	1.66 (.44)	1.15(.56)
Difficulty studying or doing well at school?	1.81 (1.52)	1.52 (1.35)

Direct observations

Towards the end of the PACT (Karaguezian) play sessions, a random sample of youth was observed. Youth's play behavior, approach to play activities as well as level of well-being and involvement were all systematically observed and quantified. Playfulness was assessed as part of the holistic picture of the child and adolescent. The extent (amount of time), intensity (degree of participation) and skill (ease of performance) of play was noted during the direct observations with a major focus on the four elements of playfulness, namely that play is: (1) intrinsically motivated (2) utilizes internal control by the child (3) freedom to suspend reality (4) framing i.e. the ability to give cues to others about how others should act towards oneself during play (Skard & Bundy, 2008). Two central indicators, well-being and involvement, were measured in order to estimate children and adolescents' overall degree of well-being and level of involvement resulting from the play-based intervention; as such, assessing the quality of this play-based intervention program. Well-being refers to the feelings of being at ease, being spontaneous, free from emotional turmoil and feeling at ease (Laevers, 2005). At the youth level, well-being, specifically emotional well-being was mainly measured by the degree to which the participants looked happy, cheerful, and full of energy, to what extent their actions appeared spontaneous and expressive and to what extent they appeared relaxed and did not show any signs of stress or tension (Laevers, 2005). In addition to well-being, a second significant indicator was included: involvement. Involvement is regarded as a developmental process and is associated with strong motivation and fascination (Laevers, 2005). At the child and adolescent level, involvement was measured by assessing the level to which the participant shows continuous and intense activity and reflects heightened levels of concentration, creativity, energy and persistence (Laevers, 2005). It reflects a feeling of satisfaction and a bodily felt stream of positive energy; such feelings are mostly noted by children and adolescents during time of play (Laevers, 2005).

During our phase of observation, 17 different participants (children and adolescents) age ranging between 10-13 were observed once. In total, the definitive dataset consisted of 17

individual scores including a score for involvement, a score for well-being and a score for playfulness. The mean averages of the scores were calculated in order to identify the total average level of well-being, involvement and playfulness experienced by the children across the play-based sessions. On a five-point scale, the mean involvement was 3.91 and that of well-being was 4.14. The sum average for well-being and involvement level was 8.05. Given that both well-being and involvement separate scores were above the mean average 2.5 and the sum average for well-being and involvement combined was above the mean average 5, this indicates that youth experienced increased levels of involvement and well-being during the time of the observation. As for their playfulness level, the average playfulness measure score was 15, extent average score was 14.75, intensity average score was 9 and skill average score was 21.2. The average scores overall were all above the mean average 9 except for the intensity of play which was equal to the average; these results mainly demonstrated that the youth experienced an elevated level of playfulness overall. More specifically, their level of skillfulness in play i.e. ease of performance was significantly higher than the mean average indicating that children and adolescents very easily performed the play activities. The level of play extent was also slightly above average indicating that children and youth allocated increased time to play during the sessions. As for the intensity i.e. degree of participation in play, children and adolescents seemed to express an average degree in the intensity to engage and participate in the play elements. It was noted that youth at times exhibited limited engagement specifically when cognitive concepts and Q&A sessions were prevailing.

Additional analyses were conducted to investigate how level of play and summative variables incorporating well-being and involvement were statistically associated and to what extent the variables differed across gender and age. In order to investigate if a statistical relationship and statistical interdependence exists between playfulness and summative variable of well-being plus involvement, the statistical test Pearson's correlation (r) was used to investigate this relationship. No significant differences were obtained between well-being and involvement with overall playfulness and the extent, intensity and the skillfulness aspects of play.

To know if well-being, involvement, summative score of well-being plus involvement as well as playfulness were influenced by age and gender, we used t-test and ANOVA statistical tests. However, no significant results were obtained. The obtainment of insignificant results can be attributed to the limited number of observations per group and individual participants; this shows that future analyses including more observations will be needed in order to draw any firm conclusions on this matter.

Semi-structured Interviews with Parents

Semi-structured interviews were conducted with 18 randomly selected mothers to collect data on how they perceived their children's change in the level of well-being post program intervention. Among the selected sample, the average age of the youth was 12.

Based on the results of the semi-structured interviews, the majority of the mothers mentioned that this was their child's first time enrolling in such psychosocial support interventions. The qualitative thematic analysis yielded the emergence of five themes related to the improvement of well-being components for the participants following the play-based intervention: (1) Improvement in Emotional state, (2) Energy Level, (3) Social engagement, (4) Quality of sleep, and (5) self-esteem (6) interest and engagement level at school (7) openness to new experience.

Improvement in emotional state. Almost all mothers reported that their child's emotional state has improved following the program intervention. Mothers commonly reported that their child started to experience more positive feelings; youth were observed by their parents to be happier and expressive of more elevated emotions and good mood. Several mothers even reported how the anger levels of their children decreased after attending the program. Importantly, few mothers also reported how their child was suffering from anxiety and fear resulting from the Beirut blast; however, these emotional states were alleviated following the program intervention. All in all, all mothers asserted that their children seemed to have benefited profoundly from the sessions despite the short period of time and considerable change

and improvement in their emotional well-being was noted. *“After the Beirut blast, she seemed to be always anxious and fearful. But following the program, she now appears much less anxious and the fear in her has diminished.” “He seems to be happier now. He came out from his gloomy life. The program really changed him”.*

Energy Level. Almost all mothers reported that their child’s energy levels increased following the intervention. All mothers reported that their children’s energy levels seemed to be heightened following their attendance to the program, and an increased excitement level was noted as well. All mothers observed that their children have become more excited to engage and conduct their day to day activities, to meet up with their friends and to attend school. Most of the mothers declared that the heightened energy levels of their children post intervention were related to the benefit the youth experienced from the multiple activities in the program that amplified their positive energy and detained the boredom that pervaded their lives previously. One mother asserted that post intervention, her child started to appear more energetic and vivacious; *“I could see how my daughter has become more happy and excited in her day to day activities. She seems to be more energetic. Her increased energy levels were reflected in her constant excitement to do any task by hand and her initiation to sing songs that she loves.”*

Social Engagement. Notable changes in the social engagement levels among the youth was reported by the mothers. Almost all mothers asserted that the relationship with family members was strengthened, and the youth’s communication skills were nourished; mainly better communication was consolidated between the children-teens and their family members. Several mothers indicated that their children started to show more respect towards adults and started to better treat their siblings and engage in more playful activities with them. One mother noted how her child became more responsive to her parents. Almost all mothers reported that post program intervention, their children’s social circle extended. Youth appeared to obtain new friendships and the number of their friends increased. They were eager to form relationships and interactions with others. The youth were observed to have gained the knowledge on how to treat others. One mother mainly emphasized how prior to the program intervention, her child mostly

engaged in disruptive interaction with others given the feeling of being imprisoned at home due to Covid-19 and the revolution. However, the program allowed her child to form new relationships and maintain new enriching experiences with others and peers. One mother also asserted how the program allowed her child to become more socially engaged and much more eager to participate in social life after being profoundly timid and shy. In fact, she stated that her child had no friends at all prior to the program. Another mother also noted a considerable change in her child's behavior. Her child has become calmer, more in control and more knowledgeable of how to act in social relationships after being very active, hyper, mischievous and disobedient. Also, the mother noted that prior to the program, her child would get angry and express rage easily, but after the program intervention the situation has changed; better communication skills were attained when confronting conflicts with others which was mainly reflected by the child's change of tone of voice in fights. The mother reported that the program sessions provided her child with guidelines on how to engage in correct behaviors at home and express less complaints. *"I could really see a change in my son's behavior. The way he communicates with others, especially with his siblings, has changed considerably. He used to get very angry and engaged in fights with his siblings, but now this has diminished and even his tone of voice when communicating with his siblings has changed. I am really happy with the progress."* *"After the program, she started to have more friends. She started to have better relationships with others and I could see how she became more excited to hang out with her friends."*

Quality of sleep. Following the intervention, several mothers noted an improvement in the quality of sleep of their children; a change in the sleep pattern was noted. One mother reported how her child used to have a disruptive sleep and would not be able to fall asleep fast. However, following the intervention, the mother noted that her child started to have a restful sleep and sleep earlier. One mother also reported that prior to the enrollment in the program, her child was afraid to sleep alone; this fear was developed mainly after the Beirut blast. Nevertheless, following the program intervention, the mother observed a noticeable change in her child's quality of sleep and the child's regained courage to sleep alone. *"Yes her sleep has*

become much better. After the Beirut blast, she was always scared to sleep alone. Now, after the sessions, she has started to sleep alone and her sleep quality is better.”

Self-esteem. Almost all mothers reported that the intervention has significantly increased self-esteem of the youth. All mothers observed a noticeable increase in their children’s self-esteem. Youth were perceived to have become more mature and gained trust in oneself. They were also noticed to have increased ability to work on oneself, progress and improve. They expressed a good sense of self following the program intervention. Several mothers also indicated that their children became more confident in expressing their ideas, opinions and the ability to make decisions. Some mothers also reported that the increase in self-esteem was reflected by the youth’s reliance and dependence on oneself in day to day tasks. One mother emphasized how her child started to attend gym and enjoy going out and meeting new friends after being shy and fragile in the first place before attending the program. *“Yes, my daughter’s self-esteem noticeably increased. Her emotional state improved and I could see her more comfortable with herself.” “I have noticed a big change in my daughter’s self-esteem. She started to express her opinions better and started to take initiatives in her day to day activities when previously she would always subside in doing them because she would say that she “doesn’t know”.*

Interest and engagement in School. Almost all mothers reported that the program intervention has significantly increased the youth’s interest and engagement in school activities. This increase in the interest and engagement level was mainly noted by a noticeable expression of enjoyment upon attending school. Almost all mothers reported that following the program intervention, their children seemed to have become more focused and more attentive to their studies. Also, some mothers reported that their children gained more confidence in engaging in class activities, participating in class and eager to answer questions. One mother mainly pointed out how her child was facing problems in speech and proper language articulation. Following the program intervention, it was observed that the speech of the child improved, and the mother recorded an advancement in the child’s studying ability at school. *“He used to have problems*

with speech. But now after he attended the sessions, he started to study better and I noticed that his speech and expression of words has improved. All in all, his experience with studying at school was enhanced.”

Openness to new experiences. Almost all mothers reported that the program intervention has significantly enhanced the youth’s interest and openness to new experience. All mothers emphasized how the program intervention allowed their children to learn new stuff and develop an expression of new ideas; youth were exposed to new and useful knowledge that is applicable to their daily lives. One mother explained how her child became more open to new ideas and developed an eagerness to learn about new things; in other words, her child developed an inquisitive state. Another mother reported how her child came to understand his role in the society by choosing a proper career path for the future. *“I was very happy to see how my son was exposed to new knowledge through interesting games that were applicable to everyday life.”*

In conclusion, almost all mothers stated that an overall improvement was observed for their children following the attendance of the program. Mothers mainly specified that their children needed such a program to experience this positive change that they experienced post intervention.

[Semi-structured Interviews with facilitators](#)

To be able to fully understand the Play-based reality and to add qualitative information to the observations and quantitative results, all the 3 facilitators that conducted the play-based sessions and worked closely with the youth were recruited for semi-structured interviews to investigate their perception of the youth's improvement on well-being and psychosocial competency following their attendance of the whole program with its 3 components, (1) Pact (2) advocacy (3) board game.

Based on the results of the semi-structured interview, six major themes emerged from the qualitative thematic analysis regarding the youth's change and improvement in the level of

well-being and psychosocial competence throughout the three components of the program: (1) optimism, (2) problem solving and decision making, (3) social engagement, (4) self-esteem, and (5) interest in new things (6) post Beirut blast experience.

Optimism. Based on the counselors' responses, a significant change in the level of optimism was observed for the youth. All counselors noted that the youth become more optimistic towards the end of the program. Most of them reflected optimism in gaining new ways and guidelines that can help them to cope with the challenges that they face in their daily lives. Optimism was also highlighted in the way they started to approach the games, the session subject and questions. Most of the youth reflected excitement to learn and try new activities, and their responses held positivity. *"I could see a beautiful change in the level of optimism of the students. They were pretty optimistic to engage in the session games in order to learn new stuff that they can apply in their daily lives when facing a problem."*

Problem solving and decision making. Regarding the problem solving and decision making skills, a very clear improvement was noted from the start of the program and towards the end. A notable change was mainly recorded for the decisions that they make when handling problems and in the ideas and thoughts that they propose for the solutions. This was specifically observed for the incorporation of new ways to handle conflicts and fights. It was reported that youth used to solve any disputes or fights using physical aggression such as beating and hurting others. However, towards the end of the program sessions, counselors mainly noted how they started to create solutions for themselves, and to incorporate healthier means and methods other than aggression, hitting and breaking when facing disputes. They have also become aware that adults are available to help them in solving their problems, so it is advisable for them to share a problem with an adult. *"At first they would choose to solve their disputes by hitting; they would tell me: 'yes I would fight with them, I will hit them, and I will help my friend to hit her'. These were the statements that the youth used to say at the beginning of the first two sessions, but starting mid to end of the session, some of them started to think of other solutions*

like:” we will go and talk to them, see what’s wrong, what is the reason behind their behavior, or we will go and talk and discuss the problem with a grown-up who might help us solve the fight.”

Counselors also noted that at first, the youth chose the simplest and the fastest answers or options in the problem solving games without thinking what is right or wrong, but throughout the program they started to think more thoroughly of multiple options of how to work about things. *“They started to ask themselves questions like:” why don’t I do this? This is a more appropriate way to solve this fight.”*

Youth were also noted to share solutions with their mates during the games and learned to focus on handling problems while focusing on how they are feeling and how others around them are feeling. At first they appeared to be reluctant to express their emotions and feelings; counselors reported that expressing feelings appeared to be something hard for them to do. They were not used to expressing their emotions before this program, and they were not used to asking others about their emotions. At first this was all new to them, but then they understood what it is and their interactions with others changed. *“I also remember something sweet happened; we heard a loud voice outside on the street, there was one who got frightened by the loud voice and asked what happened? The other one replied and asked him, how do you feel about this? This question about emotions was engraved into their knowledge and this will be very beneficial for them in their future.”*

Although it was evident that youth learned new ways and skills to solve conflicts, discussing problem solving topics and decision making was harder to handle with younger ages. Some of them appeared to face a problem in expressing solutions and deciding which solution or option to undertake during the session activities and games specifically in the problem-solving scenarios that were used in the board game.

Social engagement. Throughout the sessions, counselors reported that the level of social engagement considerably increased. Their interactions with each other improved during the program period. Youth started to know more personal things about each other and started to

even interact with each other outside the program sessions and have plans together in their outings. They were observed to share activities with each other during the sessions and new friendships started to form. *“I remember that after they were called to come back to the center for the theater activity, they were very excited and happy to meet each other and spend time again. It was very lovely.”*

Self-esteem. According to counselors, youth's level of self-esteem and self-confidence has improved throughout the sessions. There was a very vivid improvement in the way they expressed their ideas. Counselors reported that they started to view themselves more positively specifically when discussing bullying. *“We had a discussion about bullying. Some students talked about how they were bullied in their own families, because they were overweight or because they were shorter than their cousins or siblings, so we talked about this and tried to find solutions as a group. Again we talked about bullying and how to engage in positive thinking, so all of that helped them in a way to be more confident.”*

Interest in new things. Counselors noted how the youth developed an interest and excitement to engage in new activities and they were always asking about new activities and new aspects to the activities. Some youth were observed to have progressed their hobbies. They started to engage in what they love and show it to others, like singing, dancing and acting during the sessions. *“One girl dreamed of being a singer, and so she started to sing to the class during most of the sessions. This shows how much they liked the program and how much they were benefiting from it.”*

Post Beirut blast experience. Youth were observed to have been affected by the Beirut blast. This was mainly evident through the activities and games that were presented to them. The Beirut blast was a main theme in their drawings. While not all of them were able to express their feelings post the blast, a considerable number did and expressed their emotions. They were able to share their experience through the games and the discussions in a safe space. *“They were pretty affected by the Beirut blast and the games actually helped them to at least get it out or at*

least talk about it next to someone that could guide them and help them other than their friends and families.

Another five major themes emerged from the qualitative thematic analysis regarding youth's experiences with the sessions: (1) engagement in the sessions (2) interaction with counselors (3) Interesting components of the sessions (4) proposed themes and content comprehension, and (5) overall improvement.

Engagement in the sessions. Overall, the engagement level of the youth across the sessions was observed to be high. Counselors noted low absence rates among the youth; youth were always eager to attend and engage in the activities and games. However, engagement differed across youth and across the three components of the program. Some youth appeared to be more engaged than others, and some were more talented, creative and expressive. As for the differences in engagement across the program components, more interaction and more collaborative work was observed for the board game and PACT. It was also observed that during the board game, a lot of turn waiting took place given that there were big numbers in some sessions; so this lowered the engagement level as youth got bored waiting for their turns. The advocacy component was reported to include an exercise about the “problem tree” which sounded a bit non-motivating to some youth; they would state that since they knew the problem, why they would need to dissect it and use the problem tree and focus on the details. It was a bit theoretical for them at some point, and some of them expressed difficulty in coming up with topics for their initiatives during the advocacy activities. Overall, youth were always happy and eager to attend all the sessions with all focus, excitement and attention.

Interaction with the counselor. Interaction with the counselor was positively evaluated. The youth formed a close bond with the counselors, and the interactions went smoothly. Agreed upon rules were presented and provided at the beginning of the session. Rules were flexible and provided freedom for youth to express themselves and not feel pressured. At the same time, these rules provided guidelines and discipline for the youth. This balance helped a lot in a smooth

propagation of the sessions whereby the youth made an effort to learn and engage with the counselor at every step.

Interesting components of the sessions. The most interesting components of the sessions to the participants as reported by counselors were the games that included physical activity; they were more excited for those types of games than the activities that included Q&A questions. A majority of the youth were also interested in the topics about bullying. Youth mostly showed high levels of interest all throughout the sessions, beginning, mid and end. The youth were always observed to be motivated to play during all of the sessions and they continuously requested for the prolongation of the sessions.

Proposed themes and content comprehension. Themes and topics were relevant to the youth. Counselors noted that these topics are important for the youth as they are prone to be exposed to problems and conflicts on the personal and social level. At first they were observed to find difficulty in understanding the concepts of each of the PACT, advocacy and board game. It was noted that the youth were not used to talk or engage in topics related to feelings, emotions and mental health; these topics were new specifically to the youth who came from low socio-economic statuses and who were working. However, throughout the sessions, the youth started to understand the concepts more and started to show acceptance of the topics especially after the concepts were simplified and relatable real life examples were used. Level of understanding for the content differed across the youth specifically among those who went to school, participated in previous psychosocial activities or who were laborers for a long time. It was mainly noted that those who attend schools or who have previously participated in psychosocial activities were more easily able to grasp and understand the content of the sessions on the contrary to the youth who came from low socioeconomic statuses and who used to work. For the latter, the concepts seemed heavy as they were not used to stimulation and such topics. Also, mental games and games with Q&A were regarded as harder than the games that involved mostly physical activities; this was observed across all the youth. Nevertheless, throughout the sessions all youth's comprehension levels increased. The majority of youth were then able to

achieve a high level of understanding of the sessions (games and activities) given that the counselors tried to simplify, adapt and modify the game and activities according to the youth's age, needs, social background and comprehension level. In general, all games and activities were comprehensible and relevant and adapted to the youth's average comprehension levels.

Overall improvement. Participants' overall improvement in terms of wellbeing, social skills, and resilience after the three program components was recorded as very positive and rated as 8/10 by counselors. The youth learned the skills needed to face adversity and they even gained the understanding of their role in the society. Youth were observed to be confident with applying what they learned into their daily lives. However, counselors expressed concern regarding the relapse of certain youth as they will have to fit back into their environment after the program ends.

Board Game

Some questions in the semi-structured interviews with the facilitators were mainly targeted and specific to the board game.

Success. Most of the youth expressed enjoyment and interest during the sessions. They appeared to be engaged given that the topics were relevant to the youth's experience at the personal and social level. Many of the youth at some point were either bullied or were bullies, experienced insecurities, relationship breakups and feelings of rejection, so the board game was regarded as the closest to their background.

Although the board game was presented to the youth for a short period of time, its positive impact on the well-being and motivation level was observed. The youth expressed their heightened interest in the game and were hoping that the game sessions would not end. Towards the end of the sessions, almost all of the youth requested a prolongation of the time. The youth's parents expressed high satisfaction for their children's enrolment in the program. They could see how much their children benefited. They believed that the topics were relevant to the youth's

background, and participants appeared to be eager to play board games at their own homes. They wanted to show around the concepts of the green and red thoughts at home with their family members and friends. By the end of the program, they really understood the concepts and were willing to apply it outside the walls of the classroom into their daily lives.

Challenges. The board game was considered as the hardest program component because the group of youth was big and there were many long scenarios, so the youth had to wait for long to take their turns; thus inducing boredom. Another factor that induced boredom at times was the repetition of concepts throughout the sessions. As such, the counselors had to undertake changes in their approaches to explain the subjects in order to maintain the attention of the youth. The scenarios were also presented in a written format and this was negatively appraised for the youth who were illiterate. The last game in the board game which was related to dissecting the red thoughts was not easily comprehended by the youth. Some couldn't read and most needed excessive explanations for the presented categories. Youth faced difficulty in memorizing the existent categories of the red thoughts and the red thoughts themselves, and found it hard to place them in the right places on the board. The timeframe of the games also needed to be clearer because the end of the games was not clear to the youth; they would know that the game is over only when the time of the session ends. The level of engagement of the youth appeared to be lower when the subject of suicide was discussed. One counselor noted how this subject appeared weird to them and they didn't comprehend and accept it easily. At this point, the engagement level was impacted.

Suggestions for improvement. Provide visuals like a small video to watch instead of the concept of reading the scenario because some youth were illiterate. The video will also simplify the content and allow the youth to understand the idea directly and more easily. As such, the suggestion to provide a video for all the youth to watch and analyze will hinder the differentiation that can happen based on their abilities. Another suggestion to enhance the quality of the board game is to add more challenges, include more options to act out the scenarios and their corresponding solutions and add more interesting themes like body image. An additional suggestion

was reducing the length of the scenario, simplifying the topics of the board game specifically those related to red thoughts.

Semi-structured Interviews with Children and Youth

Ten semi-structured interviews were conducted with children and youth through the phone addressing the relevance and influence of the board game in terms of themes and scenarios, enjoyment of play, cooperation and teamwork, and challenges.

Children and youth's responses focused on the joy of being part of a team and challenging other teams in different activities and tasks present in the board game. Participants highlighted the role of cooperation and assisting each other in order to win. Some anecdotes included: *"I loved everything about the game. It was so much fun. I am waiting for the facilitator to send me pictures of the game so I can create one myself and play it with friends and family."*

When asked about the relevance of themes and content of scenarios to their daily lives, children and youth related different aspects of the scenarios and characters behaviors to previous experiences. The most highlighted themes were bullying and discrimination. Some anecdotes included: *"I was able to relate to the scenario that talks about discrimination because I was a victim of discrimination in the past."*

When asked about lessons learned from green and red thoughts, children and youth focused on the importance of positive thinking and healthy mindset. Some anecdotes included: *"Green and red thoughts helped me maintain a healthy thinking process."*

When asked about cognitive distortions, children found it hard to remember the topics discussed and claimed that they did not understand them a lot. One female teen suggested having facilitators further explain the concept because it was not easy to understand.

Based on the conducted interviews and interpretation of answers, further recommendations call for providing participants with more clarifications and explanations on

certain aspects of the game such as cognitive distortions and creating a simpler version for younger age groups.

Limitations

This evaluation report had several limitations. The overall sample size of the study was considerably sufficient whereas the sample size for the conducted observations was relatively small (17 participants). Hence, the insignificant results obtained from the observations. The limited number of conducted observations was due to several obstacles that came along the way. First, the fuel crisis hindered volunteers from commuting to centers to do the assigned observations on different components of the program. Second, the power supply did not allow facilitators to conduct sessions on planned schedules and thus causing conflicting times with the volunteers' schedules to observe sessions. Due to these challenges, some important factors like age differences could be not measured.

Other limitations include the timing of the pre and posttest. Post-tests should have been done by the end of the three components (PACT, Advocacy, and Board Game) to monitor the level of wellbeing, functioning impairment, and resilience after the whole program finished. Meanwhile, the post-test was done in different timings among partners and thus yielding to different results that cannot be generalized. One of the partners applied the post-test after three months of finishing the PACT which causes different threats to the validity of results such as history and maturation. This has also impacted obtaining significant differences for some pre and posttests.

Conclusion and Lessons Learned

In this evaluation report we attempted to investigate the efficacy of the play-based PSS approach with its three components: (1) PACT (2) Advocacy (3) Board game in relation to children and youth's level of wellbeing, resilience and functioning impairment post 1 year of the Beirut blast. Data obtained from the youths, counselors, and parents as well as observational data equally demonstrated that the play-based PSS intervention program positively impacted the youths.

Overall Psychosocial Improvement

Primarily, pre and post tests for all youths who participated in the play-based PSS sessions in RTP and across both partners Common Effort and Karaguezian demonstrated that youths' levels of resilience improved after they were exposed to the play-based sessions. More specifically, a larger increase in resilience levels was reflected by the youth's increased scores on the following items: ability to cooperate with people around, ability to know how to behave in different social situations, ability to strive to finish what they started, ability to believe that people think that they are fun to be with, ability to talk to their family about how they feel, ability to feel supported by their friends, ability to know where to go in their community to seek help, ability to think that their family and friends will always stand by their side in difficult times, ability to feel safe with their family, ability to be aware of their own strengths, ability to understand their importance in serving the community, and their ability to develop opportunities to gain job skills that will be useful in life. These results reflected that youths experienced an enhancement in their social relationship with family and friends, their ability to express emotions, ability to perceive self in positive light, ability to recognize oneself as part of community, and ability to focus on future skills and career. As for functional impairment, a decrease in all categories was noted with larger decreases noted for: (1) Difficulty helping caregivers or other family members, (2) Difficulty showing respect to adults that are important to you, (3) Difficulty spending pleasurable time with your siblings and other family members, (4) Difficulty studying or doing

well at school. These results also indicated that the youths functioning in daily life activities on the personal, social and educational level were maintained and enhanced as noted by the decrease in the difficulties annotated for the day to day functioning factors.

In support of these findings, parents (mothers) have also specifically reported that their children's participation in the program across the three components, (1) PACT (2) Advocacy (3) Board Game has resulted in a greater positive experience for their children. Youths were reported to experience increased positive emotional states, increased energy levels, enhanced social relationships with family and friends, improved quality of sleep, enhanced self-esteem and positive self-view, increased interest and engagement at school and enhanced openness to new experience, ideas and role in the society. This highlighted the improvement of well-being levels and psychosocial competence for their children and youth specifically after their psychosocial well-being was impacted by the Beirut blast.

In the same vein, the improvement in the level of well-being and psychosocial competence was also highlighted from the data that was obtained from the counselors. Counselors' responses revealed that children and adolescents who have attended the program and its various components (Pact, Advocacy and Board game) experienced increased levels of optimism, enhanced problem solving and decision making skills especially in finding multiple healthy outlets for expressing emotions and dealing with fights. Youths also experienced increased social engagement and enhanced social relationships as well as enhanced self-esteem and increased interest in engaging and learning new things specifically in expressing their hobbies and career preferences. The counselors also noted how the sessions were successful in allowing the youths to share their experience with Beirut blast and express their emotions through the various games and activities implemented in a safe space. Counselors' responses also demonstrated that the program was successful in engaging youths in the sessions; youth were always eager, motivated and excited to be part of the play activities and games with the most interesting components of the sessions to the youth were the games and bullying topics. Counselors also reported an overall improvement for the youths in terms of wellbeing, social

skills, and resilience after the three program components. Young people learned the skills needed to face adversity and they even gained the understanding of their role in society. Youths were observed to be confident with applying what they learned into their daily lives as reported by their parents during the interviews, but a concern was expressed regarding the relapse of certain youths as they will have to fit back into their environment after the program ends. Counselors and young people formed positive relationships and established mutual understanding throughout the sessions.

Program Differences

Some challenges were observed by the counselors during the implementation of the sessions. Although the proposed topics were relevant and important to participant's social background, youths were observed to find difficulty in understanding the concepts of each of the PACT, advocacy and board game. It was noted that the youths were not used to talk or engage in topics related to feelings, emotions and mental health; these topics were new specifically to the youths who came from low socio-economic statuses. However, throughout the sessions, the youths started to understand the concepts more and started to show acceptance of the topics especially after the concepts were simplified and real life examples were used. Differences in engagement across the program components (PACT, Advocacy and Board game) were also noted. Increased interaction and collaborative work was observed mainly for board game and PACT; youths engaged in more interaction and more collaboration as observed among the youths in all activities. A few challenges were mainly noted for board game and advocacy. During board game, a lot of turn waiting took place given that there were big numbers in some sessions; so this lowered the engagement level for the youth as they got bored waiting for their turns. The use of written scenarios appeared a bit challenging specifically for the illiterate. Organizing the games with a large group of youths appeared to be a bit challenging for the counselors and induced boredom on behalf of the youths. Boredom was also induced with the repetition of some concepts. Youths also seemed to have difficulty following the time frame of the games, which might also have affected their level of engagement. The advocacy component was reported to

include an exercise about the “problem tree” which sounded a bit non-motivating to some youth. It was a bit theoretical for them at some point, and some of them expressed difficulty in coming up with topics for their initiatives during the advocacy activities. As for PACT, the main concern was the difficulty in understanding the concepts.

Overall, despite the challenges, this play-based psychosocial support approach with its three components (Pact, Advocacy and Board Game) has supported well-being, resilience and psychosocial life skills for youths who have experienced the Beirut blast. The PACT component aimed to equip children and youth with skills and tools that allow them to cope and overcome adversities through resilience and life skills. The advocacy component focused on enhancing initiative-taking skills, decision making skills, planning and applying, and setting a common purpose with a clear vision, and the Board game component allowed the youths to explore different scenarios and characters that relate to their daily lives through different forms such as art, theatre, sports, and music. As such, in the context of the Beirut blast impact on the youth, this play-based PSS program initiated by RTP, yielded a positive impact on youths through enhancing their abilities to develop problem solving skills, critical thinking skills, emotional regulation and healthy positive thinking, increase in self-esteem, maintaining an openness to new experiences related to their social role in their environment, community and future career. As such, this play-based program allowed the youths the opportunity to build a combination of social (communication and collaboration), emotional (resilience and self-regulation) and cognitive skills. This combination is critical to the holistic development of children and youths which provides them with the coping skills to withstand the effects of adversity allowing them to express their negative feelings and seek resolution for the cognitive and emotional conflict that they can experience in their daily lives. All in all, this play based program created a supportive environment for the youths to learn to engage with others and their environment, develop trusting relationships, regain a sense of autonomy, express their emotions, and exercise self-regulation.

Recommendations

A few recommendations are important to take into consideration which aim to inform the design and planning for the future implementation of the three components of this whole program. Given that there was difficulty in understanding some concepts of the play games, it is recommended based on the counselor's insight to provide more visuals (small video) instead of the need to read written scenarios that might evoke inequality among the youth regarding their literacy levels. Also, there is a need to work on simplifying the topics and incorporate more age and background specific games. Additionally, it would be also recommended to prepare translated guidelines that include the rules, flow of play, number of participants allowed, definitions and explanation of terms and purposes of the various games and activities in the play-based sessions; a final complete design and specific guidelines could pave the way for a better understanding and more independent playing on behalf of the players.

During the project implementation phase, data collection procedures faced challenges and obstacles resulting from the country's fuel crisis during the period of project implementation. Due to these challenges, some important factors like age differences could be not measured and small sample size . As such, future evaluation needs to provide a major focus on the differences of the impact of the play based approach across age groups as well as work on having contingency plans to curb the impact of any unexpected events that can hinder the proper implementation of the program. Given that a few limitations arose regarding the different timings for the provision of the pre and post tests among partners, post-tests should have been done by the end of the three components (PACT, Advocacy, and Board Game) to monitor the level of wellbeing, functioning impairment, and resilience after the whole program finished. As such, to have more credible evaluation, it is recommended to have all tools (pre and post) used simultaneously and directly before and after the program to be able to assess the individuality and efficacy of every element alone. Therefore, more robust agreements with partners need to take place in order to have a better follow up for data communication between RTP and partners. Organizing the games with a large group of youths appeared to be a bit challenging for the counselors and induced

boredom on behalf of the youths as such it would be important for future applications of the program to think about ideal group sizes. In addition to that, given the importance of collecting data through observations, more direct observation to the three elements of the program would have added soundness and credibility to the results and is recommended to be applied in upcoming projects.

References

- Barber, B. K. (2013). Annual research review: The experience of youth with political conflict - challenging notions of resilience and encouraging research refinement. *Journal of Child Psychology and Psychiatry*, 54(4), 461-473. <https://doi.org/10.1111/jcpp.12056>
- Bundy, C. (2004). Changing Behaviour: Using Motivational Interviewing Techniques. *Journal of The Royal Society of Medicine*, 97(44), 43.
- Halevi, G., Djalovski, A., Vengrober, A., & Feldman, R. (2016). Risk and resilience trajectories in war-exposed children across the first decade of life. *Journal of Child Psychology and Psychiatry*, 57(10), 1183-1193. <https://doi.org/10.1111/jcpp.12622>
- Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: A Rasch-Validated Revision of the Child and Youth Resilience Measure. *Journal of evidence-based social work* (2019), 1–23. Advance online publication. <https://doi.org/10.1080/23761407.2018.1548403>
- Mavali, S., Mahmoodi, H., Sarbakhsh, P., & Shaghghi, A. (2020). Psychometric Properties of the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) in the Iranian Older Adults. *Psychology Research and Behavior Management*, 13, 693-700. <https://doi.org/10.2147/PRBM.S256323>
- Miller K., & Rasmussen A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7-16.
- Rudenko L. (2021). Features of the Current Socio Economic Crisis in Lebanon. *Journal Ras* (3), pp.52-60. DOI: 10.31857/S086919080015012-0
- Rischke R., & Talebi N. (2021). Lebanon at a Critical Conjunction – Perspectives of Syrians and Lebanese in Lebanon 2019-2021. <https://dx.doi.org/10.2139/ssrn.3848223>

Appendices

Appendix A - Resilience Scale

CYRM Items	Model 1 ^a	Model 2 ^b	Model 3 ^c
1. Do you have people you look up to?	.41 ^C	-	.43 ^{SO}
2. Do you cooperate with people around you?	.52 ^I	.50 ^{I/S}	.53 ^I
3. Is getting an education important to you?	.49 ^C	-	.48 ^{SO}
4. Do you know how to behave in different social situations?	.55 ^I	.53 ^{I/S}	.54 ^{SO}
5. Do you feel that your parent(s) watch you closely?	.49 ^R	-	.49 ^F
6. Do you feel that your parent(s) know a lot about you?	.58 ^R	.56 ^F	.59 ^F
7. Do you eat enough most days?	.56 ^R	.57 ^F	.57 ^F
8. Do you strive to finish what you start?	.48 ^I	.47 ^{I/S}	.48 ^I
9. Are spiritual beliefs a source of strength for you?	.50 ^C	.52 ^{C/S}	.53 ^{SP}
10. Are you proud of your ethnic background?	.55 ^C	.56 ^{C/S}	.53 ^{SO}
11. Do people think you are fun to be with?	.58 ^I	.58 ^{I/S}	.59 ^I
12. Do you talk to your family about how you feel?	.50 ^R	.51 ^F	.51 ^F
13. Are you able to solve problems without using illegal drugs and/or alcohol?	.41 ^I	.38 ^F	.42 ^I
14. Do you feel supported by your friends?	.59 ^I	.60 ^{I/S}	.60 ^I
15. Do you know where to go in your community to get help?	.49 ^I	.51 ^{I/S}	.49 ^{SO}
16. Do you feel you belong at your school?	.46 ^C	.46 ^{I/S}	.45 ^{SO}
17. Do you think your family will always stand by you during difficult times?	.63 ^R	.63 ^F	.63 ^F
18. Do you think your friends will always stand by you during difficult times?	.58 ^I	.60 ^{I/S}	.59 ^I
19. Are you treated fairly in your community?	.51 ^C	.55 ^{I/S}	.52 ^{SO}
20. Do you have opportunities to show others that you are becoming an adult?	.58 ^I	.59 ^{I/S}	.56 ^{SO}
21. Are you aware of your own strengths?	.61 ^I	.60 ^{I/S}	.61 ^I
22. Do you participate in organized religious activities?	.44 ^C	.49 ^{C/S}	.53 ^{SP}
23. Do you think it is important to serve your community?	.51 ^C	.54 ^{C/S}	.58 ^{SP}
24. Do you feel safe when you are with your family?	.61 ^R	.61 ^F	.61 ^F
25. Do you have opportunities to develop job skills that will be useful later in life?	.52 ^I	.53 ^{C/S}	.51 ^{SO}
26. Do you enjoy your family's traditions?	.52 ^R	.51 ^F	.51 ^F
27. Do you enjoy your community's traditions?	.47 ^C	.50 ^{C/S}	.53 ^{SP}
28. Are you proud to be South African?	.33 ^C	-	.30 ^{SO}

Appendix B

Functioning Impairment Scale Lebanon					
1	2	3	4		
also if N/a None A little Moderate Often					
[DF1] In the past week, have you had any difficulty with helping your caregivers and other family members (<i>e.g. doing household chores, taking care of siblings</i>)		1	2	3	4
[DF2] In the past week, have you had any difficulty with showing respect and affection to adults that are important to you (<i>e.g. being polite to the parents, listen to their advice, listen to their request, kiss goodbye when you are leaving</i>)		1	2	3	4
[DF3] In the past week, have you had any difficulty with spending nice/pleasurable time with your siblings and any other family members?		1	2	3	4
[DF4] In the past week, have you had any difficulty with spending time on praying or other religious activities (<i>e.g. reading the Quran/bible, going to the mosque/church</i>)		1	2	3	4
[DF5] In the past week, have you had any difficulty with eating and enjoying food?		1	2	3	4

[DF6] In the past week, have you had any difficulty with taking care of your hygiene (<i>e.g. washing yourself, washing your clothes, personal grooming</i>)	1234
[DF7] In the past week, have you had any difficulty with playing with your friends (<i>e.g. meet and hang out, playing games, making music, football (for boys), racing, as well as dance and clap</i>)	1234
[DF8] In the past week, have you had any difficulty with entertaining yourself? (<i>e.g. playing with video games, doing arts and crafts, singing and dancing and individual sports</i>)	1234
[DF9] In the past week, have you had any difficulty with studying or doing well in school? (<i>e.g. doing homework, working hard in school, good participation in class</i>)	1234
[DF10] Another activity that you yourself can think of that is important to you: —	1234

Appendix C

TOP-Test of Playfulness

TEST OF PLAYFULNESS (ToP) (Version 4.0–5/05)

Child (#): _____ Age: _____ Rater: _____ In Out Video Live (Circle)	EXTENT 3 = Almost always 2 = Much of the time 1 = Some of the time 0 = Rarely or never NA = Not Applicable	INTENSITY 3 = Highly 2 = Moderately 1 = Mildly 0 = Not NA = Not Applicable	SKILLFULNESS 3 = Highly skilled 2 = Moderately skilled 1 = Slightly skilled 0 = Unskilled NA = Not Applicable
--	--	--	---

ITEM	EXT	INT	SKILL	COMMENTS
Is actively <u>engaged</u> .				
<u>Decides</u> what to do.				
Maintains level of <u>safety</u> sufficient to play.				
Tries to overcome barriers or obstacles to <u>persist</u> with an activity.				
<u>Modifies</u> activity to maintain challenge or make it more fun.				
Engages in playful <u>mischief</u> or <u>teasing</u> .				
Engages in activity for the sheer pleasure of it (<u>process</u>) rather than primarily for the end product.				
<u>Pretends</u> (to be someone else; to do something else; that an object is something else; that something else is happening).				
Incorporates objects or other people into play in unconventional or variable <u>and creative</u> ways.				
<u>Negotiates</u> with others to have needs/ desires met.				
Engages in <u>social play</u> .				
<u>Supports</u> play of others.				
<u>Enters</u> a group already engaged in an activity.				
<u>Initiates</u> play with others.				
<u>Clowns</u> or <u>jokes</u> .				
<u>Shares</u> (toys, equipment, friends, ideas).				
<u>Gives</u> readily understandable <u>cues</u> (facial, verbal, body) that say, "This is how you should act toward me."				
Responds to others' cues.				
Demonstrates positive <u>affect</u> during play.				
Interacts <u>with objects</u> .				
<u>Transitions</u> from one play activity to another with ease.				

Appendix D

Leuven scale of well-being and Involvement

Northumberland County Council

The Leuven Scales for Well-being and Involvement	
Well-Being Level	Well-Being Signals
1 Extremely low	The child clearly shows signs of discomfort such as crying or screaming. They may look dejected, sad, frightened or angry. The child does not respond to the environment, avoids contact and is withdrawn. The child may behave aggressively, hurting him/herself or others.
2 Low	The posture, facial expression and actions indicate that the child does not feel at ease. However, the signals are less explicit than under level 1 or the sense of discomfort is not expressed the whole time.
3 Moderate	The child has a neutral posture. Facial expression and posture show little or no emotion. There are no signs indicating sadness or pleasure, comfort or discomfort.
4 High	The child shows obvious signs of satisfaction (as listed under level 5). However, these signals are not constantly present with the same intensity
5 Extremely high	The child looks happy and cheerful, smiles, cries out with pleasure. They may be lively and full of energy. Actions can be spontaneous and expressive. The child may talk to him/herself, play with sounds, hum, sing. The child appears relaxed and does not show any signs of stress or tension. He /she is open and accessible to the environment. The child expresses self-confidence and self-assurance.
Involvement Level	Involvement Signals
1 Extremely low	Activity is simple, repetitive and passive. The child seems absent and displays no energy. They may stare into space or look around to see what others are doing.
2 Low	Frequently interrupted activity. The child will be engaged in the activity for some of the time they are observed, but there will be moments of non-activity when they will stare into space, or be distracted by what is going on around.
3 Moderate	Mainly continuous activity. The child is busy with the activity but at a fairly routine level and there are few signs of real involvement. They make some progress with what they are doing but don't show much energy and concentration and can be easily distracted.
4 High	Continuous activity with intense moments. The child's activity has intense moments and at all times they seem involved. They are not easily distracted.
5 Extremely high	The child shows continuous and intense activity revealing the greatest involvement. They are concentrated, creative, energetic and persistent

Appendix E

Semi-Structured Interviews with Facilitators

Questions:

1- *Related to the wellbeing of the students:*

- How did the level of optimism among the students change?
- How did the students' level of problem solving skills change? How well were they dealing with their problems?
- How did the students' level of decision making skills (thinking clearly and making up their own mind) change?
- How did the students' level of social engagement (closeness to other group members/ interaction with the counselor and peers) change?
- How did the students' level of confidence (feeling good about themselves, view of the self, self-esteem) change?
- How did the participants' level of cheerfulness change?
- Were the students' displaying signs of interest in new things throughout the course of the program?
- How did the participants' level of relaxation change? Did it increase with the activities that target relaxation and mindfulness?
- In your opinion, and based on the students' feedback, how can you rate the effect of the Beirut blast on the wellbeing of the children/teens?

2- *Related to the programs:*

- How engaged were the participants in the sessions? How did the level of interest differ among programs (PACT, advocacy, and board game)?
- How relevant were the themes covered in the programs to the participants?
- What components of the sessions were of most interest to the participants?
- In what part of the sessions did the participants display motivation and eagerness (beginning, middle, end)?
- How can you rate the student's interaction with the facilitator in general?

- How can you rate the students' understanding of the content of the sessions (instructions, activities, flow of play, language, goals, and objectives)? How did the level of understanding differ among programs (PACT, advocacy, and board game)?
- How can you rate participants' overall improvement after the three programs in terms of wellbeing, social skills, and emotional regulation?
- What program was most challenging to apply? Why?
- How can you estimate the level of impact of the different programs on the resilience of the participants?

3- *Related to the Board Game:*

- How engaged were the participants in the board game? In which elements exactly?
- Were the themes covered in the board game relevant to the participants?
- Were the participants able to fully grasp the concept of cognitive distortions?
- How can you rate the depth of understanding of cognitive distortions during the final step in the game?
- What challenges did you face in applying to the game?
- What suggestions do you have to enhance the quality of the board game?
- How can you rate the overall wellbeing of the participants after finishing the board game sessions?
- How motivated were the participants?

Appendix F

Semi-Structured Interviews with Parents

Questions:

1- Name of Child:

2- Age of the child:

3- Have they participated in previous psychosocial activities with different NGOS?

4- Are they currently enrolled in any other psychosocial educational center other than R2P?

The following questions are rated on a scale of 1 to 5 (1=never, 2=one day, 3=on a few days, 4=most days, and 5=everyday). They are measured on the basis of two weeks.

5- How many days did your child feel happy?

6- How many days did your child feel sad?

7- Is your child enrolled in any school or educational center? If yes, how much enjoyment are they showing?

8- How do you rate your child's energy level?

9- How socially engaged are your children?

10- How tired had your child been?

11- How do you rate your child's quality of sleep? (Are they waking up at night, are they having nightmares?)

12- How do you rate your child's social engagement level with family and friends?

13- If they answer yes to question 6, how do you rate your child's adaptation level at school? (Do they feel like that they fit in?)

14- How do you rate your child's self-esteem?

Appendix G

Semi-Structured Interviews with Children and Youth (Board Game)

Participants (Ages 9-14)

Board Game

Name	
Age	
Gender	

- 1- What was your favorite part of the game and why?
- 2- Did you initiate play with your peers? How many times?
- 3- How did it feel to be part of a team during play? Or do you prefer to play alone?
- 4- What are your thoughts on the scenarios in the game? Were they relevant to your daily life?
- 5- Did you learn any lesson from the selected themes? If yes, what themes exactly (bullying, body-image, love and rejection, self-expression (discrimination and disagreement), and suicidal thoughts)?
- 6- Did you learn any lesson from the green and red thoughts? If yes, will you apply them in your daily life? How?
- 7- Did you learn any lesson from the cognitive distortions? If yes, will you apply them in your daily life? How?
- 8- List some of the challenges you faced while playing the game.
- 9- Would you play this game with your friends/family in the near future?
- 10- Did the game impact your life in any way? How?