

She's only seven years old ...

# The War Robbed Her Childhood and Turned Her Life into Hell

When wars break out, children are the most affected, whether by falling dead with wars fire or by suffering from psychological disorders. (F.G.), who is only seven years old, is one of thousands of children in our country who have been robbed by the war of their innocent childhood, deprived of enjoyment of their life.

F.G. had a happy childhood with her parents, and as soon as the war broke out, her life turned into a hell that her innocent childhood could not bear. Her life became a collection of terrifying nightmares that hardly left her. F.G.'s suffering began months ago when Arab Coalition warplanes bombed several raids near their home in a recently bombed city neighborhood.

Fearing the sounds of explosions and seeing her parents and brothers scared and trying to escape and hide shocked her into a state of extreme terror.

A few days after the bombing, the shock symptoms developed on her, she changed from a playful girl who loved to play and laugh to an insensitive, self-effacing girl who kept quiet. If she spoke, she would only whisper and stutter. She eats a little, pees and poos on herself, and refuses to play with her two brother, who also had platelet deficiency.

Her

condition deteriorated further to the point she sleeps only a little, due to nightmares of her dying at night, a child stealing her toys and pulling her hair, and her hair smells bad. It didn't stop there, but she became afraid of seeing people, refused to go to school or get out of the house, and when her parents tried to get her out, she broke down in tears, and says that her parents hate her and want her to die because she thinks she will die if she goes out.

Her family tried to take her sometimes to a spiritual therapist to be treated with the Holy Quran because they believed that her suffering is caused by the devil-eye. Another time they took her to a pediatrician, but to no avail until one of the doctors advised them to take her to a specialized psychiatrist because what she suffered from was a psychological trauma as a result of the war, and they told them about the Yemeni Center for Family Counselling, specialized in psychotherapy and includes a clinic for children.

When they took her to the Centre, she was received at the childrens clinic and thoroughly evaluated. The specialized therapist had a look on her and prepared a suitable treatment plan and medications for her.

## Therapeutic Interventions

At the beginning, the therapist built up a therapeutic relationship with the girl, worked out a behavioral contract and a commitment to it, and taught her several skills including the skills of facing fear, the skills of expressing feelings properly, relaxing skills, teaching her behavioral activation and to engage in some exercises such as running, dancing and painting, and when feeling uneasy or anxious thinking that arouses fear, and to discover positive points in her and her parents.

## Recovery

After several sessions of psychotherapy and medical treatment, her condition began to improve, and she became able to face fears. Her personality changed for the better by improving her good relationships with those around her and contacting with them, and she started doing house tasks and attending school.

## Psychologist Balqis Al-Fadhli to (FCDF) magazine:

### “The circumstances the country is going through call for redoubling efforts to mitigate the psychological losses caused by the war”

**D**uring wars, the number of people with mental disorders grows dramatically. As in our country, where the war that has been going on for more than four years, the number of people with mental disorders rise to hundreds of thousands...

**As the number of the people suffering increases, what is the situation of psychotherapy in our country? Have centers providing psychiatric services been able to cope or reduce the huge number of people suffering from the mental and psychological disorders caused by the war?**

**To answer these questions and many others, the magazine «Family Counseling» met with the psychologist at Family Counseling and Development Foundation(FCDF) Balqis Al Fadhli, and conducted the following interview with her:**

• **At the beginning, would you give us a brief overview of the history of psychotherapy in our country?**

- Previously, the psychiatric patients in our country were either isolated in their homes, held in prisons, or left homeless in the streets without any psychological services. And sometimes their families resorted to treating them with sorcery. According to the conclusion of an analytical study conducted by Dr. Balqis Jubbari on (mental health in Yemen Between the Past and the Present and the Prospects of the Future), Yemen did not know any mental health services until 1966, when the British authorities opened the first psychiatric clinic in Aden governorate, and relied on services of one foreign doctor, one pharmacist, and seventeen nurses. They were in the form of cell-like rooms, receiving patients from Mansoura prison.

In 1976, the ALSALAM Clinic was established in Hodeida governorate and served as a primary shelter for the mentally ill, but it did not provide any treatment.

The first specialized clinic to provide institutional mental health therapy services was established in 1978, when a Bulgarian psychiatrist was summoned to the ALGUMHORI Hospital in Sana'a. Shortly thereafter, the neurology clinic at the military hospital hired another European doctor to treat severe cases of mental illness.

In 1982, WHO sent a mental health expert to work on the introduction of these services, with the help of the Ministry of Health through the



establishment of a mental health department in the Ministry of Health, the opening of a psychiatric department at Al-Thawra Hospital in Sana'a and Taiz, training some doctors in the field of psychiatry either locally or abroad with study missions supported by the WHO.

In the 1970s, the International Committee of the Red Cross (ICRC) improved and developed psychological services in prisons in some governorates. AL-Eslah charity established the first specialized psychiatric hospital in Sana'a. Some private hospitals were then opened. In recent years, the Social Development Fund has entered into several

programs to support and develop health services.

• **Currently, what is the mental health situation in our country?**

- The mental health situation is still low, despite the persistent attempts by international organizations and some government agencies to improve psychological services in Yemen, as the reality indicates the lack of psychological institutions and their low quality and the lack of staff, whether doctors or therapists, as the number of psychiatrists does not exceed (50) doctors, and (130) therapist, which is very few and is not commensurate with the current situation of the country

**“The low percentage of those receiving psychiatric services is due to the lack of health centers providing these services”**

**“Children displaced to Amanat Ala’semah, Sana’a, have a low level of psychological security”**



living in the conditions of war.

**• What do you think is the reason behind the poor availability of psychotherapy services in our country?**

- I think that one of the most important reasons is the lack of human and financial resources for these services and the lack of specialized study in local universities. Students study psychology in general, which leads to their lack of qualification in proportion to working conditions, in addition to the ignorance of society about the nature of these diseases. As the prevalence of Qat-chewing habit among members of the community may compound mental illness and disrupt its treatment, and the economic conditions suffered by Yemenis may cause them to be unable to afford psychotherapy.

**• Given the dramatic increase in the number of people suffering from war-related mental disorders in our country, how many of them receive psychotherapy services as a whole?**

- Undoubtedly the proportion is very low, given the lack of centers and psychiatric institutions, especially in rural areas as a large number of people do not have access to psychological services as well as the expensive cost of treatment that many people may have to leave.

**• When does a psychiatric patient need to undergo psychotherapy sessions?**

- When performance declines, in work, study, or relationships.

**• Many Yemenis still see psychotherapy sessions useless for the treatment of psychiatric patients, so what do you think of that?**

- That’s right, many people remain unconvinced about psychotherapy due to not being aware of it. Psychotherapy takes time for a patient to start improving and recovering, but people lack of patience and not responding quickly to therapy sessions makes them believe that it is useless.

**• From your point of view, what features should a specialist or therapist have?**

- The ability to achieve academic studies, social intelligence, concern for others, the ability to form good relationships that have an impact with others, stamina, as well as flexibility, leadership, and creativity, perseverance, responsibility, fitness, self-control, decision-making, the ability of tolerance and not feeling hostility towards other ethnic, religious or social groups, and the value of tolerance must be extended to include tolerance for the values, attitudes, behaviors and ways of thinking of individuals, and I believe that the last feature is the most important characteristic of a psychotherapist.

**• You recently conducted a study on «Fear Among Displaced Children in Sana’a and Its Relationship with Psychological Security», which was the focus of your master’s thesis. What are the findings of this study?**

- The study found that children displaced to The Secretariat of the capital Sana’a have a moderate level of fear and a low level of psychological security. It also found that the most widespread area of fear is the fear associated with the specific phobia disorder, such as the fear of hearing the sounds of planes, rockets or explosions, fear of seeing blood and gunmen, and watching the destruction. The most widespread area of security was also found to be basic needs such as food, water, treatment, lighting and furniture where they had been displaced. It also found that there were no statistically significant differences in fear according to the sex variable, and that there were statistically significant differences in psychological security according to the sex variable in favor of males, and also found a statistically significant adverse relationship between fear and psychological security.

**• Finally, what message do you want to deliver to the authorities and workers in this field, as well as to the members of the community?**

- Our country, which is experiencing war, displacement and economic decline, needs increased efforts and concerted actions by all in order to get out of these difficult circumstances with the minimal psychological losses.

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# Advanced and More Effective Techniques for Psychological and Behavioral Disorders Treatment

**Our country suffers a shortage of specialized centers in psychotherapy services. The presence of a specialized center providing psychotherapy services is a sign of hope for many, especially as the country has been at war for more than four years and has left thousands psychologically ill.**

**FCDF is one of those few centers in our country that has undertaken providing specialized psychotherapy services with a view to mitigate the suffering of thousands of Yemenis who need such services.**

**This noble objective has made it possible for FCDF not only to provide these services, but also to develop new, more effective, qualified and unique psychological services the Arab world.**

**In order to obtain more insight into the specific and advanced services provided by the foundation and its functioning and effectiveness, FCDF journal highlighted this topic and monitored the following report:**

Psychologists have recently developed psychotherapy methods to treat some psychological and behavioral disorders more effectively and efficiently. Among the most prominent and specialized treatments developed within the FCDF services: Narrative Exposure Therapy (NET), and Dialectical Behavior Therapy (DBT).

**Narrative Exposure Therapy (NET)**

The adjusted NET for children and adults is a form of exposing to cases suffering from PTSD. This type of treatments aims to encourage cases to tell their story chronologically detailed to the therapist who is writing the story to reread the story to the cases and to help them integrate traumatic memories stored in a piecemeal into a coherent and chronological narrative story. At the end of the treatment, the therapist gives the cases the written life story as a written testimony.

The development of narrative therapy is credited to both therapists Michael White and David Epton, lived in New Zealand, who believed in the 1980s that it was important to see people apart from their problems.

Recent evidence has confirmed the efficacy of (NET) with survivors of trauma in the middle east and north

Africa region, as it does not serve only therapeutic purposes.

Narrative therapists at FCDF Najla Al-Afif said that narrative therapy was particularly effective in treatment of (trauma, rape, sexual harassment, witnessing of violence, and also when physical abuse occurs)

She added that this treatment is not used if the patient has serious problems, such as deviant or aggressive behaviors, as it impedes focus on trauma treatment or when the patient suffers from active suicidal thinking... Suicidal tendencies are treated before starting narrative therapy, and narrative therapy is not used if the patient is a drug addict which may hamper the child or the adult from the ability to deal with the therapist during the sessions. In addition, it is not used if the patient suffers from neurological effects that cause brain impairment, as it prevents the patient from concentrating.

This therapy is also avoided if the patient suffers from speech disorder, stuttering or other difficulties in speaking that hinders the narrative process and exposure to a traumatic event; or even other mental disorders that impede the ability to deal with therapeutic sessions, and it is administered without the use of psychiatric medication, as

she said.

As she clarified that this style of treatment takes about 12 sessions for a child, as one session a week. As for adults, it depends on the lifeline and can run for 8 to 12 sessions, one session a week.

Al AFIF said that FCDF is the only foundation in Yemen and one of few in the Arab world that uses this unique therapy, pointing out that this therapy is one of the most difficult specialties in managing therapy sessions.

She said that FCDF trained its specialist to use this new type of psychotherapy, to the point that they were able to apply this therapy program. "As a result, FCDF set up an independent clinic to receive traumatized, physically abused, or sexually harassed cases, with positive results, showing that children and adults exposed to post-traumatic stress disorder had improved." She said.

She added that a therapist who uses this type of treatment is required to be experienced, specialized in clinical psychotherapy, and to have previously treated children in therapy sessions. She explained that they face some difficulties when using this therapy, such as trying some adult patients to escape from telling the real details and

changing the truth for fear of pain as well as not allowing some families to disclose the details of the trauma they suffered, especially if that trauma has to do with sexual harassment, due to the lack of awareness of these families, in which case they resort, she said, to do treatment sessions for the child, and another for the supporting family, and then a family session of the child with the family.

This therapy is distinguished from others because it helps to disassemble the unpleasant falls of fear among the senses, thoughts, feelings and physiological reactions. It is also able to restore horrifying memories into pleasant memories, help put painful experiences in a logical context from a child's perspective and understand the traumatic event as a chapter in a child's life.

It also provides the opportunity for the

child to share a narrative and a sense of pride, which will help the child to alleviate the feelings of shame and anguish associated with trauma. It also enhances communication between children and caregivers about trauma, as well as sharing narratives, and paves the way for healthy shock discussions between caregivers and children after formal treatment.

### **Dialectical Behavioral Therapy (DBT)**

Another type of specialized method of psychotherapy provided by FCDF and unique in Yemen and perhaps one of few in the Arab world is DBT, which is known as a hybrid treatment of cognitive behavioral therapy (CBT), acceptance skills practices (spiritual and mental) and change (based on behavioral therapy).

The beginning of this treatment dates

back to 1980, when the psychiatrist, Marsha Linehan in the United States, was working with her team to find more effective ways to treat suicidal behavior, which she later limited to Borderline Personality Disorder (BPD), a personality disorder characterized by difficulties organizing outbursts, which often causes impulses, including suicide attempts and other harmful behaviors.

Marsha concluded her studies to that traditional Cognitive Behavioral Therapy (CBT) does not seem very helpful in treating borderline personality disorder, and because the consequences of the disorder can be severe, Dr. Linehan and her team continued to work on developing new strategies to help individuals with the BPD. The result was Dialectical Behavioral Therapy (DBT) now is known as the standard golden psychotherapy for this group of patients.

Zainab Al-Tariq, a DBT specialist at the FCDF, said that Dialectical Behavioral Therapy (DBT) is provided to those suffering from impulse-control issues, which can be applied on patients who are not clinically diagnosed with a mental disorder or suffer from grief, anger or decrease in assertiveness, and they want to improve the ways of impulse-controlling and managing, to create a life that deserves living and also to improve their social relationships.

She added that this therapy is effective in treating a wide range of other disorders such as addiction, depression, PTSD, eating disorders, and bipolar disorder.

Pointing that this treatment is working to push the patient to change suicidal behaviors and self-harm behaviors and try to reach more balanced and non-extreme behaviors.

On its stages, Al-Tariq explained that DBT is provided on four components: group therapy in groups for skills training, individual therapy, telephone training (DBT), and the therapists advisory team, usually from six months to one year.

She said that DBT uses the hierarchy of treatment objectives, to help the therapist determine the order in which problems must be addressed by priority. Where life-threatening behaviors are initiated, and then behaviors opposed to treatment, followed by anti-quality life behaviors, as well as gaining skills. Showing that patients can choose individual sessions without group sessions, or group sessions without individual.



Life line one of the net techniques



## The Psychological Effects of the War on Yemeni Children

# A Time Bomb

**W**ars leave terrifying psychological effects on societies, but children of all age groups are the weakest and most vulnerable to the scourge of war. They receive the greatest share of war repercussions as children who survive death brought by war become vulnerable to psychological disorders. War complications, horrors, calamities and traumas can destabilize the child's psyche for the rest of their life.

Psychologists have classified the psychological trauma of war among children, in particular, under the disastrous impacts of war.

In Yemen, the war and fighting in many governorates have had profound psychological effects on children, and have greatly affected their thinking style, feelings, behavior and relationship with those around them.

Amani Sweed, a psychologist at the Children's Clinic at the Family Counseling and Development Foundation, said that the war in the country for more than four years has greatly affected the psychology of children, as many of them have suffered from mental disorders such as involuntary urination, depression, anxiety, aggression, behavioral disorders, sleep disorders, nightmares and speech disorders. She stressed that these disturbances that afflicted

children were the result of panic caused by fear of the sounds of explosions and shelling that are close to them, or because of seeing the bodies of the victims of the bombing, as well as the effects of the situation of the war on their families.

Specialist Sweed added that the fear of bombing and air strikes affected many of them with stolid, decreased their level of education, and difficulty in assimilation, where a child in their classroom became not able to focus on the teacher explanation because they remained fearfully next to the window of the classroom waiting with fear of bombing at any moment. She also clarified that the most vulnerable to psychological disorders are children from 4 years to pre-teen age.

«Many children suffered from war-related psychological disorders,» she said, «prompting the FCDF to open a clinic to treat children with psychological disorders.»

### Treatment Stages

About the stages of treating children with psychological disorders, Sweed said that they devote the first four therapy sessions with children to only build relationship with them through playing and drawing. Based on drawing, they get to know the cognitive errors the child

has because drawing is the best way to help children express themselves and their almost unvoiced feelings, according to her. She demonstrated that «this method is used due to the inability of children to express verbally,» indicating that «the feelings stored by a child are often shown during playing or drawing as they tend to draw scenes of war by drawing people fighting or being subjected to death, injuries, violent instruments, fighter jets and bombs, houses on fire, or camps.

She continued «After that, the problems the child suffer are discussed, and then awareness sessions are done with the parents of the children on how to deal with their children. A member of the child's family is set as a behavioral assistant to evaluate and follow up the child at home since the treatment of the child from psychological disorders starts mainly with the help of family members. The success of treating the child from his or her psychological disorders basically depends on the help of the family in the treatment.»

She went on saying that the child is, firstly, to be taught behavioral skills and the problem is to be identified, and then start the course according to the treatment plan to modify the behavior as presented in the file of the case, which is followed in each session with iden-

Five months was the duration the -9-year-old boy (M.A) spent in treatment to get rid of the psychological disorders he suffered from due to the bombing that targeted his neighborhood in the capital Sana'a.

(M.A) is one of thousands of Yemeni children who are suffering from psychological disorders as a result of war.



tifying the boosters. She pointed out that when modifying any behavior in the child, they repeat it more than 60 times until the child gets used to it. If they want to change the behavior of the child, they repeat it 30 times; while if they want to make that behavior permanent in his life, they repeat it to them 90 times. According to Sweed, the signs of success of the treatment begin to appear at least three months after the start of treatment.

One of the difficulties that a therapist may face when treating children for psychological disorders, according to psychologist Sweed, is that parents are not patient when treating their children for psychological disorders as treatment can take a long time depending on the child's condition.

**Ignoring treatment consequences**

What happens if a child with mental or psychological disorders was neglected and left untreated to grow up with these disorders?

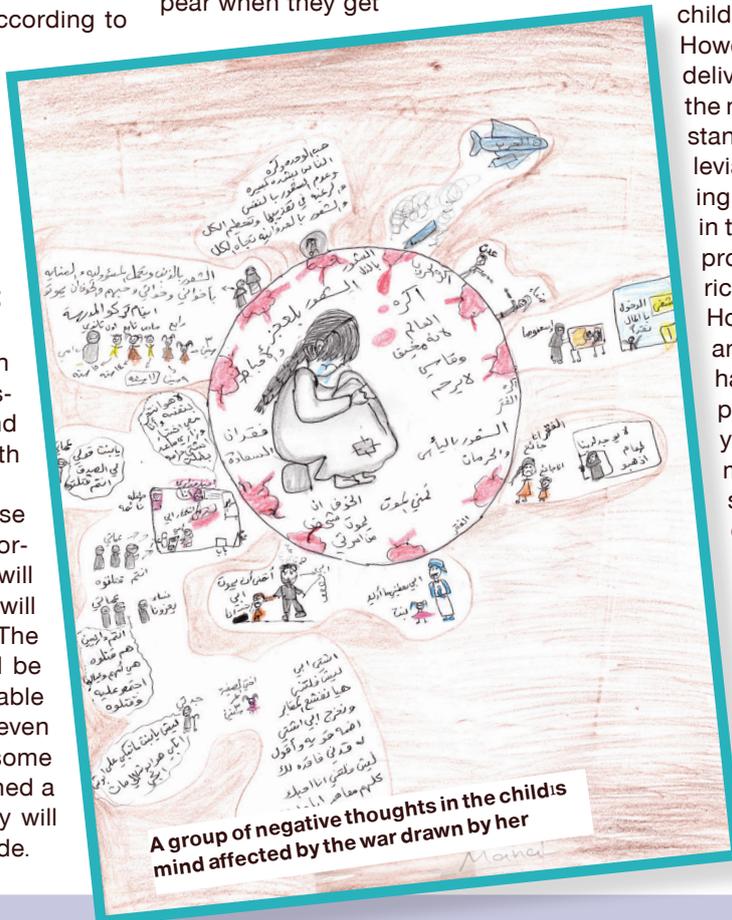
In this case, Sweed says those mental or psychological disorders the child suffered from will grow up with them, and they will be difficult to be treated. The personality of the case will be weak, and they will not be able to do things for themselves even defending themselves. In some neglected cases who reached a chronic mental illness, they will end up to committing suicide.

She pointed out the need for the family to be aware of the importance of taking their children who suffer from mental disorders to receive treatment, because many families believe that the mental and psychological disorders suffered by their children will go away without treatment at the end of the war or believe that those disorders will go away and the fear of their children will disappear when they get

used to the war. «These are undoubtedly misconceptions», she said. Finally, the post-accident phase of the child remains extremely difficult and requires a lot of care and support to restore peace and self-confidence to overcome the circumstances the child has experienced.

However, limited support for the delivery of psychiatric services to the most affected areas of the war stands in the way of attempts to alleviate the psychological suffering faced by children, particularly in the absence of health centers providing specialized psychiatric services.

However, the Family Counseling and Development Foundation has been working with some psychiatric organizations for years to provide support, treatment and psychological counseling services and to carry out awareness activities in a number of rural Yemeni areas where there are no centers providing psychotherapy services, in an attempt to mitigate the stress and mental disorders suffered by Yemenis and children in particular as a result of the war, despite the difficulties and the lack of capacities the Foundation face.



A group of negative thoughts in the child's mind affected by the war drawn by her

**International Conference on MHPSS in Crisis Situations - Amsterdam**

# Historic Agreement yet to be Fulfilled

**C**arrying with her thousands of cases of psychological distress in Yemen, Dr- Bilqis Jubari the chairwoman of Family Counseling and Development Foundation responding to an official invitation to participate in the world's largest international conference on MHPSS, which was held in the Netherlands for two days on the occasion of world mental health day under the motto 'Mind The Mind'. As one of the most important participants in this conference representing middle east and African psychologists, she used this international occasion to bring to the attention of the world the suffering of Yemenis from psychological and mental disorders as a result of the war.

An international conference on MHPSS in crisis situations was organized by the government of the Netherlands and sponsored by the Minister for Foreign Trade and Development Cooperation of the Netherlands, Sigrid Kaag, was attended by Queen Maxima of the Netherlands and Princess Mabel. The conference was attended by nearly 300 participants from 24 countries and 10 international organizations, including the president of the ICRC Peter Maurer, director general of WHO, Dr Tedros Adhanom, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator Mr. Mark Lowcock, French Foreign Ministry Representative Frank Blefer, England's National Clinical Director of Mental Health professor Tim Kendall, and many psychologists and some Cases of psychological and social violence.

The aim of the conference is to promote psychological health and support in times of crisis in the same way provided to the needs of water, food and shelter, and to obtain the commitment of countries and organizations to increase sustainable support for mental health in high quality during crises.

« I have decided that if my ministerial role is to be worth something, this theme is what I will have to deliver on. If I die today, this is the one I will leave with pride.» said the Dutch Minister for Foreign Trade and Development Cooperation Sigrid Kaag, noting the importance of meeting basic needs for mental health and psychosocial support for people affected by emergencies and crises. The Dutch minister pointed out in her speech that at least one in five people in a conflict situation develops a mental health condition, which is the same percentage in the study conducted by the FCDF between November 2014 and June 2017 on estimating the prevalence of mental disorders among the war-affected people in Yemen. During her participation in this conference, Dr. Bilqis Jubari reviewed her experience in the field of psychological and social care through the establishment of the Family Counseling and Development Foundation, which provides many psychological and social treatment services, mainly the psychological and social counseling hot-line service. This unique service is one of few in the



Minister Kaag during opening the conference



Lowcock during his speech in the conference



Dr. Tedros and minister Kaag during signing the agreements document

region which impressed conference participants, including one of the participants from the war-affected situations in the Republic of Uganda, who wished to convey the experience of the psychological and social counselling hot-line to her country Uganda; «If such a service existed in my country, I wouldnt have suffered for years» she said.

**Devastating Effects**

«During conflicts, invisible trauma occurs, which can be easily overlooked or underestimated after war, violence, loss and displacement, yet complex situations have a devastating impact on mental health for millions of people» said Peter Maurer, president ICRC. At the same time, he was impressed by people's exceptional ability to deal with very difficult situations when they are properly supported and if they are provided with it.

**Keeping Mental Health in Mind**

«Too often we overlook one of the most important aspects of what helps us as humans to survive. And that is our state of mind.» said Mark Lowcock, Under-Secretary-General of