

Global Family Systems: Psychosocial Resilience During Covid19

*London, United Kingdom, 20 January 2022
3 pm London Time*

Dr Laurie L. Charlés, Boston, Massachusetts USA

[Dr. Laurie L Charlés](#) is a licensed marriage and family therapist and qualitative researcher whose scholarship and consultation practice is focused on scaling up family therapy practices for host country nationals in fragile, conflict and violence affected states. Her work focuses on how to enhance family systems focused public mental health initiatives with vulnerable and at-risk populations. She holds a PhD in Family Therapy from Nova Southeastern University and an MA in International Relations from the Fletcher School of Law and Diplomacy. She is author of [International Family Therapy: A Guide for Multilateral Systemic Practice in Mental Health and Psychosocial Support](#) (2021, Routledge).

Dr Gameela Samarasinghe, Colombo, Sri Lanka

Dr. Gameela Samarasinghe is a Clinical Psychologist by training and an Associate Professor in Psychology in the Department of Sociology, University of Colombo, Sri Lanka. She has been a member of various advisory groups developing strategies for post-conflict trauma in Sri Lanka as well as internationally, working with colleagues from across the globe, and has been the recipient of numerous research grants including the Fulbright- Hays Senior Research Scholar Award (2004-2005) at Boston University and the Fulbright Advanced Research Award (2013 – 2014) at Columbia University's School of Public Health. She is co-editor, with Laurie L Charlés, of [Family Systems and Global Humanitarian Mental Health: Approaches in the Field](#) (2019, Springer) and [Family Therapy in Global Humanitarian Contexts: Voices and Issues in the Field](#) (2016, Springer).



In this webinar, we discuss our work to explore with colleagues across the globe the public mental health interventions used to reduce risk and promote family and community well-being during the Covid-19 pandemic. We focus on the role of family systems and community mental health and psychosocial support and resilience in both stable and unstable environments, complex situations including ongoing and historical armed conflict, low-resource settings, and high income countries—each having to meet unique challenges to support families and community during this public health emergency.

Learning Outcomes

- Define the application of systemic therapeutic models in international settings, including evidence-based therapies and issues of context and cultural sensitivity.
- Describe the basis of state sovereignty and the role of international human rights law in regard to family psychosocial health, including the concept of human security and the role of the social determinants of health.
- Describe psychotherapeutic interventions used to reduce risk and promote family psychosocial health during a public health emergency of international concern, including with families and substance use, and through the medium of telehealth.



Systems Thinking & Biopsychosocial Formulation

“Systems theorists hold that the most logical way to work with and study individuals is to consider their relational, biological, and socio-cultural influences (Bowen 1978; VonBertalanffy 1968).

Embracing Engel’s biopsychosocial perspective (*1977, 1980*) augments systems thinking, extending it to a belief that medical problems are best understood in the context of not only biological, but also psychological and social factors.”

(Hodgson, et. al. 2012)



Definitions: Mental Health & Psychosocial Support

- “Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Although the terms mental health and psychosocial support are closely related and overlap, for many aid workers they reflect different, yet complementary, approaches.
- Aid agencies outside the health sector tend to speak of supporting psychosocial well-being. Health sector agencies tend to speak of mental health, yet have used the terms psychosocial rehabilitation or treatment to describe non-biological interventions for people with mental disorders. Exact definitions of these terms vary between and within aid organizations, disciplines, and countries.The composite terms MHPSS serves to unit as broad a group as possible and underscores the need for diverse, complementary approaches in providing appropriate supports.”
- IASC Guidelines, p. 1-2



Definitions: What We Mean When We Say Resilience

“[R]esilience is the capacity of a system to anticipate, adapt, and reorganize itself under conditions of adversity in ways that promote and sustain its successful functioning (in human terms, its wellbeing)” –Michael Ungar

“The concept of *family resilience* refers to the capacity of the family, as a functional system, to withstand and rebound from adversity”

-Froma Walsh

States are the Primary Subjects in International Law

- States have varying capacities. **“Most fragile and conflict-affected countries** face particularly severe development challenges such as weak institutional capacity, poor governance, political instability and, frequently, continuing violence or the legacy effects of past severe conflict.” –World Bank Group
- However, “As Sarah Dalglish of the Johns Hopkins School of Public Health and University College London put it in a letter to The Lancet in April, 2020, **“Global health will never be the same after COVID-19— it cannot be. The pandemic has given the lie to the notion that expertise is concentrated in, or at least best channelled by, legacy powers and historically rich states.”**” - Lancet, 2020
- Multilateral cooperation is critical in emergencies; the more you spend on preparedness, the less you spend on relief/recovery.



Exchanges of Learning & Challenging Assumptions

- “The COVID-19 pandemic has shown that successful public health responses are not necessarily correlated with national gross domestic product. Some LMICs in Asia and Africa have shown how the pandemic can be managed with minimal loss of life, whereas some HICs in Europe and North America have had some of the highest mortality rates in the world. The pandemic illustrates how a strict unidirectional HIC versus LMIC dichotomy, obscures meaningful variations within and between contexts, and too often carries an implicit assumption of one way learning.” Kola, et al, 2021



We are excited to announce the winners of the Citizen Diplomacy Action Fund Rapid Response to the Novel Coronavirus competition!

The U.S. Department of State has been working tirelessly to address the coronavirus pandemic. In mid-April, we invited U.S. citizen alumni of all U.S. government-sponsored exchange programs to apply for a rapid response grant to address issues related to the COVID-19 crisis. These Rapid Response grants ranged from \$500 to \$10,000.

Out of hundreds of entries, 34 winning projects were chosen. These projects, noted below, will increase the U.S. government's investment in international exchanges by supporting public service projects and using the skills and knowledge of U.S. citizen alumni, who traveled abroad on U.S. government-funded exchange programs.

September 25, 2020

2020 Citizen Diplomacy Action Fund Rapid Response Winners

share   

Global Family Systems & Psychosocial Resilience will work with systemic family focused mental health and psychosocial support professionals, students, and trainees across communities in the U.S. and Sri Lanka, as well as those of partners in Europe, Middle East/North Africa, East Africa, North America and Central and South America, to develop and distribute open-access guest expert panels focusing on family psychosocial resilience during the pandemic. The project will address the ongoing challenge of training and supporting mental health professionals to work effectively and sustainably with families on issues of psychosocial resilience. (Alumni team: Fulbright U.S. Scholar; Fulbright Visiting Scholar Program; Peace Corps)



ExchangeAlumni

CONNECT EMPOWER INSPIRE

Global Family Systems & Psychosocial Resilience

[Learn more](#)

Rapid Response to COVID19

"Global Family Systems & Psychosocial Resilience" is a Citizen Diplomacy Action Fund (#CDAF) Rapid Response Grant in support of MHPSS community resilience and engagement in response to the coronavirus. Dr. Laurie L. Charlés & Dr. Gameela Samarasinghe are the project's co-leads. CDAF Rapid Response grants are sponsored by the U.S. Department of State and implemented by Partners of the Americas in collaboration with the Bureau of Educational and Cultural Affairs.

Grant Description: What We Did

- We held thirteen panels over ten months, in 2020. In each panel, we took a systemic lens to conceptualizing psychosocial resilience and working effectively with families and communities during the pandemic.
- Our panelists spoke from their homes in : *Canada, India, Kosovo; Sri Lanka, Australia, Namibia; Guatemala, Israel, UK, Turkey and Trinidad & Tobago; Libya, Saudi Arabia, Serbia, South Africa, Spain, Taiwan, and the U.S.*
- Participants attended from 25+ countries, across five continents.
- Over 100 people attend our live panels.
- Over 1,000 have visited the website to review the panelist videos.



Grant Description: Our Hopes and Goals

- We wanted to highlight and promote understanding of the differences between behavioral health care delivery systems in different parts of the globe, including the factors that influence impact on services and disparities across countries. Our goal was to recognize the contextual factors from an international, global perspective, across a variety of individual and systemic therapeutic models and their application in multilateral, international settings, including evidence-based therapies and the focus on context and cultural sensitivity.

Grant Description: Results & Findings

- In our first three panels, with panelists from countries that included India, Canada, Trinidad and Tobago, U.S.A, and Kosovo, each panelist described to some degree their own behavioral health care delivery system in the context of Covid19, and the ways that services are impacted. A participant in West Africa commented:
- *“I work in a military de-radicalization camp where rescued women and children (traumatized) who were rescued from terrorists are being treated for PTSD and counseling. During this covid19 period it was difficult to get adequate services and reconnect some of these people with their families. Reintegration is becoming difficult because of the restrictions”*



Grant Description: Results & Findings

- In our first panel, Saied Kianpour, in Canada, talked about the use of community health centers and integrated care, and Manjushree Palit, in India, discussed how her team is working with teachers in her district, in order to coordinate the psychosocial support of children during the pandemic. One result of this panel was that two people who attended (one guest expert and one guest attendee) have begun work together on a Covid19 project in India.
- In our second panel, Simone Young talked about the use of the human rights treaties to frame the “right to health” of populations in different countries during the pandemic. Young, a career diplomat, discussed at length the notion of human security, drawn from three international treaties specific to human rights. Her discussion was framed as a diplomat, but applied to the current pandemic and psychosocial needs of families during this time.



“Human security recognises the widespread and cross-cutting issues that threaten the viability of not only states but the people and communities that comprise them.

Its point of departure is grounded in the fact the traditional concept of security goes beyond that of threats to people, communities and states posed by crime, war or terrorism.”

“...the human security approach was introduced in 1994 via the global Human Development Report (HDR) where the focus was on the two (2) main components of human security: **“freedom from fear”** and **“freedom from want”**. These were inspired by the Universal Declaration of Human Rights and are central to the four human freedoms Roosevelt referred to in a famous speech in 1941 (Gomez & Gasper, 2013). In the 1990s, the freedom “to live in dignity” was also added with the increasing focus on not just identifying threats but analysing the root causes underpinning these threats. “ (Young, 2019, pp 80-81)

Source: Young, S. (2019). *Between Family and Foreign Policy: A Gendered Approach to Understanding the Impact of Foreign Policy Failure on Human Security in the SIDS of the Caribbean*. In L.L. Charles & G. Samarasinghe (Eds). *Family Systems and Global Humanitarian Mental Health*. NY: Springer.

Grant Description: Results & Findings

We saw a great deal of professional exchange happening in and across panels:

- *“Thank you for all the panelists..... I think the same here in Indonesia with what Manju said about children in India. Online education is a great issue, challenging though. I think there will be lost generation because of the pandemics.”*
- *Our panel with a clinician in UK who worked on the Grenfell disaster addressed trauma that was parallel to what others were seeing in Covid19;*
- *A panel with colleague in Saudi Arabia addressed dealing with the pandemic in a collectivist society.*

Grant Description: Results & Findings

- We discussed the application of systemic therapy models and approaches in the international settings of our panelists, including evidence-based therapies. However, we tried to balance a focus not only on clinical work, as we want to emphasize the global nature of the pandemic in an transdisciplinary way, and also, broaden the ideas around clinical work that is often highly specialized rather than more broadly needed MHPSS.
- However, one panelist noted an ongoing contemporary issue with EBPs in the current crisis: *"....evidence- based therapies need to be understood from the perspective of our country" and getting this kind of research done is harder in low and middle income countries and regions"*



Grant Results & Findings: Brief & Powerful Exchanges

We recorded and edited the panels & then placed on the website globalfamilysystems.com and on Vimeo

We identified panelists who were family therapists, psychologists, mental health professionals, psychiatrists, and MHPSS experts in the field of development, governance & human rights from across the globe.

We focused as much as we could on bringing in expertise from low and middle income countries and not solely high income countries.

We found that a meeting a few days prior to the webinar with the panelists was useful in order to introduce the panelists to each other and to prepare the focus of their presentations.

1/19/22

- Panels took place every two weeks on a Sunday.
- We took a four week break from September 13th through October 18th, 2020, so that we could focus on evaluation/feedback of the project.
- We are completing an open access report on the findings.

Grant Results & Findings: Brief & Powerful Exchanges

The duration of the webinars were 1 hour with presentations of panelist of 20 minutes duration followed by 20 minutes of Q&A by the participants. Following is an example layout of some of the panels:

***Panel IV.** August 30th, 2020 Nilanga Abeysinghe and Evan Ekanayake, which focused on Family Psychosocial Practices & Resilience During the Pandemic: What Works Right Now—stories from Sri Lanka; Building Back Better: Psychosocial Learning from Humanitarian Contexts and Previous Public Health Emergencies of International Concern*

***Panel V.** September 13, 2020 Khawla Abu Baker; Gizem Erdem, focusing on the effects of the pandemic on families in the Middle East*

***Panel VI.** October 18th, 2020 Charity Somo; Lahija Hamunjela, discussing Family Psychosocial Practices & Resilience During the Pandemic: What Works Right Now—stories from African continent*

***Panel VII.** November 1st, 2020 Ana Iosipan; Niranjala Somasundaram, focusing on Using Telehealth/Phone/Access to MHPSS; Family Psychosocial Distance Support and ICTs: Creating Virtual Community Every Day*

Grant Results & Findings: For Attendees

We asked: What was the biggest takeaway, ie key point/message, that you have from participating in this project?

- *“The pandemic has multifaceted negative consequences for families around the globe.”*
- *“Seeing first-hand how committed healthcare workers are even at a cost to their own health.”*
- *“the similarity of experiences/interventions despite the many differences in socio-cultural contexts”*
- *“We are not alone in this. Stay kind and open to inspiration.”*
- *“Together we made a difference! We brought hope”*
- *“How interconnected we all are; how many intersections we share”*



Grant Results & Findings: For Us

- The range of countries represented in each panel, ie in the attendees.
- The camaraderie generated inside the panels and post-discussion. For example, in panel III, when we signed off and everyone left, as co-leads were doing a post-discussion, an attendee rejoined us, and another decided to just “stay and listen” until we closed. This was stunning, two hours after we had begun.
- Indeed, we have noticed that further along these lines is that after the panel recording was completed (45 minutes), attendees stayed on to talk to us, to each other and to the panelists for another 45 minutes, unprompted by us. . . . Many share their personal and professional experience during Covid19 in their city/country. Some people know each other from before the pandemic, and are happy to meet and greet. But we have just as many who do not know each other. This exchange was quite poignant and powerful.
- The very presence of such a diverse set of host country nationals from across the globe (a typical panel might only have a dozen and a half people in it, but 10-12 of those were always calling from different countries) created an international mindset that brought forth the stories of how psychosocial work and family systems work is so very much shaped by the relationship between citizens and their government.



Grant Results & Findings: A Final Comment

- *“Thank you so much for yesterday’s webinar meeting. I really enjoy listening to all the panel speakers, some in sharing their clinical practice experience of working with displaced and refugees. Practitioners are facing a number of challenges, some of which we heard from both the panels and a few of the participants. Interesting, but also soul searching amidst this pandemic. I remember reading a paper years ago about the future of working with families. That the biggest challenges of the 21st century were going to do deal with the unpredictability and traumas of the movement of populations; broken families, absent fathers, culture shock, divided extremist ideological loyalties And more. The challenges, which we face and now with this pandemic are many. Just like we have to adapt to the ‘new normal,’ I guess that there will be new learnings too in family systems and the theories of resilience, cross-culturally and transformational.”*



Bibliography

Bowen, M. (1978). Family therapy in clinical practice. Northvale, NJ: Jason Aronson, Inc

Charlés, L. (2021) [International Family Therapy: A Guide for Multilateral Systemic Practice in Mental Health and Psychosocial Support](#) (2021, Routledge).

Charlés, L. & Samarasinghe, G. (2019). Family Systems & Global Humanitarian Mental Health: Approaches in the Field. NY: Springer

Charlés, L. & Samarasinghe, G. (2016). Family Therapy in Global Humanitarian Contexts: Voices and Issues from the Field. NY: Springer.

Charlés, L. & Samarasinghe, G. (October, 2015). Psychosocial Innovation in Post War Sri Lanka Taos WorldShare Book: Taos Institute Publisher.

J Hodgson, M Fox, A Lamson (2012) [Family therapists in primary care settings: Opportunities for integration through advocacy](#), Medical Family Therapy, 357-380

Hogue, A., Bobek, M., Levy, S., Henderson, C.E., Fishman, M., Becker, S. J., Dauber, S., Porter, N. & Wenzel, K. (2021). Conceptual framework for telehealth strategies to increase family involvement in treatment and recovery for youth opioid use disorder. J Marital FamTher. 00 pp. 1–14.

Inter-Agency Standing Committee (IASC) Global Protection Cluster Working Group and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2007). Mental Health and Psychosocial Support in Humanitarian Emergencies. Geneva: Author.

Lola Kola, Brandon A Kohrt, Charlotte Hanlon, John A Naslund, Siham Sikander, Madhumitha Balaji, Corina Benjet, Eliza Yee Lai Cheung, Julian Eaton, Pattie Gonsalves, Maji Hailemariam, Nagendra P Luitel, Daiane B Machado, Eleni Misganaw, Olayinka Omigbodun, Tessa Roberts, Tatiana Taylor Salisbury, Rahul Shidhaye, Charlene Sunkel, Victor Ugo, André Janse van Rensburg, Oye Gureje, Soumitra Pathare, Shekhar Saxena, Graham Thornicroft, Vikram Patel (2021). COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health. Lancet, 8, 535-50.

The Lancet, September 2020. Editorial: The End and the Beginning of Global Mental Health. www.thelancet.com/psychiatry Vol 7

Ungar, M. 2018. Systemic resilience: principles and processes for a science of change in contexts of adversity. Ecology and Society 23(4):34.

Ungar, M. 2011. The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. American Journal of Orthopsychiatry 81(1):1–1

Von Bertalanffy, L. (1968). General System Theory: Foundations, Development. New York: George Braziller.

Walsh, F. (1996). The concept of family resilience: Crisis and challenge. Family Process, 35(3), 261–281. Walsh, F. (2003). Family resilience: A framework for clinical practice. Family Process, 42(1), 1–18. Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. Family Process, 46(2), 207–227.

Walsh, F. (Ed.). (2009). Spiritual resources in family therapy (2nd ed.). New York, NY: Guilford Press.

Walsh, F. (2016b). Strengthening family resilience (3rd ed.). New York, NY: Guilford Press.

Walsh, F. (in press). Complicated loss, healing, and resilience: A family systems approach. New York, NY: Guilford Press

Young, S. (2019). Between Family and Foreign Policy: A Gendered Approach to Understanding the Impact of Foreign Policy Failure on Human Security in the SIDS of the Caribbean. In L L Charles & G Samarasinghe (Eds). *Family Systems and Global Humanitarian Mental Health*. NY: Springer.