



Selecting of Strategies to Support Guardian and Child Access to TF-CBT in Two Sectors in Kenya

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Introduction

- Eighty percent of the world's population lives in low and middle- income countries (LMIC) with few mental health resources, resulting in a substantial mental health treatment gap.
- In an effort to reduce this gap, the parent study tests the implementation of Trauma-focused Cognitive Behavioral Therapy (TF-CBT) for single or double orphaned children in the education and health sectors prioritized by our Kenyan partners as potential options for scale up.

The study aims include:

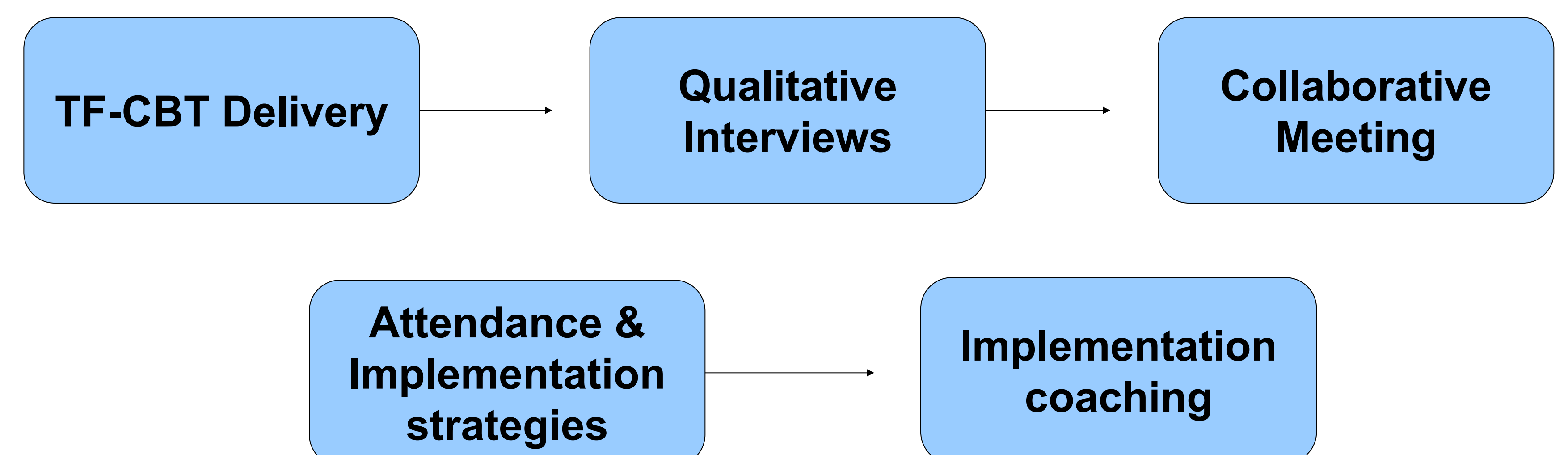
1. Identify barriers and facilitators to child and guardian TF-CBT attendance
2. Identify strategies to improve attendance in future implementing sites to improve treatment access
3. Identify strategies to improve the implementation of TF-CBT in future implementing sites

Method

Participants

- Eighteen community health volunteers (CHVs) and teachers from the education and health sectors ($N = 36$) participated in qualitative interviews after delivering TF-CBT.
- Twenty-one CHVs and teachers and two leaders across both sectors participated in a collaborative team meeting.

Procedures



Measures

- Feasibility and impact (range 1-5) of each strategy was rated by collaborative team members
- Strategy selection and completion were measured

Results

Barriers & Facilitators	%
Common barriers to attendance	
Guardian tardiness	61%
Weather issues	50%
Guardian reluctance to participate	50%
Child or guardian illness	44%
Child or guardian work conflict	39%
Common facilitators of attendance	
Coordination among staff to release children for groups	22%
Providing transportation for child or guardian	17%

Attendance Strategies	Feasibility	Impact
Providing increased guardian sensitization	4.81	4.75
Conducting make-up sessions with children and guardians	4.44	4.5
Adjusting the frequency of sessions	3.65	3.69
Developing a reminder system	4.44	4.5
Restricting the length of sessions	3.81	3.87
Collaboratively deciding on session times with guardians	4.82	4.82

Implementation strategies to target

1. Resource provision
2. Rewards and incentives for the delivery of TF-CBT groups
3. Communicating positive attitudes toward TF-CBT delivery
4. Adjusting workloads for CHVs and teachers to deliver groups
5. Outreach with stakeholders to improve buy-in, awareness, and acceptability of TF-CBT groups
6. Engage stakeholder interrelationships

Discussion

- Guardian attendance was a challenge during the initial implementation of TF-CBT
- Both avoidable and unavoidable barriers to treatment attendance were identified
- Local collaborative team members were able to identify strategies to address attendance that were deemed highly feasibly and impactful
- These strategies are currently being incorporated into coaching for subsequent sites currently implementing TF-CBT to improve guardian and child access to TF-CBT.