

The Effectiveness of a Program Based on Psychosocial Support in Raising the Level of Family Empowerment among Refugees in Jordan

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Abstract

The study aimed to examine the effectiveness of a program based on psychosocial support in raising the level of family empowerment among refugees in Jordan. The study sample consisted of (32) refugees in Irbid governorate who were randomly assigned to two equal groups: the experimental group (n = 16), who participated in the psychosocial support program, and the control group (n = 16), who did not participate in any intervention program. To achieve the study's objectives, the Family Empowerment Scale was developed to collect study data in the pre and posttests for the two study groups and the follow-up test with members of the experimental group only and the psychosocial support program. The results of the study showed that there were statistically significant differences between the experimental and control groups in the mean scores on the family empowerment scale in the posttest in favor of the experimental group, and there were no statistically significant differences between the means of the post and follow-up measures in the family empowerment scale, which reflects the reliability of the program's impact.

Keywords: Refugees, Psychosocial Support, Family Empowerment.

فاعلية برنامج مستند للدعم النفسي الاجتماعي في رفع مستوى التمكين الأسري لدى اللاجئين في الاردن

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المخلص

هدفت الدراسة إلى فحص مدى فاعلية برنامج مستند للدعم النفسي الاجتماعي في رفع مستوى التمكين الأسري لدى اللاجئين في الأردن. وتكونت عينة الدراسة من (32) لاجئاً في محافظة إربد تم تعيينهم بشكل عشوائي لمجموعتين متساويتين: المجموعة التجريبية (n = 16) التي شاركت في برنامج الدعم النفسي الاجتماعي، والمجموعة الضابطة (n = 16) التي لم تشارك في أي برنامج تدخل. ولتحقيق أهداف الدراسة تم تطوير مقياس التمكين الأسري لجمع بيانات الدراسة في الاختبارات القبليّة والبعدية لمجموعتي الدراسة، وفي الاختبار التتبعي مع أفراد المجموعة التجريبية فقط، وبرنامج الدعم النفسي الاجتماعي. أظهرت نتائج الدراسة وجود فروق دالة إحصائية بين المجموعتين التجريبية والضابطة في متوسطات الدرجات على مقياس التمكين الأسري في الاختبار البعدي لصالح المجموعة التجريبية، وعدم وجود فروق دالة إحصائية بين متوسطات القياسين البعدي والتتبعي في مقياس التمكين الأسري، مما يعكس ثبات تأثير البرنامج.

كلمات مفتاحية: اللاجئين، الدعم النفسي الاجتماعي، التمكين الأسري.

Introduction

Deportation, displacement, and asylum can lead to a possible chain of traumatic, stressful, and anxious events, negatively affecting refugees in all respects. Refugee families are forced to flee their homes due to persecution, violence, or conflict (UNHCR, 2018), which can expose them to potentially traumatic events both before and during flight (Van Es et al., 2019) or during resettlement. Many refugees are exposed to risk factors, such as witnessing violence, loss of family members, relatives, and housing, injury or disappearance of family members or friends, and upon arrival in the host country, they face additional risk factors related to poverty, problems (including abuse by someone from the family or outside of the family) and the loss of traditional reference points, social networks and support (Acosta & Chica, 2018). Although studies show that most refugees do not suffer from mental disorders, they may develop negative emotional reactions and stress-related complaints, such as difficulty concentrating, sleep problems, and irritability (Fazel et al., 2005; Fazel & Betancourt, 2017). The accumulation of volatile events and conditions before and during relocation, migration-related stresses, and resettlement, including social and economic insecurity, and long and complex asylum procedures can affect the psychological functioning of refugees and their families (Fazel et al., 2012; Li et al., 2016).

Refugee families are essential to supporting their children's health and care needs after fleeing conflict (Bryant et al., 2018); They have experienced different types of violence and trauma. Self-care and childcare can be unimaginably difficult for refugee families during the stages leading up to resettlement. Poor parental well-being after the trip, poor parenting, and unhappy family environments are high-risk factors for the development of the family conflict, insecure attachment, and mental health disorders in children (Miller & Jordans, 2016).

Because children of refugee families cannot be viewed in isolation from the context and environment in which they grow up, what a refugee family experiences can affect their children's daily lives, including their educational achievement, social functioning, and family interaction (Fazel & Betancourt, 2018).

Here, parents often have to deal with their traumatic experiences, losses, and ongoing stress, putting them at risk of developing stress-related complaints that can undermine their parenting skills (Van Es et al., 2019); They can be less emotionally available, less organized, and less supportive of their children (Van Ee et al., 2014). In addition, exposure to stressful situations can impair their ability and mentalize; This refers to the ability to think and understand the mental state of oneself and the other, which would negatively affect the development of healthy bonding relationships between parents and their children, and thus affect the child's overall development (Fonagy & Bateman, 2006).

However, although many emotional, cognitive, physical, and behavioral responses are normal adaptive responses to severe stress, the potential for resolution increases if a supportive family or community environment is available (Weissbecker et al., 2019). Therefore, the family-centered practice believes that the family is central to the lives of children, that all families possess certain strengths, and should be empowered to participate actively and equitably in their children's decision-making (Bruder, 2000; Raghavendra et al., 2007).

This means that empowerment has an intrinsic and utilitarian value and can be used to describe relationships within families or between people and other actors at a global level (Oladipo, 2009). Empowerment expresses an individual's ability to seek control of his life by acting to get what he wants and needs (Murray et al., 2013, p. 146), and this includes increasing

knowledge and skills and enhancing motivation to achieve the desired outcome (Turnball et al., 2006).

It also includes enabling individuals to take control of their lives by influencing their personal and social environments (Resendez et al., 2000). This occurs through a continuum of experiences that provide the individual with an opportunity to apply their competencies to acquire new information and skills (Murray et al., 2013); the higher the level of empowerment, the more likely the individual will be able to facilitate positive changes to improve their quality of life or promote the lifestyle changes necessary to achieve successful outcomes (Curtis & Singh, 1996).

At the family level, empowerment has been defined as a family with power (Morrow & Malin, 2004), and it expresses the process of a family acquiring skills, resources, power, opportunity, and motivation to meet its needs and work that is intrinsically linked to high self-efficacy (Ice & Hoover-Dempsey, 2011). That is, empowerment within families recognizes that all families have a degree of competence, but it is the social system that prevents the emergence of this competence (Dunst et al., 1988); Therefore, the degree to which the family is supported to demonstrate competence and is recognized as competent enables it to be an active partner in decision-making (Rouse, 2012).

Since the research on empowerment with families' focuses on the perception that families are active agents interacting with the larger community (Nachshen, 2005), empowerment can target any individual or members of the family or the family as a whole. For example, empowering women is a global goal of government organizations and UN projects. Women balance traditional roles as caretakers, including time-consuming domestic tasks, new responsibilities, and access to resources provided by some organizations (Smith, 2004).

Family empowerment generally includes the ability of caregivers to meet the needs of their families while maintaining feelings of control, referring to the sense of trust parents show in managing their children and the actions they take to meet their children's needs (Vuorenmaa et al., 2015), it aims to enhance parental competence and resilience (Allen et al., 2008). High levels of parental empowerment are associated with flexibility and confidence in decision-making and positive action to help meet family needs (Zhang & Bennett, 2003), while low family empowerment conveys feelings of helplessness, hopelessness, and dependency (Zimmerman, 2000).

Family care models consist of many components; Expanding social support, using family strengths, providing individually tailored resources, and providing services consistent with cultural values and beliefs, but empowerment appears to be the most important (Graves & Shelton, 2007). The family care system views parents as partners in the treatment process in an attempt to facilitate the empowerment family (Stroul & Friedman, 1996); It is not about the family's needs being met or not, but rather the way the needs are met, which is likely to have empowering consequences. There is some evidence that family-focused interventions for families exposed to trauma and displacement can have a positive impact on the use of mental health, social support, family resilience, parental involvement, problematic children's behavior, emotion regulation, and family functioning (Ballard et al., 2017; El-Khani et al., 2020).

Programs based on family empowerment deal with families living in stressful or harsh conditions in refugee sites, who may suffer from the impact of stress-related complaints on parenting, individual mental health, and family functioning (Van Es et al., 2019). According to a system of philosophy with care, families are fully able to make choices in advance since

professionals provide the additional support and resources needed to empower families and promote the development of new skills to effect long-term change (Stroul & Friedman, 1986); Empowerment focuses on the decision-making and problem-solving abilities of families "asking for help" by enabling them to access and control their needs (Davis et al., 2002).

In the sense that empowerment does not help develop possible solutions to family problems or needs but rather helps families develop skills to solve future problems independently; the family unit becomes more efficient and capable rather than dependent, and this could be a potential mechanism for positive change beyond the positive impact of family-centered care (Graves & Shelton, 2007).

Empowerment has three main components: First, there is a basic assumption that all people have existing strengths and can build on them. Second, the family's difficulty in meeting its needs is not due to its inability to do so but instead to the unsupportive social systems surrounding the family that does not create opportunities for it to acquire or display competencies. Third, for empowerment to positively impact families, a family member trying to apply skills and competencies must realize that the observed change is at least partly due to their efforts (Dunst et al., 1994).

Therefore, empowerment can be defined by the individual, group, and action-oriented approaches that focus on the ability to do something with others (Stromquist, 2009). Functionally, empowerment is defined as ensuring, for example, that refugee women have "basic skills, knowledge, and access to information" to "reduce their immediate vulnerability and dependence on outside assistance" related to the protection of their families (Foster, 1995, p. 2). It is also a personal process; The learner who is empowered is an active factor or strengths, such as self-confidence, come from within (Prins, 2008), and can relate to family life or the ability to make decisions and influence relationships (Murphy-Graham, 2010; Prins, 2008)., authority, gender, access to resources, social status, and environmental variables (Krupar, 2016).

Empowerment outcomes, which are more easily measurable, include interpersonal, interactive, and behavioral components (Zimmerman & Warschausky, 1998; Zimmerman, 2000). The personal component is conceptualized as an individual's set of beliefs about their own control, self-efficacy, and perceived competence, the interactive component includes the individual's relationship to their social environment, and the behavioral component focuses on the actions the person takes to exercise some control over the environment. Each of these components can be measured in a parental empowerment study.

Empowerment can be studied by looking at it as an outcome (i.e., research and study of factors that predict or cause it) and as a predictor (i.e., a body and study of the impact of empowerment). Looking at empowerment as a consequence, some studies (e.g., Koren et al., 1992) indicated that family performance was more predictive of parental empowerment, followed by parental stress, employment, and education level, and other studies examined demographic variables (e.g., Dempsey and Dunst). (Dempsey & Dunst, 2004), but they did not predict empowerment significantly and were not consistent in their results; others paid attention to the impact of service delivery and the enabling nature of helping relationships on families' empowerment (e.g., Thompson et al., 1997) and methods of providing assistance and empowerment (e.g., Dempsey & Dunst, 2004), finding, respectively, that services centered around the family leads to a greater sense of parental empowerment and that family-centeredness is associated with a greater sense of both formal and informal support.

Support, in turn, is related to family tension, which is negatively related to parental empowerment. A strong relationship was also found between the methods of providing assistance and empowerment among parents of preschool children with special needs participating in early intervention programs, and that the relational and participatory components of help-giving are essential in facilitating empowerment. Other studies focused on the effects of parental training programs (e.g., Bickman et al., 1998; Koegel et al., 2003), which respectively indicated that empowerment training was effective in increasing parents' sense of self-efficacy in working with mental health services and that empowerment training was effective in increasing parents' sense of self-efficacy in working with mental health services. Parents whose children with autism have made significant gains in social contact and play interactions tend to show an increase in their level of empowerment. As a predictor, some studies have shown that enabling interventions effectively improve knowledge and self-efficacy (Bickman et al., 1988) and that increased empowerment at the service system level has been associated with parental outcomes, including reduced caregiver symptomatology and improved bilateral relationships, increased family cohesion, and increased caregiver supervision of the child, but parental empowerment was not found to be associated with child outcomes (Cunningham et al., 1999), and that endorsement as an element of empowerment is not always associated with empowerment; There is a support that is possible, and that is not, but possible support may be more relevant to improving the lives of children with developmental disabilities and their families (Nachshen & Jamieson, 2000).

The studies presented a number of programs concerned with empowering refugee families, including the Krupar Study (2016), which presented a training program for refugee women as they are primarily responsible for the well-being of their children and their access to education due to their general understanding of child-rearing. The program aimed to teach parents - women in particular - how to take care of their children and enable them to send children with special needs to school, defining special needs or disabilities as being related to perceived or experienced physiological or behavioral states and "socially identified as problems, diseases, conditions, disorders, syndromes, or other differences, distinctions, or characteristics of similar negative value that may have an ethnic, medical, diagnostic category or sign" (Kasnitz & Shuttleworth, 2001, para. 2). The use of empowerment in the program focused on being able to do something, such as sending children with special needs to school.

The study by Van Es et al., 2019 presented the Family Empowerment Program (FAME) as a secondary prevention program for asylum-seeking families based on MFT. The program addressed families with diverse cultural backgrounds, with a varying number of five to eight families gathering in one room in weekly sessions of approximately two to three hours for seven consecutive weeks to enhance parenting skills and social support to improve family functioning and prevent further development of emotional problems, by focusing on revitalizing the resources and knowledge of families and allowing them to exchange views, feedback, support, and knowledge. Skills can be developed and practiced in a safe environment, and mentalization plays a vital role in the program, as it aims to stimulate reflection on the thought processes and emotions of the individual and others.

In general, family empowerment aims to enhance parenting skills and prevent the exacerbation of emotional problems within refugee families (Van Es et al., 2019); clinical experiences indicate that the impact of stress-related adverse complaints on parenting skills can be countered by focusing on psychosocial support to help families cope after traumatic events

(Fazel & Betancourt, 2017), the term "psychosocial support" or "psychosocial intervention" may include a broader range of activities that support the psychosocial well-being of families, groups and communities – and not only for those with mental disorders (Weissbecker et al., 2019).

Graves & Shelton (2007) conducted a study entitled "Family empowerment as a mediator between family-centered care systems and changes in child functioning: identifying an important mechanism for change." Identifying an important mechanism of change), it investigated associations between perceived fidelity to family-centered care systems, family empowerment, and improvements in problem behaviors of children. The study sample consisted of (79) Families with a child between the ages of (5-18) years suffering from a severe emotional disorder, who were enrolled in the North Carolina Care System program, and was interviewed at two-time points during one year. The study used a descriptive information questionnaire to describe the demographic characteristics of the child and the family, the family-centered care fidelity scale, the child behavior checklist to assess the child's performance and the family empowerment scale. The results of the study indicated that the problem behaviors of children decreased significantly during a period of one year for children who received the care services system, and it was inversely related to both the level of fidelity to family-centered care and the level of family empowerment and that both loyalty to family-centered care systems and family empowerment in general. Independent predicted positive change in children's problematic behavior over one year, and family empowerment mediates the relationship between family-centered care and positive changes in problem behaviors. The study also showed that family empowerment appears to be an essential mechanism for change within the system of service philosophy of care.

Krupar (2016) conducted a study entitled "Being Untaught: How NGO Field Workers Empower Parents of Children with Disabilities in Dadaab" drawing on practices and relevant literature in family literacy and parent participation programs, I aimed to explore how an NGO training sought to empower female learners to send their children with special needs to school in Campios, the smallest and newest refugee camp in Dadaab, Kenya. The project also aimed to research to teach parents. Specifically, women, how to care for their children and enable them to send their children to school through the use of ethnographic methods, a training program in which parents and children participated was recorded on videotape, and the video was used as a reference to interview field workers on how the training could empower fathers, especially mothers. The results of the study found that empowering women through training parents of children with special needs revolves around the interaction of parents with public schools and their involvement in their communities and that the relationship of disability with education focuses mostly on basic needs and parents' recognition of the right to access education, and field workers defined empowerment as the ability and knowledge of parents to identify the needs and rights of their children. Van Es et al., 2019 conducted a study entitled "Family Empowerment (FAME): A Study Protocol for Implementation and Pilot Evaluation of a Multifamily Prevention Program for Asylum Seeker Families".

Family Empowerment (FAME): Study protocol for pilot implementation and evaluation of a preventive multifamily program for asylum-seeker families aimed at assessing the feasibility, acceptability, and potential efficacy of family empowerment to reduce parental mental health problems and improve family performance; this is done through the Family Empowerment Program (FAME). The study used a mixed-method approach (quantitative and qualitative), which included (60) families living in asylum centers and family sites in the

Netherlands with children between the ages of (0-18) years, and they were invited to participate in seven sessions to empower the family. The study collected demographic data and assessed the quality of parent-child interaction, family functioning, parental depression and anxiety symptoms, and participants' feedback on progression and therapeutic alliance, filling out a program integration checklist during each session and using semi-structured interviews to assess family empowerment. The study indicated that it is the first of its kind to provide a practical implementation and evaluation of family empowerment, and it will show how to improve the elements of the program and implement family empowerment.

Van Es et al (2021) also conducted a study entitled Family Empowerment (FAME): A feasibility trial of preventive multifamily groups in the Netherlands. For asylum seeker families in the Netherlands aimed at assessing the feasibility of family empowerment to enhance the parent-child relationship, family work, and social support. The study used a mixed-method (quantitative and qualitative) approach, which included (46) families (42 mothers, six fathers, and 43 children) of asylum seekers, most of whom were from Eritrea, Armenia, or Syria; they participated in one session on family empowerment, as a result of the forty-six families, twenty-seven parents agreed to participate in this study. They were divided into six groups; One group with participants from Armenia (Armenian speaking), two groups with participants from Eritrea and Ethiopia (Tigrinya/Amharic speaking), one group with participants from Syria and Iran (Arabic speaking), and two groups with North African participants (English, French, and Arabic speaking). The safety of the program and the evaluations of participating parents and coaches were evaluated. Family functioning and parental symptoms of depression and anxiety were measured before and after family empowerment. Six participants completed all assessments. Most participants estimated pooling with multiple families., Although family empowerment may coincide with a decrease in anxiety and depression, the program had a limited effect on family performance. It is possible that the goals of family empowerment do not align with the current needs of some families. By examining the previous studies, it becomes clear that they are interested in addressing family empowerment; with varying objectives, place of conduct, and study sample, some have relied on the study of family empowerment as a mediator between family-centered care systems and changes in child performance, such as the Study of Graves & Shelton (Graves & Shelton, 2007).

The Krupar study (2016) aimed to find out how NGOs working in the field empower parents of children with special needs, while (Van Es et al. 2019; Van Es et al., 2021) conducted two studies on family empowerment (FAME). However, despite the importance of the family empowerment axes addressed by the previous studies presented, they did not directly test the impact of a psychosocial support program on the target environment in this study, which reinforces the position of the current research.

The study Problem

The events that occurred in the past years on the Syrian refugees affected the economic, social, and psychological conditions in an accelerating manner, which made them fall under psychological and social pressures, and this increased the possibility of their exposure to various types of psychological and physical disorders that may take different forms and forms. Psychological disorders are common among them, affecting these families' ability to carry out daily tasks effectively (Acosta & Chica, 2018). The problem of the study has emerged as one of the major challenges facing refugee families that need treatment and prevention because of its

serious impact on the lives of families coming from war situations. These families are an essential group that needs special care, follow-up, and special programs that help them face psychological pressures, assume responsibility, and obtain appropriate support (Zenobia, 2016).

For refugee families to fulfill the roles expected of them, they need to provide all forms of psychological and social support they need to overcome the crises they experienced as a result of wars and the pressures they have been exposed to and to protect them from psychological pressures that affect their performance of their various functions effectively and proficiently, and this requires constant pursuit. It continues to provide these families with a psychosocial support system that can and helps them acquire the necessary knowledge and skills, as psychosocial support has essential effects in alleviating the psychological pressures experienced by refugee families as a result of the events they have been exposed to (Ager et al., 2011; Fazel & Betancourt, 2017).

Based on the preceding, the study presents a psychological and social support program that includes the capabilities, activities, and skills required to achieve self-sufficiency and positive self-reliance. Its roles and intervention procedures are also based on the level appropriate to the needs of the refugees targeted by the Study (first level: psychological needs and security), aiming to raise the level of family empowerment among refugees. More specifically, the study attempts to test the following hypotheses:

The first hypothesis: There are statistically significant differences ($\alpha = 0.05$) between the average scores of the sample members in the experimental group to whom the psychosocial support program was applied and the average scores of the sample members in the control group who were not applied to any program, in the posttest on the family empowerment scale.

The second hypothesis: There are no statistically significant differences at the level of significance ($\alpha = 0.05$) between the average performance of the experimental group on the family empowerment scale in the posttest and between their average scores on the same scale in the follow-up test one month after the end of the program.

The Study Importance

The importance of the current study comes from a theoretical point of view in that it sheds light on one of the critical variables that affect the health of Syrian refugees in addition to the nature of the target group, which is refugee families. It is hoped that it will constitute assistance to those interested and researchers in psychological and family empowerment to understand what family empowerment is for Syrian refugees; the desired benefit of this research is to lay a small building block in the field of planning and to draw broad guidelines for empowering the Syrian family.

The importance of this study is also reflected in the scarcity of studies that dealt with the situation of Syrian refugees and how to support them in the psychological and social aspects. Therefore, it is expected to contribute to increasing the quality of psychological and social support programs to protect the psychological and social health and safety of refugees, with the possibility of relying on it as a frame of reference and an introduction to upcoming research and studies that address other problems of concern to refugees, at different age groups and groups.

The practical importance of the study highlights the fact that, through its results, it presents a program that can contribute to promoting psychological and social health and building skills to deal with stress, psychological disorders, and adaptation among Syrian refugees. The results of this study will have practical benefits in the psychological field, especially in mental

disorders. The current study is expected to reveal the role of a psychosocial support program in increasing and enhancing family empowerment among refugees, opening the door to future research concerning family empowerment among refugees, and motivating researchers to conduct new studies on other samples from different environments. The current study will also provide researchers and relevant institutions and draw the attention of officials in various institutions and organizations to the role of psychosocial support programs in empowering refugee families. It also highlights its importance in providing indicators and data that help specialists make appropriate decisions to apply the counseling program to other families with similar problems.

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The limits of the study

The generalizability of the results of the current study is determined according to several conditions: the demographic characteristics of the study sample members aged (18-58) years, the quasi-experimental study design with two experimental and control groups, and a random distribution with pre-, post-, and follow-up measurements, and the psychometric properties of the tools used in the study, which were based on the participants' results on the family empowerment scale, in addition to the components of the psychological and social support

program used in the current study, and the nature of the temporal conditions for implementing the study.

Study Terms

Psychosocial support: A program that includes processes and procedures that promote the overall well-being of people in their social world and includes support from family and friends; and can be described as the process of facilitating resilience between individuals, families, and communities; it aims to help individuals and families recover after a crisis that disrupted their lives and to enhance their ability to return to a normal state after experiencing adverse events (Ager et al., 2011). **Family empowerment:** The family can manage its daily affairs, interact and cooperate with the psychological and social service systems provided to it, and is willing to contribute to developing the quality of these services (Vuorenmaa et al., 2015). It is defined procedurally for the current study as the degree to which the respondent obtains on the scale used to measure family empowerment.

Syrian refugees: They are the Syrian individuals who left Syria after the outbreak of the civil war starting in (2011) to protect themselves and their families from the multiple sources of danger there and sought refuge in Jordan in search of security and stability. Procedurally, for the current study, they are defined as the individuals of Syrian refugees participating in the health education-based training program.

Method and Procedure

Study Methodology

The study adopted the quasi-experimental approach for its suitability, and it was chosen due to its usefulness to the characteristics and nature of the study sample and to infer from it the effectiveness of the training program based on psychosocial support in improving the level of family empowerment among refugees in Jordan, based on revealing the differences between the pre-and post-measurement (for two experimental and control groups), and between post-measurement and tracking measurement (experimental only), in the components of family empowerment among refugees in Jordan.

The population of the study

The study population consisted of all refugees in Irbid Governorate - the Hashemite Kingdom of Jordan, during the period 6-8-2021 - 28-10-2021. Their ages ranged from (21-49) years during the application of the study.

The Study Sample

The refugees registered in the various organizations and centers in Irbid governorate, which are mainly concerned with providing them with various services, whether health services or psychological and financial support, were counted with the help of the management of organizations, centers, and specialists in them. The Family Empowerment Scale was applied to all study population, then refugees whose scores on the scale in the pretest were less than (2.49) were selected; That is, those who scored the lowest scores on the family empowerment scale, and those who wanted to participate in the training program, numbered (32) male and female refugees. Then the study sample was randomly distributed into two groups (experimental and control).

Study Tools

First: The Family Empowerment Scale

To reveal the level of family empowerment, a scale for the study (30 items) was developed based on the needs of refugees and several measures and studies available in psychological, educational, and family literature and related previous studies such as a study (Graves & Shelton, 2007), and a study (Rouse, 2012), and a study (Van Es et al., 2019), and the Study of (Krupar, 2016).

Indications of validity and reliability of the family empowerment scale

Indications of virtual validity: The apparent validity of the Family Empowerment Scale was verified by presenting it in its initial form (30 items) to (10) experienced and specialized arbitrators to express their opinions about the accuracy of the scale and the validity of its content. In light of the arbitrators' observations and thoughts, the proposed amendments were made to the paragraphs of the scale, which relate to deleting (5) paragraphs and reformulating a number of them to become clearer. The criterion that was adopted in accepting or excluding paragraphs was that the items obtained the consensus of the arbitrators at a rate of (80%), and thus the number of paragraphs on the scale after arbitration became (25) paragraphs.

Indicators of construction validity: To verify the construction validity indicators, the scale was applied to (29) male and female refugees from outside the study sample and from within its community, then the construction validity indicators were calculated using the Pearson correlation coefficient to find the values of the paragraph's correlation with the total score of the scale. The correlation of the scale items ranged between (0.301-0.509) with the total score of the scale. A criterion was adopted for the acceptance of the paragraph that its correlation coefficient is not less than (0.30), as indicated by Hattie, 1985), and thus all the paragraphs of the scale were accepted.

Implications for the reliability of the family empowerment scale: The reliability of the internal consistency of the family empowerment scale was estimated using Cronbach's Alpha equation. To verify the stability of the replay, the Pearson correlation coefficient was used where the value of the stability of the internal consistency was (0.87), while the value of the stability of the repetition was (0.92).

Second: The training program based on psychosocial support

To build the training program, the (ADDIE) model of instructional design was used, and this model includes five stages characterized by a logical sequence in the design of the program, as indicated by Davis (Davis, 2013), which are:

Analysis: The characteristics of the refugees were analyzed in terms of the age group to which the program was applied, the shortcomings that the program would work on improving, the nature of the training centers in terms of the physical environment, and the training cadre of specialists and those involved in working with refugees were analyzed, and the nature of the programs provided for refugees inside the center and organizations to ensure that there is no overlap in the sessions of the program based on psychological and social support, and the services provided within the center for this category, and this problem was overcome by designing many sessions that ensure work to draw the attention of the refugees.

Design: At this stage, the elements of the training content were identified, the general and specific objectives of the program were identified, which were identified when surveying the needs of refugees, and the studies and research that dealt with support programs for refugees, and the ways and means of preparing the program were identified, and how to apply it procedurally to the members of the current study sample.

Development: At this stage, the training program based on psychosocial support was developed, and it was as follows:

The general objective of the program: The program aims to investigate the effectiveness of a training program based on psychological and social support in raising the level of family empowerment among refugees to improve their ability to deal with the problems they face in their lives and help them to act appropriately in different situations, and develop their skills in expressing their thoughts, feelings, desires, and interests in a manner appropriate to themselves and others. Within the program, each session includes particular objectives, methods, exercises, activities, and homework.

The methods used: The following methods were used in the program: dialogue and discussion, reinforcement, role-playing, questions, self-affirmation, feedback, self-monitoring, self-control, positive self-talk, homework, and storytelling.

The content of the program in its initial form: The program initially consisted of (12) sessions, distributed over three months, with one session per week, and the duration of one session was (60) minutes.

Indications of the validity of the program: To verify the validity of the program, it was presented to ten specialized arbitrators who were asked to express their opinion on the content of the program's activities and sessions and its suitability for refugees. The presentation included the program's objective, content, target group, identification of the individuals responsible for implementing the program, period, and the reinforcers used. The arbitrators recommended correcting some language errors, increasing the period for some sessions, changing some of their topics, and modifying the content of some of them.

The content of the program in its final form

All observations of the arbitrators were taken, and the necessary adjustments were made to correct linguistic errors and increase the period from one session to become (90) minutes. Accordingly, the number of sessions of the program in its final form reached (12) sessions. Here is a summary of the program:

The hypothesis that "the relationship between the individual and the family is a relationship of influence and impact" is the central pillar that gives the program great importance as the main program within the programs of the "Psychosocial Support Project for Refugees"; The family relationship is a means and an end to achieving high levels of mental health in individuals in general. The program covers its sessions with its objectives and themes with precisely defined periods for each procedure, based on the practical experience of specialists, which is reflected in the effective investment of time to achieve the desired benefit for the refugees.

The primary goal of this program, which states "understanding the concept of the current family," emerged from the change in the refugee experience in the family structure in terms of the number of family members, the integration of the place of residence, and the type of family, nuclear or extended. The individual perceives these changes on the grounds that they are

negative experiences in the family within his own concept of the family. Therefore, rebuilding the concept of the family under the current circumstances would contribute to the refugee's acceptance of some changes, which mitigates them, and the impact of other changes. Accordingly, the program included several exercises and interactive procedures that led the participants to reach the new concept of family.

Achieving the previous goal paves the way for reaching the second goal that the program seeks, which is "the ability to know family roles", as the effects of the refugee experience that may prevent each individual from performing his usual family role require that the roles in the family be restructured in a way that enables all an individual from performing his role and achieving a sense of accomplishment, which is the most prominent need that fulfills roles in the family environment. Therefore, the program included exercises that seek to reach the previous family roles, understand the changes that have occurred in light of the refugee experience, and work on reformulating new family roles from the individual's and family's point of view.

The program also focuses on communication between family members, as it is the first mover to solve its problems and the exchange of self-help in the family. Therefore, it aims to achieve "the ability for effective communication between family members" by providing integrated steps that begin with recognizing the importance of communication in the family, its patterns, and the impact of each style, then providing exercises of an experimental nature to enable them to transfer their experience of communication to refugees in a way that improves the means of communication families among them.

From a specialist point of view, the program includes an "understanding of the concepts of psychological resilience and psychological well-being in the family" of refugees and how they are measured; achieving a high level of it enhances the possibility of reaching the psychological well-being of refugees, and investing it in helping them solve problems, especially problems of a family nature, as the individual affects and is affected by the family in which he lives. Therefore, the program includes identifying psychological resilience, its measurability, and the psychological goals of refugees associated with it. And because the experiences of asylum, including loss, absence, and health, psychological and material damage, affect the refugees, and their effects continue to the present, requiring specialized intervention, the thoughtful approaches in such cases seek to solve the problem from an existential point of view that includes achieving a "positive perception of the meaning of life in the experiences of asylum, and the experiences of loss. Therefore, the program consists of sensory aids, presentations, and exercises based on dialogue and discussion to provide participants with the positive perception required to convey it to refugees effectively.

The program also addresses an educational, preventive, and curative approach to several issues among post-refugee refugees: domestic violence, early marriage, divorce, and succession of childbearing. Refugees, and its obstruction of the relevant authorities' role in bringing them to the best possible standard of life. Hence, the program provided participants with a solid base that includes awareness of each issue presented, feeling it, understanding its dimensions on the ground, awareness of its long-term effects, proposing remedial measures based on understanding the reality, and proposing educational, preventive measures. The program's objectives were concluded by increasing the participants' awareness (in the long term) of the family psychological services available by the High Commissioner for Refugees in Jordan, as not a small number are ignorant of these services, how to obtain them, and how to claim them

if a party prevents this. This is done practically in the program by assigning the participants to access these services and discussing all the issues that arise.

Implementation

At this stage, the program was implemented at Yarmouk University by specialists who had been prepared to master the program's content and explain the training activities that should be provided to the refugees. They were provided with a full copy of the program sessions, their contents, and their implementation dates. The training was conducted in cooperation between researchers and trainers. Note that the coaches were selected based on their tenure and legal knowledge where the program was applied to the experimental sample of (16) male and female refugees in special training rooms and prepared according to the conditions of application and the characteristics of the refugees.

Evaluation

The evaluation process for the program was carried out continuously throughout all stages of the program design and implementation. After each stage of program development, the outputs were presented to a group of specialized arbitrators to assess the quality of the program design and the suitability of its objectives to the target group, and the feedback provided by the trainers who were trained to implement the program was taken into consideration, in addition to the feedback from the refugees.

Study Variables

Independent variable: The treatment method used (the two study groups): It has two levels: the experimental group to which the training program based on psychosocial support was applied, and the control group that remained on the waiting list and it remained to be dealt with during the trial period using the usual methods.

Dependent variable: The level of family empowerment.

The Study Results

First: the results related to the first hypothesis of the Study: To verify the validity of the first hypothesis of the study, which states, "There are no statistically significant differences at the significance level ($\alpha = 0.05$) between the average scores of the experimental group members to whom the training program was applied and the average scores of the control group members who were not applied to any program in the posttest on the family empowerment scale. The arithmetic means and standard deviations of the two pre and post-measures of the level of family empowerment among refugees were calculated according to the group variable (experimental, control), and Table (1) illustrates these results.

Table 1
Arithmetic means and standard deviations of the responses of the members of the experimental and control groups (n = 32) on the family empowerment scale in the pre and posttest according to the group variable

Variable	Group	N	Pretest		Posttest	
			Mean	STD	Mean	STD
Family empowerment	Experimental	19	2.3075	.27236	3.7025	.22907
	Control	19	2.1750	.13135	2.2275	.35198

It is noted from Table (1) that there are apparent differences between the arithmetic means for the scores of the experimental and control groups (n = 32) on the family empowerment scale. To verify the significance of the apparent differences, one way ANCOVA was used after taking into account the scores of the tribal measurement of the items of the family empowerment scale, for each of the two groups, as a covariate for the presence of variance in the dimensional scale of the family empowerment scale, as shown in Table (2).

Table 2
One-way covariance analysis of the family empowerment scale in the posttest according to the group variable

Source of variance	Sum of squares	df	Mean of squares	F	Error probability	Effect size
Pretest of family empowerment	15.829	1	15.829	173.542	.000	.857
Group	.000	1	.000	.003	.956	.000
ERROR	2.645	29	.091			
Total	20.050	31				

*Statistically significant at the level of significance ($\alpha = 0.05$)

It is evident from Table (2) that there are statistically significant differences at the significance level ($\alpha = 0.05$) between the two arithmetic means for the pre and post-measurement of family empowerment of refugees according to the group to determine in favor of which of the two study groups (experimental, control) the apparent differences were, the arithmetic means adjusted for the dimensional measure of family empowerment among refugees were calculated according to the group and its standard errors, as shown in Table (3).

Table 3
The modified arithmetic means and standard errors of the family empowerment scale in the posttest according to the group variable

Variable	Group	Average arithmetic means	Standard error
family empowerment	Experimental	3.703	0.077
	Control	2.227	0.077

It is clear from Table (3) that the apparent differences were in favor of the experimental group who received training on family subjects, compared to the members of the control group who did not receive any training, which leads to the rejection of the hypothesis of the study and acceptance of the alternative hypothesis. That is, there is a difference between the two groups, bearing in mind that the impact size of the program has reached (85.7%), which indicates a practically significant effect of the training program based on family psychological support on the scale of family empowerment, it means that the training program used has resulted in an

improvement in the level of family empowerment among the refugees who participated in the training program.

Second: Results related to the second hypothesis of the Study: To verify the validity of the third hypothesis of the study, which states that “there are no statistically significant differences at the significance level ($\alpha = 0.05$) between the performance averages of the experimental group on the family empowerment scale in the posttest and their average score on the same scale in the follow-up test one month after the end of the program. The arithmetic means and standard deviations were calculated, and a paired-sample t-test was used for the experimental group's performance in the post and follow-up tests on the family empowerment scale. Table (4) shows the arithmetic averages and standard deviations of the post and follow-up measurement degree and the results of the "T" test for the differences between the degrees of the post and follow-up measurements on the family empowerment scale among the experimental group's (16) refugees.

Table 4

Arithmetic averages, standard deviations, and t-test results for the differences between the post and follow-up tests on the family empowerment scale for the experimental group members (n = 16)

Variable	Test	Mean	STD	F Value	Sig
family empowerment	Posttest	3.7025	.22907	1.217	.242
	Follow-up	3.7450	.21805		

*Statistically significant at the level of significance ($\alpha = 0.05$)

The data in Table (4) above indicate that there are no statistically significant differences at the level of significance ($\alpha = 0.05$) between the scores of the experimental study sample members participating in the training program on the family empowerment scale in the two follow-up posttests, this indicates that the refugees will retain the gains achieved from their enrollment in the program.

Discussion of the Results

The current study sought to investigate the impact of a psychosocial support program in raising the level of family empowerment among a sample of refugees. Concerning its first hypothesis, the study concluded that there are statistically significant differences between the experimental and control groups in the mean scores on the family empowerment scale in the posttest in favor of the experimental group.

It was found that the refugees in the experimental group, compared to the refugees in the control group, had better levels in the scale of family empowerment, which indicates that the program proved to be practical and effective in raising the level of family empowerment among the refugees.

The positive outcome of the program can be explained by what it does in achieving awareness among refugees of the importance of change and that the desired positive change can occur. Asylum, and thus rebuilding the concept of the family under the current circumstances, may contribute to the refugee's acceptance of some changes, which mitigates their impact and the impact of other changes. The program also included several interactive exercises and procedures that led to achieving its goals by identifying family roles, which may have helped in accepting the restructuring of roles in the family, enabling each individual to perform his role, and achieving a sense of achievement, which is the most prominent need that meets the role in the family environment. Therefore, the program included exercises that seek to reach the

previous family roles, understand the changes that occurred in them in light of the refugee experience, and work on reformulating new family roles from the individual's and the family's point of view.

The positive result can also be explained by the program's ability to enhance communication, among family members, as the first driver to solve its problems and exchange self-help in the family, and this may enhance psychological resilience and psychological well-being in the family of refugees, which can play a role in helping refugees can solve problems, especially family-type problems, as the individual affects and is affected by the family in which he lives. The result can be attributed to the educational, preventive, and curative approach provided by the program to several issues that have been developed among refugees, which are represented in domestic violence, early marriage, divorce, and the sequence of childbearing.

The positive outcome of the program can also be explained by its ability to enhance responsibility and improve the self-esteem of refugees, which contributes to raising the level of family empowerment.

Concerning its second hypothesis, the study concluded that there were no statistically significant differences between the scores of the pilot study sample members participating in the training program on the scale of family empowerment in the post and follow-up tests, which indicates that the refugees retained the gains achieved from their enrollment in the program. This result can be attributed to the fact that the program has been prepared on an equal basis to cover all aspects of family empowerment and, in the long run, aims to achieve the main objective related to raising the level of family empowerment based on psychological and social support.

In its construction, the program was subject to scientific foundations based on theoretical frameworks, reviews of related literature, and practical foundations related to arbitration, review, and audit; it was prepared after reviewing many theoretical frameworks related to this, considering and during its preparation that it achieves the basic objective for which it was set. And it seeks to provide the necessary information related to family empowerment based on psychological and social support, including the capabilities, activities, and skills required to achieve self-sufficiency and positive self-reliance, and its roles and intervention procedures were based on the level appropriate to the needs of the refugees targeted by the Study (first level: psychological needs and security).

Consideration was also given to the chronological age of the study sample, its characteristics (cultural and demographic), religious and moral standards, and the continuity of the evaluation process for the program at all stages of its design and implementation, considering the feedback provided by trainers and the observations of refugees. It was approved that the program is divided into stages. Each stage includes several sessions that the participants are informed of to maintain a logical sequence of the course of the program and its steps and to ensure the transition from one degree to another in ascending towards achieving the goal and in a manner that the participants feel approaching the desired goal by completing stages. It was also taken into account that each stage leads to the next and is linked to the precedent without interruption, and it was taken into account that flexibility is achieved in the stages; That is, the possibility of adding, replacing, and changing in line with the desired goal.

Recommendations and Suggestions

- Conduct subsequent descriptive research and studies in the field of family empowerment and link them to some variables such as post-traumatic stress disorder, depression, anxiety, and obsessive-compulsive disorder.
- Conduct empirical studies that test the effectiveness of marital and family counseling theories on family empowerment.
- Adopt the program used in this study within the services provided to refugees for its effectiveness in raising the level of economic empowerment.
- Train psychosocial care providers on the software used in this study.
- Develop the program aligns with the psychosocial services provided to refugees in specialized organizations and centers.

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