Pre-Analysis Plan
Modification 4

Coping with War through God: Religion and the Promotion of Mental Health Among Refugees

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1 About This Pre-Analysis Plan Modification

This pre-analysis plan modification documents our plan for an end-line survey, which is going to be administered in May and June 2024. The modification is filed before launching the end-line survey. In this modification, we discuss the questions that we include in the end-line survey to explore the long-term impacts of treatment arms and the potential mechanisms.

2 End-line Survey

The end-line survey was initially was planned to be conducted within 12 to 18 months after the intervention. Due to the mass deportation of Afghan refugees from Turkey, many Afghan refugees try to leave Turkey illegally for European destinations. In order to reduce attrition, we are conducting the end-line survey in May of 2024, around 10 months after the intervention. The survey questionnaire includes HSCL-25 to measure symptoms of depression and anxiety, Harvard Trauma Revised Questionnaire (HTQ-R) to measure symptoms of PTSD and a module to test mechanisms – as explained below.

2.1 Exploring Mechanisms

We postulate that two mechanisms could make the effect of Islamically integrated CBT (I-CBT) last longer than CBT. First, it is easier to acquire and practice I-CBT skills because of higher consistency with participants' religious beliefs and practices. Second, I-CBT reduces stigma toward disclosing mental health issues and negative emotions because of religious framing. As a result, those assigned to I-CBT are more likely to discuss their negative emotions and mental health issues with others than those assigned to CBT, leading to a greater decline in depression, anxiety and PTSD symptoms in those assigned to I-CBT compared to the CBT group.

We use the HSCL-25 and Harvard Trauma Questionnaire-Revised to assess whether the effect of CBT, I-CBT and Islamic teachings in terms of reducing the symptoms of depression, anxiety and PTSD still persists ten months after the intervention. Our hypothesis is that although the effect of CBT and Islamic teachings may have faded, the effect of I-CBT is expected to persists, particularly among those who were symptomatic at the baseline.

To test the first mechanism, the survey includes questions that assess how much participants remember and how well they can perform the relaxation and cognitive restructuring skills they were taught in the psycho-education sessions. The participants are invited to consider different adverse or stressful conditions and asked what actions or thoughts they

would rely on in order to calm down in such conditions. In addition, they are asked to actually perform the relaxation exercises they were trained in during the psycho-education sessions. The hypothesis is that those who participated in I-CBT sessions are more likely to remember and perform relaxation and cognitive restructuring skills than those assigned to CBT. I-CBT sessions drew upon religious beliefs and practices to teach relaxation and cognitive restructuring skills, which is expected to make learning and practicing these skills easier than in CBT sessions. We also ask respondents how easy they found each relaxation skill and how effective each skill was in helping them cope with negative emotions.

To test the second mechanism, we ask the participants whether they feel embarrassed or shy to talk to others about mental health issues or negative emotions that they experience. We also ask the frequency of discussing mental health issues or negative feelings with others over the past two weeks. Our hypothesis is that I-CBT reduces the stigma toward mental health issues and negative emotions more than CBT sessions.

2.2 Heterogeneity Analysis

We will conduct a heterogeneity analysis based on being symptomatic at the baseline survey. We will explore the effect of treatment on those who were at the baseline above the cut off point for being symptomatic with depression and anxiety (above 1.75 on HSCL) or being symptomatic with PTSD (above 2.5 on HTQ-R).

2.3 Qualitative Interviews

To gain more insights into the mechanisms and how the intervention affects participants' coping skills, we will conduct 80 qualitative interviews (40 interviews with female participants and 30 with male participants). The respondents will be randomly selected from the pool of participants– ten from each treatment arm and ten from the control groups. In addition to selecting randomly 70 participants, we will randomly select another 35 participants as the reserve respondents (five from each treatment arm and five from the control groups) to replace the main respondents who cannot be reached or interviewed. The qualitative interviews will explore the changes in participants' taking up and retaining the coping skills taught in the CBT and I-CT sessions. For those who participated in Islamic teaching sessions, we are interested to assess the extent to which participants remember and rely on the Islamic teachings discussed in the sessions for positive reinterpretation of adverse conditions and for calming down when experiencing negative emotions.