Research Article

Mapping crisis intervention course into social work academic curricula in Lebanon

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Abstract

Social work is strongly presented to support and decrease the suffering of people living in a crisis. The call to intervene professionally in such cases is highly demanded by government institutions, non-governmental organizations, international organizations, and United Nations agencies, the main umbrella that enfolded practitioner social workers in Lebanon. Although Lebanon has experienced successive crises for more than forty years, there is no national strategy for social work or for intervention during crises that must be developed by the Ministry of Social Affairs in collaboration with relevant institutions such as academia. However, considering that the Lebanese universities that graduate social workers are the most important source for developing that strategy based on evidence-based research, unfortunately, they did not do any action. The purpose of this article is to describe how these universities are preparing students and developing their capacities to deal with the crisis consequences. The focus of this article is the presence of the Crisis Intervention (CI) course in the curricula of universities. Data were collected from all Lebanese universities' websites and catalogs with undergraduate-level social work majors (N = 6). The data were issued from reviewing the curricula of the six universities that covered the N = 290 course. Data shows that the CI course does not enclose three out of six published curricula as well and results indicate a modest appearance of the crisis and its relevant courses. Accordingly, at the end of the research, a syllabus of the crisis intervention course is proposed and will be shared with the six Lebanese concerned Universities.

Introduction

Lebanon suffered from several crises, most notably the result of the civil war of 1975, the July 2006 war, and the Syrian crisis of displacement due to the Syrian crisis of 2011, which affected both the Lebanese and the displaced Syrian societies. In its tenth year, Lebanon is at the forefront of the countries that have experienced the worst humanitarian crises in receiving the displaced. Lebanon has been classified as still hosting the most significant number of displaced persons per capita despite being one of the smallest countries in the world. Statistics indicate that as of November 2020, Lebanon hosted 1.5 million Syrians and Palestinian Syrians who fled the conflict in Syria, in addition to 257,000 Palestinian refugees pre-existing in Lebanon [1], the estimated number of the total population of Lebanon is 6.8 million people [2]. Accordingly, as per the Lebanese Republic-Central Administration of Statistics (CAS) 2018 - 2019 Lebanese census, about 80 percent of residents were Lebanese citizens compared to 20 percent of non-Lebanese [3]. These crises have had a direct impact on the social work sector in Lebanon through the development of policies at the Ministry of Social Affairs and Civil Society Institutions, which have changed its principles of relief, charity, rescue, and provision of material assistance during the war toward modern approaches and techniques related to social protection, psychosocial support, community development, and support to

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host communities in order to reduce psychological and social stress and pressure in response to the consequences of these crises.

Additionally, like other countries, Lebanon experienced the repercussions of the Corona epidemic crisis that affected health, social, economic, and educational levels. This pandemic has obligated higher education institutions to rapidly change from face-to-face to remote learning through online education platforms.

Due to the spread of the epidemic, the education sector in Lebanon has faced many challenges. Nevertheless, the crisis was exacerbated by the lack of electricity and Internet for students and teachers, which Lebanon has endured for decades. Adding insult to injury, on August 4, a massive explosion devastated Beirut's seaport. This explosion affected national food security, as Lebanon relies on imports from abroad for 85 percent of its food. In addition, the explosion affected the infrastructure of Beirut and its suburbs, including 163 public and private schools, and suspended the work in half of Beirut's healthcare centers and hospitals [4].

Currently, Lebanon is reeling under the weight of a political-economic crisis that it has never witnessed before; this time, the crisis has led to an increase in the price of essential commodities and fuel by more than ten times, worsened social and living conditions, and led to an increase in poverty rates. As per the World Bank, "The social impact of the crisis, which is already dire, could rapidly become catastrophic; more than half the population is likely below the national poverty line. Lebanon, with a history of civil war and conflicts, faces realistic threats to its already fragile social peace", and "Lebanon's financial and economic crisis is likely to rank in the top 10, possibly top three, most severe crises episodes globally since the mid-nineteenth century" [2].

In conclusion, ten years ago and till the day, Lebanon has responded to five simultaneous successive crises: the exacerbation of the Syrian crisis, economic collapse, political instability, the COVID-19 epidemic, and the Beirut Blast [2]. In addition to what we mentioned above, it was necessary for us as social work specialists to explore the relationship between academic institutions - which have social work specializations- and the practice field. Consequently, the essential question of this article focuses on the following: Do Lebanese universities update their curricula to respond to the real needs? Do they include the CI course in their curricula?

To obtain the answer, we considered the presence of CI courses within the teaching curricula of all Lebanese universities, that graduate social workers, as the main indicator to measure the update occurred, and to monitor its syllabi compatibility with the repercussions of the crisis on the population of the Lebanese society. Therefore, we present in this research the most important concepts, models, and techniques, related to the crises, which the academic institutions in Lebanon must carry out. Accordingly, a comparative study was conducted among university education curricula that relatively responded to the crises.

This research article seeks to identify the frameworks of modernized social work academic curricula based on current concepts, techniques, or models derived from the recent crisis and evaluate their degree of consistency with reality. Therefore, we propose a conceptual and practical model of a syllabus responding to the repercussions of the crisis.

Literature review

In the social work profession, CI appears as a theory and model of intervention at the same time and requires particular and professional skills and personalities adapted among practitioners. The theory may be defined as a set of analytical principles or statements designed to structure our observation, understanding, and explanation of the world and model that typically involves a deliberate simplification of a phenomenon or a specific aspect of a phenomenon. Models need not be completely accurate representations of reality to have value. Models are closely related to theory, and the difference between a theory and a model is not always clear. Models can be described as theories with a more narrowly defined scope of explanation; a model is descriptive, whereas a theory is explanatory and descriptive [5]. The context of CI represents the essential subject that embedded tens of related topics. Therefore, we have listed the most usable concepts and terms highly connected to the crisis concept in social work. Subsequently, to compare what is marked among the six universities' curricula.

Social work profession

Furthermore, as per the International Federation of Social Work (IFSW), the social work profession defines that "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities, and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing" [6].

Crisis and crisis intervention definitions

The concept of the crisis is defined as a state of anxiety and anger in an ongoing situation that exceeds the immediate capacity of the individuals to bear the consequences or to adapt and restore their psychological balance, which would improve the problem-solving and coping mechanism, and as well restore self-confidence, strength, and resources. Therefore, it usually demands urgent intervention due to its dangerous implications [7]. Accordingly, this intervention is recognized as the technical method that is strongly recommended in emergency cases. Crisis intervention is one of the essential practice models of the profession of specialized social work. Social workers must be fully prepared to deal with acute crises and their causes because clients cannot solve obstacles and face difficulties and crises without specialized assistance and intervention. In this regard, professionals must have the knowledge and skills needed to manage crises caused by acute stress, accumulation of stress,

or trauma, especially when working in areas that require immediate and urgent intervention, such as family violence, criminal justice, child abuse, schools, and mental health [8]. The model of CI consists of seven-stage. "These stages are essential, sequential, and sometimes overlapping in the process of CI: 1. plan and conduct a thorough bio-psychosocial and lethality/imminent danger assessment; 2. make psychological contact and rapidly establish the collaborative relationship; 3. identify the major problems, including crisis precipitants; 4. Encourage exploration of feelings and emotions; 5. Generate and explore alternatives and new coping strategies; 6. Restore functioning through the implementation of an action plan; 7. Plan follow-up and booster sessions" [9].

James R. [10] has developed a six-step model of CI, which includes: 1. Defining the problem, 2. Ensuring client safety, 3. Providing support, 4. Examining alternatives, 5 and making Plans, and six and obtaining commitment.

Refugee, migrant, and displaced persons

A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal, and religious violence are the leading causes of refugees fleeing their countries [11]. In addition, there is no specific definition of a migrant person, "While there is no formal legal definition of an international migrant, most experts agree that an international migrant is someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status. Generally, a distinction is made between short-term or temporary migration, covering movements with a duration between three and 12 months, and long-term or permanent migration, referring to a change of country of residence for one year or more" [11], while the displaced person is defined as an Internally Displaced People (IDPs) who "have not crossed a border to find safety. Unlike refugees, they are on the run at home [11]. There is no policy or legal statement for refugees in Lebanon, and they cannot get Lebanese nationality.

Sphere project

The Sphere Project, now known as Sphere, was created in 1997 by humanitarian nongovernmental organizations and the Red Cross and Red Crescent Movement. It aimed to improve the quality of their humanitarian responses and to be accountable for their actions. The Sphere philosophy is based on two core beliefs: People affected by disaster or conflict have the right to life with dignity and, therefore, the right to assistance, and all possible steps should be taken to alleviate human suffering arising from disaster or conflict. Sphere enfolds Water, Sanitation and Hygiene Promotion, Food Security, Nutrition, Shelter and Settlement, and Health essentially, in addition to the vulnerabilities including child protection, Older people, Gender-based violence, Persons with disabilities, People living with and affected by HIV, Mental health and psychosocial support [12].

Psychological First Aid (PFA)

According to Sphere [12] and IASC [13], Psychological First Aid (PFA) describes a human, supportive response to a fellow human being who is suffering and who may need support. PFA involves the following themes: providing practical care and support, assessing needs and concerns; helping people to address basic needs (for example, food and water, information); listening to people, but not pressuring them to talk; comforting people and helping them to feel calm; helping people connect to information, services, and social supports; and protecting people from further harm [14].

Hosting community

A host community refers to the country of asylum and the local, regional, and national governmental, social, and economic structures within which refugees live. Urban refugees live within host communities with or without legal status and recognition by the host community. In the context of refugee camps, the host community may encompass the camp, or may simply neighbor the camp but interact with, or otherwise be impacted by, the refugees residing in the camp [13].

Response plan/emergency response

There are two kinds of planning in the context of CI, governmental and nongovernmental based. The national emergency response plan falls under the responsibility of the government in making policies and assessing needs. NGOs design their plans to respond to the immediate needs and implement them through their multidisciplinary team. There are no governmental response plans without investments of the combination of the effective existent institutions. The Lebanon Crisis Response Plan (LCRP) 2017 - 2020 is a multi-year plan between the Government of Lebanon and its international, UN agencies and national partners [15].

Case management (CM) in social work

CM is a process of planning, seeking, advocating for, and monitoring services from different social services or healthcare organizations and staff on behalf of a client. The process enables social workers in organizations or different organizations to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. CM limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. CM can occur within a single, large organization or within a community program that coordinates services among settings [16]. Consequently, case managers identify the service providers, build a memorandum of understanding with diverse local communities, and map the available resources for better support for their beneficiaries.

Mapping resources

"Relative to other fields, social work has been slow to adopt Geographic Information Systems (GIS) as a tool for research and practice" [17]. Mapping resources is considered one of the most supportive tools for social work. This tool has several

benefits that provide social workers with a map of services in their communities where they work through screening and assessing the services provided in the geographical area where they intervene. The mapping resources point out the influential persons, organizations, or any instances that could assist, support, and help improve the beneficiary case status through a professional referral system. A memorandum of understanding between organizations could be developed for easier refer and professional exchange. In addition, this tool works to enhance the positive capacity of societies to identify their issues; To develop solutions that derive from the strengths of community members, individuals, institutions, and structures; and In harmony with the prevailing culture [18].

Interagency

Kramer R. [19] the interagency definition is "a process through which different parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their limited view of what is possible". Other researchers were annexed to the interagency the term co-operation and defined it as: "Any joint action by two or more agencies that are intended to increase public value by their working together rather than separately [20].

Referral system

The referral was known in the health field; it is a process in which a health worker at one level of the health system, having insufficient resources to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in or take over the management of a client's case [21]. The social work field gained the referral system terminology from the medical sector and inserted this concept into the CM intervention, this meaning; the referral system links people with systems that provide them with resources, services, and opportunities, considering the Person-centered services approach [21].

Reproductive health in the context of CI

Reproductive health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Therefore, reproductive health implies that people can have a satisfying and safe sex life and reproduce and have the freedom to decide if, when, and how often to do so [15]. Neglecting reproductive health in emergencies has serious consequences such as unwanted, undesired pregnancies, preventable maternal and infant deaths, and the spread of STIs, including HIV/AIDS [22].

Vulnerable groups

A vulnerable group can be defined as people living in the same country with specific characteristics that make them more exposed to risk than others because of humanitarian needs and assistance lack or exclusion from financial and social services. The situation of these groups is also intensified for more services and assistance during crises, which calls for taking additional measures that require more capabilities, as

an emergency phase for disaster management. "In general, the identification of vulnerable groups, such as the elderly, children, and the mentally and/or physically impaired, in the case of hazards or when a crisis unfolds, is an issue that any crisis and disaster risk management should address since people have different levels of exposure to hazards and crises, which do not affect people equally" [23].

Social protection

Social protection is also a highly considered concept when a social worker must intervene during a crisis since social security is enshrined in the Universal Declaration of Human Rights and the Covenant of Economic, Social, and Cultural Rights [24]. In other words, "it is defined as the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income" [25]. In addition, the essential role of social protection lies in improving the quality of life of marginalized or vulnerable groups who have limited potential and resources and precarious live-in situations. The role of social protection is to help them during crises and disasters that they may face, which include unexpected expenses and loss of livelihood, health problems, death, unemployment, forced displacement related to violent conflicts or environmental disasters, and others ... all these cases can lead to severe problems that threaten people's quality of life and their wellbeing. Hence, social protection provides a convenient level of security and supports to meet their urgent needs [24].

Resilience and psychosocial support

Building resilience is a topic that must CI course include. It is one of the essential duties that social workers afford in collaboration with specialists within multidisciplinary teamwork since social work engages people and structures to address life challenges and enhance well-being. In addition, resilience could be considered from health psychology that interfaces biological and psychological factors to promote health in physical illness [26]. As a definition, "resilience combines a set of flexible cognitive, behavioural, and emotional responses to acute or chronic adversities which can be unusual or commonplace ... while many factors affect the development of resilience, the most important is the attitude you adopt to deal with adversity. Therefore, attitude (meaning) is the heart of resilience" [27].

Psychosocial support is a continuum of care and support that affects the individuals and the social environment in which they live. This continuity is related to the level of care and support that people receive from caregivers, family members, friends, neighbors, teachers, health workers, and community members regularly, that is dominated by positive relationships that convey understanding, tolerance, and unconditional acceptance, and love, as it also extends to the care and support provided by services Psychological and social specialist. Its techniques help individuals and communities to heal psychological wounds and rebuild social structures after an emergency or a critical event.

It can help change people into active survivors rather than passive victims. Early and adequate psychosocial support can prevent distress and suffering from developing into something more severe, help people cope better and become reconciled to everyday life, help beneficiaries resume their normal lives, and meet community-identified needs. The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. Psychosocial support can be adapted – in particular situations - to respond to the psychological and physical needs of the people concerned by helping them to accept the situation and cope with it [28]. This coping mechanism is based on the term "debriefing, "which is widely used to suggest aid or assistance to someone helping him/her to describe their responses to a particular situation to perceive the effect of sharing the experience with others [29].

Experience has shown that interventions through group experiences in community settings during emergencies are the best, as most individuals can be helped in the fastest way through group support for individuals and a continuous psychosocial support program. In some situations, some cases may require professional psychological interventions. In addition, evidence-based studies have shown that the role of psychosocial group interventions is highly influential on people, as it works to educate them, set goals, apply coping strategies, especially strategies that encourage emotional expression, and improve psychological and physical outcomes. This kind of intervention aims to enhance the individual's ability to choose which adaptive strategies are most appropriate to adopt to solve problems and the methods of regulating emotions derived from their experience [30].

Trauma and post-traumatic stress disorder (PTSD)

A definition, "A traumatic event is defined by its capacity to evoke terror, fear, helplessness, or horror in the face of a threat to life or serious injury." In the same context, individual traumatic events may impose a considerable demand on individuals and families, such as vehicle accidents, sudden unexpected death of a close person, witnessing a kind of violence or physical assault [29]. Similarly, post-traumatic stress disorder, referred to as PTSD, is "a psychological disturbance that occurs after observing or being involved in a severely traumatic or horrifying event" [31]. To be diagnosed with PTSD, there are six conditions that a person must have:

1. The individual has witnessed an event that threatened him or others, resulting in an intense feeling of fear, horror, or helplessness.

2. The traumatic event is persistently reexperienced as unwanted images, thoughts, or perceptions (dreams, flashback memories...)

3. The individual actively avoids things that are associated with the traumatic event in three or more ways thoughts or conversations related to the event, people that bring up recollections of the trauma, difficulty remembering an essential part of the event, reduced interest in his/her life routine activities such as sports or school,

diminishes the ability to express emotions such as love or joy, and or will not have a career, marriage, children, or expected lifespan

4. The individual may experience two or more disturbance physical signs: insomnia, concentration difficulty, irritability, or hypervigilance,

5. The 2,3 and 4 described symptoms have lasted more than one month.

6. "The symptoms result in significant distress in the person's schoolwork, job functioning, or family life." PTSD is considered acute if its symptoms have stayed for less than three months, chronic if it lasted more than three months, and called delayed-onset PTSD when its symptoms appear six months or more after the traumatic event.

Risk management and harm reduction

The Blackwell Encyclopedia of Social Work defines risk management as 'the processes devised by organizations to minimize negative outcomes which can arise in the delivery of welfare services" [32]. Regarding harm reduction, there is no exact accepted definition of harm reduction agreed at the universal level, this term is adopted "based on years of work on drug use, public health, and human rights, and incorporates views shared by partner organizations" [33] . However, harm reduction is defined as it "refers to policies, programmes, and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies, and drug laws" [33].

The concepts of needs, risks, and harm are fundamental issues in the scope of work of social workers and for which legal responsibilities may be assigned. They intervene through organized actions to reduce risk and minimize harm. Therefore, they must understand the relationships between 'need' and 'risk' to respond to it in proportion to the desired situation.

Accordingly, social workers can use a variety of evaluation frameworks and methods by following the person-centered approach. Consequently, working under risk means balancing rights with responsibilities between individuals, society, and the institution, while ensuring that social workers maintain their safety and that of the beneficiaries [34].

Research question

The fundamental research question arises from the following: Have crises – the Syrian crisis of 2011- affected the development of social work concepts, approaches, and mechanisms of the academic community in Lebanon?

Social work academia in Lebanon

Six academic institutions in Lebanon have social work as a major, and this research targets them all: Lebanese University (LU/ul.edu.lb), Lebanese American University (LAU/lau.edu.lb), HAIGAZIAN University (HU/ haigazian.edu.lb), ALJINAN University (JU/jinan.edu.lb), Modern University for Business

and Science (MUBS/ mubs.edu.lb) and Saint Joseph University (USJ/usj.edu.lb).

Methodology

• Recruitment and data collection

Revising academic curricula represents the main subject that the study went through. Data were collected by visiting the websites and looking closely into the catalogs of all Lebanese universities (N = 6) that have social work specialization to identify crisis–based courses listed under the offerings and /or to reveal the appearance of the CI concepts in each course. The data were issued from the courses listed under the curricula universities, which covered the N = 290 course. Furthermore, the six Lebanese universities graduating social workers consider each of the nine standards according to their understanding. As mentioned previously, the study focuses on six Lebanese academic curricula, revising and comparing their offered courses in the context of CI published on their websites and catalogs.

• Data analysis

Research results

We summarized the following essential research results:

- The term crisis appears in the curriculum of UL, USJ, and MUBS (Table 1). However, there is no appearance of crisis word in ALJINAN, LAU, and Haigazian Universities curricula (Table 1).

- CI is known as theory and considered as one among tens of theories taught in social interventions with individual and family courses (Table 1).

- Regarding the components related to the CI, they are partially enclosed in other courses such as in the following courses:

This table shows that only USJ considers CI course and highlights the trauma with PTSP and the case management which is unique among the five universities. Note that only three of six curricula pointed out CI course despite of the Lebanese multilayered crisis. Thus, all universities must strongly consider CI courses in their curricula.

The history of Lebanon assures that either the refugee or displaced persons constituted the most important field of intervention for social workers especially that Palestinians fled to Lebanon from 1948. In addition, the civil war had repercussions on the Lebanese displaced from their towns to other ones searching for safe places. Accordingly, from 2011 till the present, the Syrian refugees as per the UNHCR represent more than a third of the population. Consequently, all universities are urged to include the refugee and displaced persons in their curricula (Table 2). Therefore, universities must also adopt the Sphere project and understand the contents, which are explained in a previous paragraph. Likewise, interagency networking between all instances such as GOs, NGOs, INGOs and UN agencies is highly required for the integration of services and tasks.

Table 1: Topics that are clearly seen in CI syllabi.

Component	University - Course name
Crisis and crisis intervention definitions	**MUBS** - SSW303 Crisis Intervention **UL** - TRSO-L7200 (Travail social: Intervention d'urgence) Crisis Intervention **USJ** - 015TSTDL4- Social Work: Trauma, Mourning, and Crises **USJ** - 015CHTSL5- Social Work and humanitarian crisis
Case management	**USJ**-015SCAML4-Case Management **USJ** - 015SPCML6 - Case management and system protection
Trauma	**USJ** - 015TSTDL4- Social Work: Trauma, Mourning, and Crises
Crisis intervention as theory	**UL**- TRSO-L1201 social work intervention methods with individuals' foundations **MUBS**- SSW206 Social Work Practice Methods I (Family & Children) **USJ**- 015CHTSL5 Humanitarian crises and Social Work

Table 2: Topics that are not seen at all (neither as a topic in CI syllabus nor other syllabi).

Component	University - Course name
Refugees' persons and displaced persons	Not seen in the six syllabi
Sphere project	Not seen in the six syllabi
Interagency	Not seen in the six syllabi

This table shows lack of concentration on the important components that constitute the main core of the CI. All titles are lightly marked into syllabus of the courses above in particular JU, LAU, and HU (Table 3). It is axiomatic that the CI course must include the refugees' issues, more particularly the role of hosting communities in facilitating their integration. Moreover, only UL, MUBS and LAU marked the hosting communities in the syllabi as a topic (Table 3). In addition, only LU addresses psychological first aid in two courses social work and Mental health, crisis intervention. Hhowever, the five other universities do not target it at all (Table 3). It is noteworthy that all universities have included vulnerable groups in their curricula, which is the only component that six universities unanimously agreed upon (Table 3).

Therefore, all universities should develop their curricula and syllabi with specification of CI and other related courses. More analytical review will be elaborated in the next part.

Discussion & implications

Limitation

The limitations of this study are defined as follows: First, there are restrictions on the sample size (N = 6), knowing that the study targeted all academia specializing in social work in Lebanon. Second, special restrictions according to the age of universities, as the oldest one is 147 years old (USJ) and the most recent is 21 years old (MUBS). Third, restrictions related to the repercussions of the economic crisis on the proper functioning of the educational process, especially during the COVID–19 pandemic.

Table 3: Topics that are partially seen in other syllabi (marked in the syllabi as a topic).

Component	University - Course name
Hosting community	**UL**- PSSO-L7201 community intervention methods. **UL**- PSSO-L7203 community intervention methods: practice analysis. **UL**- ENVI-L6202 sustainable development. **UL**- SAPU-L7200 crisis intervention. **MUBS** -SSW305 Social Worker Community Practice. **LAU**- SWO 210 - Introduction to Community Development.
Psychological first aid	**UL**- PSSO-L8201 Social work and Mental health. **UL**- SAPU-L7200 crisis intervention.
Resilience and Psychosocial support (PSS)	**UL**- SAPU-L7200 crisis intervention **UL**- L5100- Group Dynamics **UL**- PSSO-L7200 Sociopsychology **UL**- PSSO-L8201 Social work and Mental health **MUBS** -SSW302 Community Mental Health **HU-** SOW 222- working with groups**.**
Trauma and Post-Traumatic Stress Disorder (PTSD)	**UL**- SAPU-L7200 crisis intervention **UL**- PSSO-L8201 Social work and Mental health **MUBS** -SSW302 Community Mental Health **USJ** - 015TSTDL4- Social Work: Trauma, Mourning, and Crises **JU**- MSA122 - Psychiatry and Mental Health
Case management (CM)	**UL**- SAPU-L7200 crisis intervention **UL**- TRSO-L1201 social work intervention methods with individuals' foundations **UL**- TRSO-L2204 social work intervention methods with individuals **UL**- TRSO-L2206 social work intervention methods with individuals: practice analysis **UL**- TRSO-L2205 social work intervention methods with individuals: fieldwork **UL**- TRSO-L3201 social work intervention methods with families **UL**- TRSO-L4207 social work intervention methods with families: fieldwork **UL**- TRSO-L6202 social work-participatory diagnosis **UL**- TRSO-L6204 social work-participatory diagnosis-fieldwork **MUBS**- SSW206 Social Work Practice Methods I (Family & Children) **MUBS** -SSW210 Field Practicum **MUBS** -SSW302 Community Mental Health **MUBS** -SSW305 Social Worker Community Practice **USJ**-015SCAML4-Case Management **USJ** - 015SPCML6 - Case management and system protection **USJ** - 015TSTDL4- Social Work: Trauma, Mourning, and Crises. **JU**- MSA311 - Mid-Level Counseling I **JU**- MSA326 - Mid-Level Counseling II **HU**−SW 221- social intervention with individuals and families (elective)
Mapping resources	**UL**- SAPU-L7200 crisis intervention **UL**- TRSO-L2204 social work intervention methods with individuals **UL**- TRSO-L2205 social work intervention methods with individuals: fieldwork **UL**- TRSO-L4206 social work intervention methods with families: practice analysis **UL**- TRSO-L4207 social work intervention methods with families: fieldwork **UL**- TRSO-L6202 social work-participatory diagnosis **UL**- TRSO-L6204 social work-participatory diagnosis-fieldwork **MUBS** -SSW302 Social Worker Practice Methods II **MUBS** -SSW210 Field Practicum **MUBS** -SSW305 Social Worker Community Practice **USJ**-015SCAML4-Case Management **USJ** - 015SPCML6 - Case management and system protection **USJ** - 015TSTDL4- Social Work: Trauma, Mourning, and Crises. **LAU**- SWO301 - Sociological Perspectives in Social Work.

Vulnerable groups	**UL**- SAPU-L7200 crisis intervention **UL**- TRSO-L1201 social work intervention methods with individuals' foundations **UL**- TRSO-L2204 social work intervention methods with individuals **UL**- TRSO-L2206 social work intervention methods with individuals: practice analysis **UL**- TRSO-L2205 social work intervention methods with individuals: fieldwork **UL**- TRSO-L3201 social work intervention methods with families **UL**- TRSO-L4206 social work intervention methods with families: practice analysis **UL**- TRSO-L4207 social work intervention methods with families: fieldwork **UL**- TRSO-L6202 social work-participatory diagnosis **UL**- TRSO-L6204 social work-participatory diagnosis-fieldwork **MUBS**- SSW206 Social Work Practice Methods I (Family & Children) **MUBS** -SSW302 Social Worker Practice Methods II **MUBS** -SSW210 Field Practicum **MUBS** -SSW302 Community Mental Health **MUBS** -SSW305 Social Worker Community Practice **MUBS** -SSW202 Introduction to Social Services **USJ** - 015SPCML6 - Case management and system protection **USJ** - 015TSTDL4- Social Work: Trauma, Mourning, and Crises **LAU**- SWO301 - Sociological Perspectives in Social Work. **JU**- MSA311 - Mid-Level Counseling I **JU**- MSA326 - Mid-Level Counseling II **HU-** SOW 222- working with groups.
Referral system	**UL**- TRSO-L1201 social work intervention methods with individuals' foundations **UL**- TRSO-L3201 social work intervention methods with families **UL**- TRSO-L4206 social work intervention methods with families: practice analysis **UL**- TRSO-L4207 social work intervention methods with families: fieldwork **UL**- TRSO-L2204 social work intervention methods with individuals **UL**- TRSO-L2206 social work intervention methods with individuals: practice analysis **UL**- TRSO-L2205 social work intervention methods with individuals: fieldwork **UL**- SAPU-L7200 crisis intervention **MUBS** -SSW202 Introduction to Social Services **USJ**-015SCAML4-Case Management **USJ** - 015SPCML6 - Case management and system protection **USJ** - 015TSTDL4- Social Work: Trauma, Mourning, and Crises **JU**- MSA311 - Mid-Level Counseling I **JU**- MSA326 - Mid-Level Counseling II
Reproductive health in the context of CI	**UL**- SACO-L8200 health promotion **UL**- SAPU-L2200 Public health **UL**- MEFA-L1200 Health of mothers and children **UL**- SACO-L2200 social medicine **USJ**-015CSPML3 Santé physique et mentale (Health and Mental Health) **JU**-MSA227 – Community Health Intervention **HU –** SOC 211- the family
Response plans- emergency response	**UL**- SAPU-L7200 crisis intervention **MUBS** -SSW303 Crisis Intervention **USJ-** 015CHTSL5 Humanitarian crises and Social Work

Accordingly, possible curricula updates might not be published or declared. Fourth, time restrictions: the university can amend its educational curricula or courses without publishing or announcing them to the public. Finally, the fifth kind of limitation is related to international updates that resulted from evidence-based research that studied the CI, especially in developing its respective concepts and terms used in the practice field.

Discussion

In 2008 Council on social work education (CSWE) adopted a competency-based education framework for its educational policy and accreditation standards (EPAS) [35]. As in related health and human service professions, the policy moved from a curriculum design model focused on content (what students should be taught) and structure (the format and organization of educational components) to focus on student learning outcomes. A competency-based approach refers to identifying and assessing what students demonstrate in practice. In social work, this approach involves assessing students 'ability to demonstrate the competencies identified in the educational policy. As per CSWE, nine competencies are requested to be acquired at the end of the academic teaching years Competency 1: Demonstrate Ethical and Professional Behavior, 2: Engage Diversity and Difference in Practice,3: Advance Human Rights and Social, Economic, and Environmental Justice,4: Engage In Practice-informed Research and Research-informed Practice, 5: Engage in Policy Practice, 6: Engage with Individuals, Families, Groups, Organizations, and Communities, 7: Assess Individuals, Families, Groups, Organizations, and Communities, 8: Intervene with Individuals, Families, Groups, Organizations, and Communities and 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities [35].

Based on the results of the study, the research proposes a detailed course of CI that enables the student to demonstrate, the following competencies:

1. Identify and explain the theoretical and conceptual basis of crisis intervention.

2. Identify and differentiate developmental crises from situational or accidental crises.

3. Precise the basic and psychosocial needs of refugees and displaced persons.

4. Identify and describe the specific techniques of the model in practice.

5. Assess and develop a plan of action for various crises to deal with their implications showing a transparent referring system.

6. Provide methods to evaluate the outcome of crisis intervention efforts.

7. Acquire skills to deal with the burnout of crisis workers.

8. Describe the basics of Psychological First Aid and the PTSD symptoms.

9. Design psychosocial support sessions.

Concerning the Literature Review, the research's results addressed the following:

- Definition of crises, disasters, types: natural, wars, death, economic crisis and bankruptcy, and epidemics,

- Definition of displacement (forced displacement) / refugee and displaced persons,

- Building the Referral system and designing the asset map

- Designing emergency response plans upon SPHERE relevant components,

- International principles for working with displaced persons (emergency cases),

- Phases of displacement and the psychological effects on the psychological and mental health of the population. In addition to the seven steps of professional intervention focusing on the case management in the context of crisis, respecting professional ethics practice–based in all stages.

- Crisis intervention in selected situational crises including suicide, violence, battering, elder abuse, incest, sexual assault, HIV disease, natural disasters, and in selected settings: hospitals (including emergency room), schools, workplaces [36] ...

- Seminars that cover skills and techniques of the crisis intervention models either within human and natural disturbances in abnormal conditions and the adaptation to change such as:

• Psychosocial Intervention Session (PSS)

• The Psychological First Aid (PFA),

• Management the burn-out among crisis workers

Conclusion

LAU, HU, and JU do not have CI course (Table 1), However the rest three universities: UL, MUBS, and USJ, have a crisis intervention exact course title that combines many of the relevant concepts described above. Their syllabi missed essential concepts such as Refugee person, Sphere, interagency, reproductive health, referral system, risk management, and harm reduction. Consequently, those concepts were not seen in any course syllabus. Additionally, only the syllabus of CI of Ul has pointed out the concepts of Hosting community, resilience and PSS, mapping resources, and vulnerable groups. On the other hand, UL and USJ marked the concept of case management in their CI syllabi, where USJ has specified two courses for the CM. In the end, the study has answered the essential question and came out with that outcome; despite the accumulated, continuum crises that Lebanon experiences, there is a limited update among the Lebanese academia either for the CI syllabi or for their curriculum in general. Although the Lebanese University had the best chance of understanding the aspects of the course elements, it also needs an intensive review of its courses, especially in terms of including refugee, displaced person, Sphere, and interagency subjects (Table 2). After a thorough search of CI as its concepts and interventional methods, we present a proposed three credits syllabus course (mentioned above) that could gather a set of concepts and theories covering relevant topics listed previously. In the same context, and based on the tables content, JU, LAU, and HU are urged to revise and update their curriculum to be much consistent with the reality of multilayered crisis lived in Lebanon.

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