

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/233025899>

Research in Ongoing Conflict Zones: Effects of a School-Based Intervention for Palestinian Children

Article in *Peace and Conflict Journal of Peace Psychology* · July 2011

DOI: 10.1080/10781919.2011.587174

CITATIONS

8

READS

439

4 authors, including:



Sarah Kamens

Wesleyan University

27 PUBLICATIONS 63 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:

Project

Reconceptualizing the "schizophrenia" diagnosis: A transcultural, phenomenological investigation [View project](#)

Project

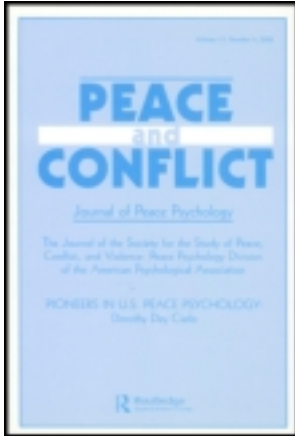
The phenomenology and subjective experience of Voice Dialogue [View project](#)

This article was downloaded by: [Sarah R. Kamens]

On: 29 July 2011, At: 18:07

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954
Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH,
UK



Peace and Conflict: Journal of Peace Psychology

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/hpcn20>

Research in Ongoing Conflict Zones: Effects of a School-Based Intervention for Palestinian Children

Despina Constandinides ^a , Sarah Kamens ^b , Bassam Marshoud ^a & Fathy Fiefel ^a

^a Psychosocial Department, Palestine Red Crescent Society, Occupied Palestinian Territories

^b Psychology Department, Fordham University

Available online: 27 Jul 2011

To cite this article: Despina Constandinides, Sarah Kamens, Bassam Marshoud & Fathy Fiefel (2011): Research in Ongoing Conflict Zones: Effects of a School-Based Intervention for Palestinian Children, *Peace and Conflict: Journal of Peace Psychology*, 17:3, 270-302

To link to this article: <http://dx.doi.org/10.1080/10781919.2011.587174>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan, sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Research in Ongoing Conflict Zones: Effects of a School-Based Intervention for Palestinian Children

Despina Constandinides

Psychosocial Department

Palestine Red Crescent Society, Occupied Palestinian Territories

Sarah Kamens

Psychology Department

Fordham University

Bassam Marshoud and Fathy Flefel

Psychosocial Department

Palestine Red Crescent Society, Occupied Palestinian Territories

Using a cross-sectional cohort design, this study examined the effects of a psychosocial program for Palestinian adolescents across 4 years post implementation. A questionnaire was developed for the assessment of psychosocial well-being in West Bank schoolchildren. Results supported the hypothesis that children who participated in the intervention would exhibit higher questionnaire scores than control children. However, results did not support the hypothesis that psychosocial well-being would be lower in children for whom more time had passed since the intervention. Possible interpretations for these findings are presented, including the possible confounding effects of external sociopolitical variables such as teachers' strikes and civil infighting.

Correspondence should be addressed to Sarah Kamens, Psychology Department, Fordham University, 441 East Fordham Road, 226 Dealy Hall, Bronx, NY 10458. E-mail: skamens@fordham.edu; srkamens@gmail.com

Throughout the world, children living in war zones experience the psychological consequences of exposure to violence. Psychological reactions to physical threat and environmental instability include but are not limited to fear, anger, helplessness, isolation, irritability, nervousness, and confusion (Alat, 2002; Webster & Harris, 2009). Further, children exposed to high levels of conflict and violence may be especially likely to develop diagnosable mental health problems (Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009).

Those living in the West Bank and Gaza Strip, together referred to as the occupied Palestinian territories (oPt), have seen more than 60 years of ongoing military conflict and, recently, almost half a decade of internal clashes. Palestinian children in the oPt are exposed to high levels of violence, including, but not limited to, military raids, imprisonment, home demolitions, personal injury, and the death of loved ones. One study of children in the oPt found that 48% of children had personally experienced or witnessed political violence, 93% of children reported feeling unsafe and vulnerable to attack, and 52% of children felt that their parents could not fully protect them (Arafat & Boothby, 2003). Violent exposure in Palestinian children has been shown to lead to withdrawal; somatization; anxiety; depression; problems in social relationships, thinking, and attention; and delinquent and aggressive behavior (Haj-Yahia & Abdo-Kaloti, 2008).

Psychosocial interventions are one method for bolstering the mental health of children exposed to violent conditions. This project was designed to evaluate the effects of a school-based intervention targeting the psychosocial well-being of Palestinian children living in zones of chronic conflict. Specifically, the intervention targeted the children's immediate relational environments by enhancing their interactions with caregivers, peers, and teachers. The goal of this study was to determine whether this intervention had positive psychosocial effects that were observable in the children in the 4 years post-program termination.

CHILDREN IN ZONES OF CONFLICT

Although all children living in war zones are compelled to cope with the threat of violence, the type and severity of traumatic events varies from context to context. There are substantial cross-cultural and demographic differences in the way violence is viewed, defined, and experienced (Black, 2009). For example, Palestinian children, perhaps due to the long duration of the conflict, are relatively unsurprised by violent escalation and their own continuing political marginalization (Barber, 2008). Barber (2008) also reported that in comparison to Bosnian children, Palestinian children may

be more likely to witness the humiliation of a family member, especially their fathers. Demographic variables also play a role in determining the ways in which children react to violence. Female gender, for example, is a known risk factor for higher levels of distress in Palestinian populations (e.g., Lev-Wiesel, Al-Krenawi, & Schwail, 2007; Quota, Punamaki, & El-Sarraj, 2003) as in populations elsewhere (Breslau, 2009; Meier, 2002; Swenson & Klingman, 1993).

Psychological Effects of Ongoing Violence

Symptomatic reactions to violence, as well as the types of violence to which children are exposed, are context-specific. Indeed, research has shown that the specific characteristics of violent events may account for variance in the type and severity of children's distress. For example, children's stress responses appear to increase when the event is more proximal and chronic (Meier, 2002). Notably, Palestinian children may be particularly likely to experience violence at close proximity (Barber, 2008). For children living in the Gaza Strip, events such as aerial bombardment and home demolition are among the most likely events to result in severe symptomatic reactions (Thabet, Abed, & Vostanis, 2002).

The research literature on Palestinian populations has highlighted the prevalence of posttraumatic stress disorder (PTSD), a diagnosis used to describe symptomatic reactions after exposure to trauma that result from the high levels of political violence in the oPt. In the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision; American Psychiatric Association [APA], 2000), the diagnostic criteria for PTSD are organized into three clusters of symptoms: re-experiencing (e.g., flashbacks), avoidance of stimuli associated with the traumatic stressor, and increased arousal (e.g., exaggerated startle response); the upcoming fifth edition of the manual may add a fourth cluster corresponding to negative alterations in cognition or mood (APA, 2010). The rubrics of trauma, in general, and PTSD, in particular, are increasingly becoming an international language with which to express the psychological distress that results from war (see Fassin & Rechtman, 2009); indeed, modern Western culture appears to be preoccupied with trauma (Nguyen, 2007). As a result, empirical research on Palestinian populations, like research on other populations enduring violent circumstances, is often focused on trauma and its psychological sequelae.

The use of PTSD terminology to describe suffering in Palestinian populations has proven to be controversial, with some researchers and clinicians preferring to focus on resilience rather than trauma. From a trauma framework, preliminary epidemiological work has suggested that prevalence rates of PTSD in the oPt are at least moderate. For example, over the course of

3 years, Espié et al. (2009) collected data on 1,254 adults and children in the West Bank and Gaza Strip and found that 23.2% of participants reported PTSD, 17.3% reported another anxiety disorder, and 15.3% reported depression. A recent large-scale survey of 2,100 adolescents (14- to 17-year-olds) found that 35% of those in the West Bank and 36% of those in the Gaza Strip reported symptoms of PTSD (Abdeen, Qasrawi, Nabil, & Shaheen, 2008). Further, higher levels of violent exposure were related to higher levels of posttraumatic distress and more somatic complaints, and children reporting higher levels of PTSD symptoms reported higher levels of functional impairment (see also Pat-Horenczyk et al., 2009). This research, however, is preliminary, and conclusive epidemiological data on rates of PTSD and other psychiatric disorders in the Palestinian population remains elusive. Most empirical efforts in the region conclude that, in general, ongoing exposure to violence of the type encountered in the oPt is detrimental to psychosocial well-being. Yet, as in other traumatized populations, only a minority of those exposed to violence and war will go on to develop PTSD, and those who do may be at an elevated risk for developing other psychiatric conditions (see Breslau, 2009). In addition, research on other war-afflicted and refugee populations has suggested that daily stressors may mediate the relation between exposure to war and PTSD symptoms, thus providing a bridge between trauma-focused and psychosocial research approaches (Miller & Rasmussen, 2009; see also Sachs, Rosenfeld, Lhewa, Rasmussen, & Keller, 2008).

Some scholars have argued that the diagnosis may lack validity when applied outside of the contexts in which it was developed (e.g., Devi, 2005; Lith, 2007). Although international research on PTSD is rapidly accumulating, the diagnosis was primarily created to describe reactions to acute traumas in Western populations (Bracken & Petty, 1998; Young, 1997). Its appropriateness for chronic conflicts and non-Western populations is a matter of speculation (see Miller & Rasmussen, 2009). In addition, within the Palestinian culture, PTSD and other Western diagnoses for psychological distress may eclipse local meaning systems for understanding and addressing human suffering (Rabaia, Giacaman, & Nguyen-Gillham, 2010; Summerfeld, 1999; Watters, 2010). One ethnographic study of the meanings of trauma for Palestinians in the Gaza Strip found that there are three distinct social representations of trauma (*sadma* [sudden blow], *faji'ah* [tragedy], and *musiba* [calamity]), as well as multiple local idioms of distress (Afana, Pederson, Ronsbo, & Kirmayer, 2010).

Resilience

Researchers have become increasingly interested in the factors that influence resilience, or the ability to withstand or overcome adversity (e.g., see Brom,

Pat-Horenczyk, & Ford, 2010; Madsen & Abdell, 2010; Wertz, Charmaz, McMullen, Josselson, & Anderson, 2011). In addition, recent efforts (e.g., Cohen, 2009) have described the phenomenon of posttraumatic growth (i.e., the potential for positive psychological enhancement following traumatic experiences). In Palestinian populations, the research literature on resiliency and posttraumatic growth is still in its incipient stages. A recent collaborative effort among eight agencies conducting psychosocial research in the West Bank and Gaza Strip found relatively high levels of resilience in baseline measurements of children (Interagency, 2010). Thabet et al. (2009) conducted a study in which they found perceived parental support to be a protective factor against PTSD symptoms. R.-L. Punamaki, Quota, and El-Sarraj (2001) identified active response to military violence, creativity, and harmonious parenting as factors that contribute to the resilience of Palestinian children. In addition, Quota, El-Sarraj, and Punamaki (2001) found that mental flexibility attenuates the impact of trauma on emotional disorders after, but not during, traumatic exposure. Nguyen-Gillham, Giacaman, Naser, and Boyce (2008) noted that local idioms of communal support may contrast with Western notions of resistance and, thus, counter the view that resiliency may politically normalize (i.e., make it seem as if the people have come to terms with) the abnormal situation of chronic military conflict.

A recent review of the research on Gazan children (Quota, Punamaki, & El-Sarraj, 2008) suggested that the percentage of the population that might be classified as resilient versus vulnerable at any given time may change as a function of external political circumstances. In addition, the authors suggested that, although military violence is associated with psychological distress, it is not associated with resilience, which may instead be predicted by familial and interpersonal factors. Clearly, more research is needed to identify a *protective matrix*—a combination of social, cultural, physical, familial, and personal mechanisms for adapting to stressful circumstances (Thabet et al., 2009). One purpose of the community-based intervention evaluated in this study was to understand and bolster this protective matrix in the lives of children living under military occupation.

SCHOOL- AND COMMUNITY-BASED INTERVENTIONS

School- and community-based interventions are often employed to address the emotional, behavioral, or cognitive difficulties that may arise during children's interactions with their environments. These interventions take a systems theory approach in which symptoms are viewed as an expressive function of their environments, including the interactions among teachers,

caregivers, children, and their societies. The developmental importance of children's families and communities is well-recognized by psychological researchers and clinicians. Children are more likely to approach family, friends, or school personnel for help than they are to approach mental health professionals (Wassef, Ingham, Collins, & Mason, 1995).

In war zones, psychosocial interventions into schools and communities are often based on the idea that resiliency is bolstered by social connectedness and a supportive environment (Webster & Harris, 2009). Thus, recovery from trauma can be facilitated by a sense of security and regularity within the classroom, as well as by classroom activities aimed at developing and maintaining positive coping skills (Alat, 2002). Likewise, increases in children's sense of security and stability within their home environments are seen as desirable from a psychosocial perspective. Notably, scientific studies of developmental interventions often assess results in terms of a reduction in symptomatology rather than as an increase in positive psychosocial indicators, perhaps because concepts of individualized distress are more readily operationalized than psychosocial well-being (Lith, 2007).

School- and community-based psychosocial interventions are often used in war-torn societies and refugee communities. These interventions may be a particularly effective method for reaching large numbers of children and adolescents in societies where resources are limited (Abdeen et al., 2008). Past research has supported the hypothesis that these methods are beneficial for children living through violent conflict. For example, a randomized control trial examining a school-based psychotherapy program in Bosnia for predominantly Muslim schoolchildren revealed significantly reduced maladaptive grief reactions in the treatment group but not in the control group (Layne et al., 2008). A study of Kosovan refugees residing in Germany (Möhlen, Parzer, Resch, & Brunner, 2005) found that a psychoeducational, grief-focused approach consisting of individual, family, and group sessions was successful at reducing PTSD symptoms, as well as symptoms of depression and anxiety. In the oPt, a study investigating a structured psychosocial intervention for children in the West Bank and Gaza (Loughry et al., 2006) found that cultural and recreational activities resulted in lower scores on emotional and behavioral problem checklists.

Although support networks are important for resilience in any context, they may be especially important in the oPt. Communal support and caring is inherent to the very notion of resilience within Palestinian society, which does not fully share Westernized conceptualizations of individualism (Nguyen-Gillham et al., 2008). Research on Palestinian children has shown that familial and developmental factors may be particularly helpful in

establishing the conditions for resilience. Protective factors for children's mental health include supportive and wisely guiding parenting, as well as flexible and multiple coping strategies (Quota et al., 2008; Thabet et al., 2009). Also, because parents and other adults may also react symptomatically to violent exposure (e.g., Thabet, Tawahina, El-Sarraj, & Vostanis, 2008), intervention at the level of the family and community can help to prevent the intergenerational transmission of maladaptive response patterns. Family roles and coping strategies are sculpted transgenerationally and may be both preventative and protective for Palestinian children exposed to violent stressors (R. J. Punamaki, Quota, & El-Sarraj, 1997; R.-L. Punamaki, Quota, El-Sarraj, & Montgomery, 2006). Past research has also suggested that, among adolescents living in the West Bank, exposure to familial violence may be an even greater contributor to the development of psychological symptoms than exposure to political violence (Al-Krenawi et al., 2007).

PSYCHOSOCIAL PROGRAMS AT THE PALESTINE RED CRESCENT SOCIETY

The Palestine Red Crescent Society (PRCS) is a humanitarian organization that belongs to the International Red Cross and Red Crescent movement, which is based on the principles of humanity, impartiality, neutrality, independence, voluntary service, unity, and universality (PRCS, 2010). Since its establishment in 1968, PRCS has been serving Palestinians with health services (emergency, curative, and preventative), rehabilitation, and sociocultural development programs. The psychosocial department at PRCS aims to bolster the resiliency of adults and children in the face of ongoing political conflict. PRCS's community-based approach addresses the multiple contexts in which stress is fostered, the school and the home in particular. Objectives of the PRCS's psychosocial department also include restoring the normal flow of children's development, protecting adults and children from distress resulting from exposure to harmful events, enhancing the protective capacity of families, and enabling children to be active agents in building their lives and their futures.

The School-Based Psychosocial Program

In 2003, as a result of the ongoing conflict and its impact on Palestinian children and families, PRCS began implementation of a school-based psychosocial program called Children Affected By Armed Conflict (CABAC), modeled on the intervention of the same name used by psychosocial

organizations in Balkans (CABAC, 2001). The CABAC program, later renamed the School-Based Psychosocial Program (SBPSP),¹ provides psychosocial services to schoolchildren and contribute to the capacity building of teachers and school counselors. In particular, SBPSP aims to address the needs of children exposed to a violent environment by enhancing their interactions with their caregivers, their peers, and their Ministry of Education teachers.

The SBPSP provides 20 standardized workshops for children inspired by the CABAC Balkans program and modified for the Palestinian context. Table 1 presents a summary of the topics addressed in each workshop session for children. With the exception of interruptions in the academic calendar caused by the sociopolitical environment (e.g., teachers' strikes or military curfews; see the following discussion), the workshops are provided on a weekly basis on the same day each week. The program is gender neutral and includes girls', boys', and mixed schools for fifth- and sixth-grade children (10–12 years of age). The SBPSP also provides 10 community workshops that address community members of all ages; these workshops are flexible in content to meet the needs of each particular community in which they are implemented. The duration of the program is 1 full school year; summer activities are provided for children in the first to sixth grade (7–12 years of age). The program also includes headmaster or head mistress meetings; project committee meetings; trainings for teachers, volunteers, school counselors, and psychosocial staff; and voluntary guided sessions for parents. The SBPSP attempts to elicit the involvement of the local community members as much as possible by encouraging them to participate in the community and summer activities.

When it began in 2003, the SBPSP started with two schools in one district (Tubas); during the academic years of 2008 through 2009, it reached approximately 130 schools in 6 West Bank districts: Qabatia, Qalqilya, Tubas, Hebron, Tulkarem, and Jerusalem. Ongoing evaluations of the SBPSP are conducted in the form of field visits, meetings, and focus group discussions and interviews. In these evaluations, children, caregivers, teachers, psychosocial workers, and key community members all reported that the program enhances children's playfulness, trust, and tolerance. For example, in one focus group, a mother said, "Now I know how important I am to my daughter's life." Another mother said, "[After the intervention] my daughter is even telling me about my own rights."

¹Eighty percent of the funding for the School-Based Psychosocial Program is provided by the European Commission–Humanitarian Aid & Civil Protection. The remaining funding is provided by the Alliance of Partner National Societies: the Italian Red Cross, the Icelandic Red Cross, the Danish Red Cross, and the French Red Cross.

TABLE 1
School-Based Psychosocial Program Intervention Sessions by Topic

<i>Title</i>	<i>Purpose of the session</i>
1. Group building	Introductions; group building; ice-breaker activity
2. Group story	Team-building and cooperation; acknowledgment of the individual within the group; the special personality of the individual participant
3. The listening culture	Positive listening; prosocial behavior
4. My feelings	Awareness and expression of emotions; coping mechanisms
5 & 6. Belonging to the group	Listening skills; trust; relationships and feelings; validation of the individual members of the group; solidarity and liability within the group; the importance of the individual to the group and the group to the individual
7. The leader and the group	Assertiveness; being a good leader (finding the leader within oneself)
8. My feelings	(Continuation of Session 4) Identifying and coping with emotions in a nonthreatening atmosphere
9. Coping with fear	Finding positive ways to deal with fear
10. Coping with fear	Identifying and coping with fear
11. Me & my dreams	Expressing intrusive thoughts, dreams, feelings, and relaxation
12. Scary sounds	Dealing with scary things. Physical expression and coping with scary sounds
13. Transforming a specific event into a story	Transforming a specific event into a story; stimulating imagination; cooperation and expressive skills
14. From a story into a picture	Creating pictures for stories
15. Dealing with sadness	Dealing with loss, separation, and sadness
16. The secure place	Finding a secure place in the surrounding environment
17. Me	The "safe space" stress-coping mechanism; dealing with current and accumulated stress
18. I am	Self-awareness
19. How do I behave	Looking for creative ways to solve conflicts
20. Closing	Closing; wrap-up of the sessions; good-bye celebration

Previous evaluations of the SBPSP's effectiveness also suggested that the program met its goals in past years. In particular, pre- and post-intervention questionnaires revealed significant increases in the children's playfulness, trust, and tolerance after the implementation of the SBPSP (Berliner, 2008, 2009). Table 2 presents the percentage increases in these indicators for three previous school years.

Because the mental health sequelae of violent exposure may be chronic (e.g., Schall & Elbert, 2006), it is important to determine whether psychosocial interventions that take place within violent contexts have effects that last over time. This study was designed to assess whether the positive

TABLE 2
 Percentage Increases in Psychosocial Indicators for Children (Combined Parents' and Children's Reports) Before and After the School-Based Psychosocial Program

<i>School year</i>	<i>Playfulness</i>	<i>Trust</i>	<i>Tolerance</i>
2008–2009 (6 districts)	20%	19%	22%
2007–2008 (3 districts)	18%	18%	24%
2006–2007 (2 districts)	34%	36%	33%

psychosocial effects of the SBPSP intervention could be found in cohorts for whom 1 to 4 years had passed since the intervention. Although the SBPSP intervention is currently implemented in six districts, Qabatia was selected because it was the only district where (a) PRCS has been conducting the project for more than 3 years and (b) there remained control schools, or schools in which the intervention had not yet been implemented at all. Moreover, Qabatia, which lies 6 km south of the city of Jenin, is representative of rural, conservative Palestinian societies that are enduring long-term military conflict in the West Bank.

Political Backdrop of the Intervention

Empirical investigations into the efficacy of psychosocial interventions in the oPt are often complicated by confounding variables arising from the precarious sociopolitical climate. Indeed, since its inception in 2003, the SBPSP has been implemented against the backdrop of continuous violence and political upheaval. These rapid sociohistorical fluctuations are part of daily life for Palestinians, whose geographical and national status is a matter of longstanding international dispute. Because the political environment changed from year to year during the implementation of the SBPSP, each cohort of children experienced different sociopolitical events along with the intervention.

A number of major political events occurred during the 4 years that participants in this study received the SBPSP intervention. In January 2006, democratic elections in the oPt resulted in the election of the Hamas party, one of the two main Palestinian political factions. The international community subsequently attempted to prevent Hamas from taking power; and, in early 2006, Hamas took Gaza by force while the West Bank remained governed by its rival party, Fatah. Throughout the summer of 2006, the Israeli–Lebanon war created a tense and anticipatory political atmosphere. From 2007 to 2008, continued infighting between the Hamas and Fatah created an atmosphere of increased hostilities. Between June 9

and 15, 2007, Fatah and Hamas waged what is now known as the “Battle of Gaza,” which left Hamas in control of the Gaza Strip (Office for the Coordination of Humanitarian Affairs [OCHA], 2007). President Mahmoud Abbas declared a state of emergency in the West Bank, which remained tenuously under the control of Fatah. In addition, teachers’ strikes in all Palestinian governmental schools affected academic curricula for 3 months in 2006 and intermittently during 2007 and 2008. During the winter of 2008 to 2009, the Israeli army conducted a 23-day military invasion of Gaza, resulting in the deaths of over 1,400 Palestinians, including 431 children (OCHA, 2009). All of these events had an inevitable impact on this project’s methodology, creating difficulties in the standardization of the intervention (e.g., teachers’ strikes in 2007–2008 resulted in frequent schedule changes). In addition, due to the multiple and inextricable nature of the events, it was impossible to statistically control for the fluctuating sociopolitical context that formed the backdrop of our study.

THIS STUDY

We tested two primary hypotheses. Our first hypotheses stated that the overall psychosocial well-being of children who received the SBPSP intervention would be greater than that of children in the control group. Our second hypothesis stated that the positive psychosocial effects of SBPSP would decrease as a function of time passed since the intervention. Specifically, we hypothesized that, for the intervention group, the psychosocial indicators would be greater in children for whom less time had passed between intervention and data collection. In other words, the psychosocial indicators in children who received the intervention 1 year ago would be greater than in those who received the intervention 2, 3, and 4 years ago.

METHOD

Participants

Children. A total of 877 adolescents (476 boys and 401 girls) between the ages of 13 and 15 years were selected from the seventh, eighth, and ninth grades of 23 schools within Qabatia district. These participants comprised an intervention group ($n = 399$) with children who had received the intervention during their fifth- or sixth-grade year (when they were between the ages of 10 and 12), and a waitlist control group ($n = 349$) with children

TABLE 3
Current Academic Year and Sample Size Corresponding to the Four Intervention Groups

<i>Time of data collection (group)</i>	<i>Year of school-based psychosocial program intervention</i>	<i>7th Grade</i>	<i>8th Grade</i>	<i>9th Grade</i>
Control (Cohort 0)	—	<i>n</i> = 126	<i>n</i> = 99	<i>n</i> = 124
1 year post intervention (Cohort 1)	2008–2009	<i>n</i> = 59	—	—
2 years post intervention (Cohort 2)	2007–2008	<i>n</i> = 80	<i>n</i> = 30	—
3 years post intervention (Cohort 3)	2006–2007	—	<i>n</i> = 103	<i>n</i> = 50
4 years post intervention (Cohort 4)	2005–2006	—	—	<i>n</i> = 77

who had not yet participated in SBPSP at all. To assess whether the effects of the intervention dissipated as a function of years passed, the intervention group comprised four cohorts: those who had participated in SBPSP 1, 2, 3, and 4 years prior to data collection. Table 3 presents the number of children by academic year of participation for each group.

Sampling Procedure

We used a cross-sectional cohort design in which four samples of children in the seventh, eighth, and ninth grades were drawn from the overall population of schoolchildren in Qabatia district. The 26-school sample was randomly selected from 59 Qabatia schools that contained the target age group (derived from a total of 86 governmental schools containing various age groups in all of Qabatia). The intervention classrooms were randomly selected from 14 schools (which were randomly selected from a total of 36 schools in Qabatia that had received the intervention). There was an average of 30.80 ($SD = 8.80$) students in each intervention classroom. The control classrooms were randomly selected from 12 schools (which were randomly selected from a total of 23 schools in Qabatia that had not received the intervention). There was an average of 31.56 ($SD = 5.91$) students in each control classroom. All the students within the selected classrooms were invited to participate.

For each grade level, one classroom was randomly selected from each of five participating schools for both the intervention and control groups. For example, the sample of seventh-grade children in the intervention group included children from five seventh-grade classrooms in five schools in which the intervention took place. Because the sample was drawn from seventh-, eighth-, and ninth-grade children, it included children who participated in the final session of the intervention 1, 2, 3, and 4 academic years prior to data collection, hereafter referred to as Cohort 1, Cohort 2, Cohort 3, and Cohort 4, respectively. Note that the grade levels of children in the

intervention group do not correspond directly to the number of years intervening between data collection and intervention (see Table 3).

Some schools in Qabatia are all-boys schools, some are all-girls schools, and some are mixed-gender schools. Due to the limited number of schools that had not received the intervention, it was not possible to equally distribute the children's genders across the control and intervention groups (e.g., there were 45 girls and 335 boys in the control group). Therefore, gender is a potential third variable that was not investigated in this study.

Materials

A questionnaire was developed to assess seven psychosocial indicators that reflected seven corresponding target areas of the SBPSP intervention: relationships (with family, school, and community), trust (in oneself and others), problem solving, violence, tolerance, hope, and stress management. The questionnaire was based on previous psychosocial batteries developed by PRCS, as well as the Palestinian Psychosocial Interagency Evaluation Questionnaire (Psychosocial Working Group Palestine, 2009), which was created in 2008 to evaluate the effectiveness of psychosocial programs at various organizations throughout the oPt. These batteries were developed by local mental health professionals for the purpose of addressing the unique experiences of Palestinian populations.

The questionnaire for this project was piloted in 2010 with six groups of schoolchildren in the district of Hebron. The pilot study resulted in minor changes to the wording of the questionnaire, as well as to the development of different versions for boys and girls, to eliminate confusion resulting from gendered language. There were two final versions of the questionnaire in Arabic corresponding to female children and male children. The questionnaire comprised 35 items with 4 Likert-type response options: *never*, *sometimes*, *most of the time*, and *always*. Each questionnaire item was developed to reflect one or more of the seven target indicators as presently experienced by the children. The Appendix presents the complete questionnaire in Arabic and English (note that there is an additional Arabic version for female children, which is not presented here).

Procedure

Data collection took place during the first 2 weeks of May, 2010. School counselors who were trained in the project's methodology invited children to participate and distributed the questionnaires during classroom hours. Due to the fact that research questionnaires are mostly unfamiliar to grade-school children in Palestine, counselors aided children in completing the survey; the

counselors read each successive item out loud and repeated the questions if children requested them to do so. For this reason, the questionnaires took between 45 min and 1 hr for each classroom to complete. All school counselors and psychosocial workers were blind to the research hypotheses.

Data Preparation

Data analyses were executed in the *R* statistical environment (using the Zelig routine; Goodrich & Lu, 2007; Imai, King, & Lau, 2008), as well as in the Statistical Package for the Social Sciences. For each child, the total number of missing data points (indicating failure to respond) was tallied across all 35 questionnaire items. A cutoff of 70% response rate for all questionnaire items was selected to exclude participants who may not have put forth full effort in responding. Nine participants with more than 30% of questionnaire responses missing were excluded from data analysis at this stage.

Preliminary factor analysis of the children's manifest responses did not support the assumption that the questionnaire reflected seven orthogonal factors that were theorized to be targeted by the intervention. Therefore, we proceeded to extract empirical factor scores for each participant under the assumption that our ordinal questionnaire items reflected a single continuous latent factor corresponding to general psychosocial well-being. Maximum likelihood estimation of the polychoric correlation matrix was the starting point, after which the Bayesian Markov Chain Monte Carlo (MCMC; Hastings, 1970; Metropolis, Rosenbluth, Rosenbluth, Teller, & Teller, 1953) method was used to extract the estimated factor score from the responses of each child. MCMC, which was selected for its ability to estimate factor scores from ordinal data, uses repeated samples from the Bayesian posterior distribution to estimate the maximum likelihood factor parameters. This is analogous to expected a posteriori estimates of a latent trait in Item Response Theory (Embretson & Reise, 2000).

Geweke and Raftery-Lewis diagnostic tests confirmed that the Markov Chain was of sufficient length, stationary, and derived from an adequate sample size (Cowles & Carlin, 1996). Exclusions from the database based on reliability were handled conservatively, such that we required the factor scores to pass both the Geweke and Raftery-Lewis diagnostic tests to be included in the final analyses. One hundred three cases (11.8%) did not pass both tests and were, therefore, excluded from the database. Four additional cases with inflated factor scores were excluded from the database as outliers that reflected probable over-reporting, and an additional 13 cases were excluded due to anomalies in the demographics that suggested inaccurate reporting on the part of the children. Thus, final analyses of the data were conducted using a total of 748 cases (396 boys and 352 girls).

RESULTS

As expected, the distribution of extracted factor scores, which were calculated based on factor loadings, were normally distributed with an average of 0.03 ($SD = 0.95$; range = -3.51 to 3.45). Factor scores did not significantly differ as a function of participating children's grade level (seventh, eighth, or ninth grade). Using the factor score for each child, composite scores were created for the control group (Cohort 0) and for each of the four intervention groups, composed of children who were measured 1 year (Cohort 1), 2 years (Cohort 2), 3 years (Cohort 3), and 4 years (Cohort 4) after the intervention took place. The composite scores for the control group were normally distributed, as were the composite scores for intervention Cohorts 2, 3, and 4. The composite scores for intervention Group 1 were negatively skewed but remained untransformed because those of the other groups were normally distributed. There were no statistically significant differences between the factor scores of control-group participants in Grades 7, 8, and 9; thus, Cohort 0 was analyzed as a single cohort of children who never received the intervention.

To analyze the mean differences between the control cohort and the intervention cohorts, an omnibus F test was conducted. This analysis of variance revealed that the five groups were statistically distinguishable, $F(4, 743) = 5.175$, $p = .000$ ($\eta_p^2 = .027$). Levene's test for equality of variances (Brown & Forsythe, 1974) indicated homogeneity of variance across groups,

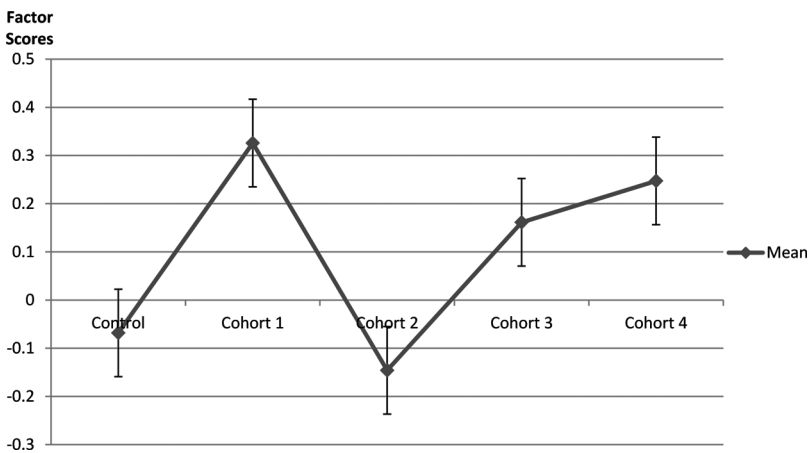


FIGURE 1 Mean estimated factor scores as a function of cohort. *Note.* Cohort 0 represents the control group. Factor scores ($M = 0.03$, $SD = 0.95$; range = -3.51 to 3.45) corresponded to a latent factor representing the children's overall psychosocial well-being.

$F(4, 743) = 0.685, p = .602$. Post hoc analyses using Dunnett's test (Dunnett, 1955) indicated that there were significant differences between the mean factor scores for the control group ($M = -0.07, SD = 0.95$) and Cohort 1 ($M = -0.33, SD = 0.92, p = .012$ (95% confidence interval [CI] = .06, .72); between the control group and Cohort 3 ($M = 0.16, SD = 0.93, p = .045$ (95% CI = -.00, .46); and between the control group and Cohort 4 ($M = 0.25, SD = 0.99, p = .030$ (95% CI = .02, .61); but not between the control group and Cohort 2 ($M = -0.15, SD = 0.87, p = .900$). In other words, factor scores for the children in the control group differed significantly from those of children for whom 1, 3, or 4 years had passed since the intervention, but there was no difference between control children and children who had received the intervention 2 years prior to data collection (see Figure 1). An analysis of covariance was conducted to control for school effects, and results were statistically nonsignificant.

DISCUSSION

The results of this study supported our first hypothesis, which stated that the overall psychosocial well-being of the intervention group (children who participated in the SBPSP) would be greater than that of the control group (children who did not participate in the program at all). This finding supports previous research on the beneficial effects of psychosocial interventions for Palestinian children (e.g., Loughry et al., 2006) and school- and community-based interventions for war-torn societies (e.g., Abdeen et al., 2008). Our second hypothesis, which stated that psychosocial well-being would be lesser in children for whom more years had passed since the intervention, was not supported by the data. Rather, we found that the positive psychosocial effects of the intervention were greater at 1, 3, and 4 years after the intervention, but not for the cohort sampled at 2 years post intervention. According to our initial hypothesis, it was not the lesser factor scores in Cohort 2 but, rather, the high scores in Cohorts 3 and 4 that were unexpected. Future research might explore whether the lower scores in psychosocial indicators in Cohort 2 and the higher scores in Cohorts 3 and 4 might be attributed to factors related to the intervention, to cohort effects, or to other potential third variables.

Psychosocial Well-Being as Trajectory

Positive effects of the intervention. These results suggest that the positive psychosocial effects of the SBPSP have a durability of at least 4 years, despite lower effectiveness at 2 years post intervention. The statistically

significant differences between the control group and Cohorts 3 and 4 provide strong evidence for the effectiveness of psychosocial interventions with at-risk children—in particular, the SBPSP intervention. Future research might examine the longitudinal effects of psychosocial interventions beyond the 4th year post termination.

Low factor scores in Cohort 2. The lesser mean factor scores in Cohort 2 are particularly interesting for the purposes of developing future interventions and empirical investigations into their effectiveness. Cohort 2's factor scores may reflect an interruption in an otherwise stable trajectory of post-intervention psychosocial elevation across the four intervention groups. Alternatively, because psychosocial well-being is a developmental progression over the lifespan (e.g., see Pulkkinen, Nygren, & Kokko, 2002), it is possible that Cohort 2's scores represent one vicissitude in a trajectory in which it waxes and wanes over time. Another possible explanation for the difference in mean factor scores are cohort effects related to grade level or shared sociopolitical context.

Alternatively, the lower factor scores in Cohort 2 may represent a short-lived negative reaction to the SBPSP's termination on the part of participating children. Children were aware of the 1-year duration of the program, and they participated in a good-bye celebration during the last workshop. However, informal observations suggested that they would have preferred the SBPSP to continue beyond the given time period. In particular, according to anecdotal reports from project staff, participants, and participants' parents and teachers, children expressed disappointment and sadness as the program came to a close.

Program termination. Although the intervention is implemented by teachers who have been and will continue to work with the children after its termination, the children are aware that the close of the sessions represents the end of their teachers' roles as workshop facilitators. In the words of parents and teachers, the workshops “broke the ice between teachers and children,” as facilitators played games and engaged in activities, rather than assuming their typical directive roles as schoolteachers. The end of the program also represented the end of the regular weekly fun activities, which are not a part of the standard academic curriculum. Further, while in the SBPSP, children gained a sense of being special as participants in the program, which is not offered simultaneously to all classes or grades within each school. After the termination of the intervention, the children undergo a role transition as they return to their lives as ordinary schoolchildren. At the end of the program, children thus experience the loss of specific positive experiences and unique types of interpersonal relationships. Because the

intervention is implemented in other, sometimes neighboring classrooms in subsequent years, children may remain acutely aware of this loss.

There is a large body of clinical and research literature on the termination of mental health work and the process of coming to terms with the end of therapeutic relationships (e.g., Beiser, 1993; Joyce, Piper, Ogrodniczuk, & Klein, 2007; Macneil, Hasty, Conus, & Berk, 2010; Schmukler, 1991; Wachtel, 2002; Zilberstein, 2008); adolescents may be particularly sensitive to these experiences (Bembry & Ericson, 1999). Some forms of therapy integrate the process of termination into the intervention itself, attempting to restructure the client's experiences of loss (e.g., see Many, 2009; Zilberstein, 2008). Notably, there is little consensus on what constitutes a premature termination (Breda & Bickman, 1997).

Palestinians growing up amidst the political violence in the Middle East have a complex relation to interpersonal separation and loss (e.g., see Arafat & Boothby, 2003; Quota et al., 2008; Srour & Srour, 2006; Thabet, Abed, & Vostanis, 2002). Although it has been suggested that a controlled and predictable termination may have therapeutic benefits for children who have endured traumatizing events or multiple losses (see Many, 2009), this theory is based on the supposition that most traumas are unexpected and, thus, can be treated by restoring a sense of interpersonal predictability and structure. However, experiences of loss and violence are the norm, not the exception, for children growing up in the politically unstable climate of the oPt (Arafat & Boothby, 2003). Therefore, approaches to termination with children who live in relatively stable environments may not generalize to the Palestinian experience in which loss may be predictable and expected (see Abdel-Khalek, Al-Arja, & Abdalla, 2006; Sagy, Adwan, & Kaplan, 2002).

Thus, termination of the SBPSP intervention activities may have produced greater disappointment over time, or even caused the children to momentarily act in opposition to the lessons learned. However, the fact that scores were lower in Cohort 2 only (and not in Cohort 1, one year after the intervention) makes this explanation tenuous. In particular, it is unclear why the children's memories of or attitudes toward the intervention might have changed in Cohort 2, in particular, rather than in cohorts that received the intervention at an earlier or later time. If low factor scores in Cohort 2 reflect a reactionary moment corresponding to post-intervention disappointment on the part of the children, this moment appears to be relatively isolated, as the positive psychosocial effects of the intervention were evident in cohorts sampled at 3 and 4 years post intervention. As mentioned earlier, future research might address why the lesser indicators were found in this group only, and not the earlier cohort.

Recall that the indicators were greater than the control group for Cohorts 3 and 4. This finding supports previous research on the positive

psychological effects of psychosocial interventions for children in conflict zones (Layne et al., 2008; Loughry et al., 2006; Möhlen et al., 2005). Specifically, these results suggest that children may experience the positive effects of such interventions into the 3rd and 4th years after participation.

Potential Cohort Effects

This study utilized a cross-sectional cohort design in which children at three grade levels with children who had received the intervention at different time periods were simultaneously sampled. Therefore, it is possible that the intervention's apparent ineffectiveness in Cohort 2 can be explained by unknown third variables or uncontrolled variations in the program implementation. Cohort effects are one such untested explanation for the differences between the four intervention groups. Variables such as age and maturation may moderate the relation between the intervention and psychosocial well-being.

An inevitable shortcoming of this study was the confounding of grade and years from intervention. Due to the fact that the intervention is only implemented during the fifth and sixth grades, children in the four intervention groups were not evenly distributed across grades (see Table 3). In particular, children in Cohorts 1 and 2 were primarily drawn from the seventh and eighth grades, whereas children in Cohorts 3 and 4 were primarily drawn from the eighth and ninth grades. This confound may mitigate some of the findings reported earlier. For example, it may be the case that the levels of sustained psychosocial benefits in Cohorts 3 and 4 are partially due to the fact that the developmental-maturational process made the children more mature, less violent, and less mentally distressed than those in Cohorts 0, 1, and 2. This confounding variable, like others that might potentially exist in the data and could not be detected due to insufficient power or degrees of freedom, would need to be contrasted with a complementary experimental design, such as a bona fide longitudinal cohort design.

Political Backdrop of the Intervention

As mentioned earlier, five major political events occurred during the 4 years that the intervention group participated in the SBPSP. The interference of sociopolitical events with the goals of the intervention is one possible explanation for the idiosyncratic results in Cohort 2. Of these events, the two that uniquely affected Cohort 2 children were the 2007 through 2008 teachers' strikes and the civil infighting between Hamas and Fatah.

Teachers' strikes. The teachers' strikes interrupted both the educational process and the standardized implementation of the SBPSP. They

began in 2006 as a response to unpaid salaries after the United States, the European Union, and other international sources reacted to the election of Hamas by withholding aid from the Palestinian territories (see Amr, 2007; "Palestinian Teachers to Strike," 2008). Because the 2006 strikes were long anticipated, the PRCS was able to implement the SBPSP intervention throughout the 3-month duration of the strikes that year. Yet, the teachers' strikes continued into 2007 and 2008 as the Palestinian Authority struggled to pay salaries against the backdrop of political infighting and new economic hardships. Unlike those of the previous academic year, the strikes of 2007 through 2008 were smaller, intermittent, and less predictable for children, parents, teachers, and program staff alike. Cohort 2 children were, thus, forced to endure frequent schedule changes and interruptions in their classes, which sometimes took place on weekends. Likewise, the implementation of the intervention did not proceed on the same day each week as intended. Instead, workshops were periodically rescheduled for a later date, or even a later week, in accordance with the strikes. The children who received the intervention during this time, therefore, did not experience its component sessions as predictable and systematized but, rather, like other aspects of their daily lives, subject to the unpredictable and rapidly changing environment. This disruption in the program's implementation may have mitigated its effectiveness for children in the Cohort 2 intervention group.

Violent clashes between Fatah and Hamas. Approximately 2 months before the start of the academic year in which Cohort 2 children received the SBPSP intervention (2007–2008), there was additional deterioration in the already tenuous political climate in the West Bank and Gaza Strip. As children in the Cohort 2 intervention group were participating in the SBPSP, infighting flared throughout the West Bank and Gaza Strip (see MIFTAH, 2007). Between June 2007 and March 2008, 308 people died due to internal violence (35 in the West Bank and 273 in the Gaza Strip; OCHA, 2008). Although the severity and frequency of public violence tapered off, the clashes continued throughout 2009 and 2010 as well. This infighting undoubtedly had an adverse effect on the children's daily lives and may have affected their experiences with the SBPSP intervention.

Psychosocial effects of the infighting. The relational bonds of Palestinian society are close-knit and might be characterized as more collectivistic than those in Westernized cultures (e.g., Sagy, Orr, Bar-On, & Awwad, 2001; although dichotomized notions of individualistic vs. collectivistic cultures may be too simplistic [Mascolo & Li, 2004]). In contrast to the Western world, where interpersonal violence may be more normative than military trauma (e.g., see Beaulieu & Messner, 2010; Rodriguez, Bauer,

McLoughlin, & Grumbach, 1999), Palestinian children may anticipate political violence, but not the dissolution of familial and other close relationships (Hammack, 2007). Previous research has found that problem behaviors and symptomatic reactions in Palestinian adolescents are more strongly predicted by elements of the social ecology (family, peers, religion, education, and community) than by political involvement (Al-Krenawi et al., 2007; Barber, 2001).

Moreover, Palestinian collective identities—like those of their Israeli counterparts—are tied not only to social bonds, but also to the structure of the political conflict itself (Chaitin, Awwad, & Andriani, 2009; Kelman, 1999; McLaughlin, 2006; Nguyen-Gillham et al., 2008). Group identities are accentuated by political conflict, which has a polarizing effect on ideological beliefs (Hammack, 2007). In the context of the oPt and Israel, this effect is expressed as a “negative interdependence” in which identities are formed in relation to the negation of an external “enemy” (Kelman, 1999; see also Hirschberg, 2007). The 2006 onset of intra-Palestinian violence, which found family members and friends pitted against each other in a bloody civil war, was not only an exacerbation of ongoing conflict but a potential restructuring of the ingroup identities that formed in its wake. In this way, the rapid disintegration of these social identities was also the dissolution of support networks on which Palestinian children had previously depended. The infighting further exacerbated the already high levels of mistrust and sensitivity to interpersonal betrayal related to the military conflict (see Srour & Srour, 2006).

In light of the previously mentioned sociopolitical factors, it is possible that the Fatah– Hamas conflict had a moderating effect on the relation between children’s participation in Cohort 2 and the psychosocial outcomes of the intervention. Surrounded by an atmosphere of mistrust and insecurity, the children may have been less susceptible to the SBPSP’s messages of group solidarity and interpersonal validation. The larger societal messages conveyed by the Fatah– Hamas conflict stood in direct opposition to some of the SBPSP workshop topics, such as prosocial behavior, the importance of the individual to the group and the group to the individual, and finding a secure place in the surrounding environment (see Table 1). Indeed, anecdotal reports from some workshop leaders suggested that some Cohort 2 children were wary of participating in group activities that might necessitate interaction with children of families belonging to the opposing political faction. Finally, it is likely the teachers implementing the workshops were themselves affected by the societal fractions, thus modifying their effectiveness within the group. The workshop leaders may have been more anxious or demoralized than usual, or they may have been concerned about their own safety or job security. Therefore, through its affect on both children

and teachers, it is probable that the infighting negatively influenced the SBPSP's efficacy in Cohort 2. If this is the case, our study provides an example of the detrimental effects of intra-societal violence on children's psychosocial well-being.

Limitations and Future Research

One limitation of this study is that the sample was drawn from only one of the six West Bank districts in which the SBPSP intervention is implemented on a yearly basis. Qabatia was the only district in which control schools that had not yet participated in the intervention still existed. Therefore, the results of this study do not necessarily generalize to other populations of Palestinian children or other children living in conflict zones. Further, gender was not balanced across the five cohorts (e.g., a large proportion of boys were in the control condition), and investigating gender differences or analyzing gender as a covariate did not make conceptual sense. Therefore, gender is a potential third variable that was not analyzed in this study. Future studies should seek to utilize a gender-balanced sample in which the effects of gender on psychosocial well-being and potential interactions with the intervention can be assessed.

We used a cross-sectional cohort design in which children were independently sampled to form a control group and four intervention groups comprising children who had received the intervention at four different points in time. Future studies might consider variations on this design, such as a controlled longitudinal cohort study, which would allow for the analysis of cohort effects and potential third variables related to the time at which the intervention was implemented. Future research might also attempt to longitudinally assess whether various psychosocial indicators in Palestinian children develop linearly through their maturation in adolescence and into adulthood. Indeed, because of the disproportionate focus on the military conflict, research literature on the normal development of Palestinian children is sparse.

This study was unable to control for confounding variables related to the external political environment. Results revealed variations in the program's psychosocial effectiveness that may be related to the tumultuous political events occurring during implementation of the intervention at different times. In this way, this study provides one example of the complex methodological challenges when conducting research in zones of fluctuating political instability. Given the unpredictable trajectory of the political conflict and the children's everyday lives, standardization is a formidable methodological hurdle. Even if researchers succeed in establishing standardized experimental settings, these settings are likely to sacrifice mundane realism for an orderly research paradigm that is unlikely to mirror the children's actual experiences of a tumultuous environment.

Despite these methodological obstacles, it is important for future researchers to continue to examine the impact of ongoing violence on children's well-being. In particular, future research might investigate the differential impact of various types of political events on children's experiential worlds, as well as the potential for psychosocial interventions to mitigate the impact different types of violence. In light of present results, one area for future research that may be particularly useful is the empirical differentiation of psychological responses to societal infighting versus violence exacted by an external military. Another potential area for future investigation is the complex relation between ongoing political instability and the termination of psychosocial services. Finally, due to varying opinions concerning Western conceptualizations of PTSD and the multiple local idioms for trauma (see Afana et al., 2010; Watters, 2010), there is a need for reflexive research on whether symptomatic reactions to violence are specific to the methods and contexts in which they are conceptualized and measured.

CONCLUSION

The findings of this study have implications for the implementation of psychosocial programs in the oPt and other violent regions. Because the transgenerational transmission of maladaptive coping strategies may be particularly salient in situations of ongoing strife (e.g., R. J. Punamaki et al., 1997; R.-L. Punamaki et al., 2006), it is important to identify and bolster positive psychosocial skills of both adults and children. Future psychosocial efforts might consider placing particular emphasis on the differentiation between the goals of the intervention and the conflicting messages of the surrounding sociopolitical context. It may also be advantageous for future interventions to incorporate a flexible mechanism for secondary prevention that can be adjusted in the case of shifts or escalations in violent conflict. Further, because the ability of mental health workers to address trauma and adversity in their own lives may enhance their capacities for empathy and ambiguity tolerance (Cohen, 2009), additional efforts to support the parents, teachers, and psychosocial workers who implement the interventions may be beneficial. Another consideration is the possible modification of the standard academic curriculum such that it contains psychosocial activities on a regular basis. Finally, due to the potential for psychological fallout or iatrogenic consequences during efforts at societal repair (Thomas, 2010), it may be necessary to address possible negative reactions to future attempts at restoring social cohesion within the Palestinian community as a whole.

In general, the findings of this study support past empirical literature concerning the positive effects of psychosocial interventions in schools and communities for children living through violent conflict. Our study also highlights the methodological obstacles inherent in conducting research within regions of rapidly changing political landscapes, which create hurdles for the systematization of empirical efforts. The complex interactions between sociopolitical and psychological variables highlight the need for further research efforts in zones of ongoing political violence, such as the oPt.

ACKNOWLEDGMENTS

This research was funded by the European Commission–Humanitarian Aid & Civil Protection (ECHO). ECHO is not responsible for its content.

We thank Dr. Shawqi C. for his support and his statistical creativity, as well as Min-Kyung S. Park, Dr. Charles Lewis, and Dr. Frederick Wertz for their invaluable input on this manuscript. We also thank the anonymous reviewers at *Peace and Conflict* for their insights, feedback, and suggestions.

BIOGRAPHICAL NOTES

Despina Constandinides is a psychologist and Deputy Director of the Palestine Red Crescent Society Psychosocial Department. She holds an MA in Clinical Psychology from Ball State University. She works with displaced and traumatized populations living in the West Bank and Gaza. Her research interests include the role of psychosocial intervention in humanitarian crises, resiliency, and the effects of ongoing political conflict on human behavior.

Sarah Kamens is a doctoral student in Clinical Psychology at Fordham University. She holds an MA in Media and Communications from the European Graduate School. Her research interests include the role of mental health workers in humanitarian crises, international diversity in ideas about psychological distress, and the creation and dissemination of psychiatric taxonomies.

Bassam Marshoud is a psychologist and supervisor at the Palestine Red Crescent Society Psychosocial Department, where he also acts as the Manager of the Research and Capacity Building Unit. He holds an MA in Disability Studies from Flinders University of South Australia. His psychosocial work focuses on the complex situation of the Palestinian

population, who live under continuous sociopolitical violence. He has also experienced living as a refugee himself; therefore, he brings together the experience of his personal suffering with his professional knowledge. His research interests include the positive and negative meanings of collective trauma and the neuropsychology of traumatic brain injury.

Fathy Flefel is the Director of the Palestine Red Crescent Society Psychosocial Department. He completed his graduate studies in Expressive Art Therapy at the European Graduate School in Switzerland. He works with populations living under ongoing political conflict in both the West Bank and Gaza Strip. In addition, Flefel is an international trainer in psychosocial interventions during and post disasters, as well as an active member of the International Federation of the Red Cross and Red Crescent Societies' Roster of Psychosocial Experts. His research interests include the relation between juvenile delinquency and family disorganization, applications of art therapy to the Palestinian culture, the role of traditional Palestinian games in increasing tolerance among children, and the evaluation of psychosocial programming for improving the quality of lives of disaster-inflicted populations.

REFERENCES

- Abdeen, Z., Qasrawi, R., Nabil, S., & Shaheen, M. (2008). Psychological reactions to Israeli occupation: Findings from the national study of school-based screening in Palestine. *International Journal of Behavioral Development*, 32, 290–297. doi:10.1177/0165025408092220
- Abdel-Khalek, A. M., Al-Arja, N. S., & Abdalla, T. (2006). Death obsession in Palestinians. *Death Studies*, 30, 203–215.
- Afana, A.-H., Pederson, D., Ronsbo, H., & Kirmayer, L. J. (2010). Endurance is to be shown at the first blow: Social representations to traumatic experiences in the Gaza Strip. *Traumatology*, 16(2), 43–54.
- Alat, K. (2002). Traumatic events and children: How early childhood educators can help. *Childhood Education*, 79, 2–8.
- Al-Krenawi, A., Lev-Wiesel, R., & Sehwal, M. A. (2007). Psychological symptomatology among Palestinian adolescents living with political violence. *Child and Adolescent Mental Health*, 12, 27–31.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- American Psychiatric Association. (2010). *Posttraumatic stress disorder. DSM-5 Development*. Washington, DC: Author. Retrieved from <http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=165#>
- Amr, W. (2007, June 16). U.S. to lift sanctions on new Abbas government. *Reuters*. Retrieved from <http://www.reuters.com/article/idUSL8196756120070616>
- Arafat, C., & Boothby, N. (2003). *Psychosocial assessment of Palestinian children*. Retrieved from [http://unispal.un.org/unispal.nsf/59c118f065c4465b852572a500625fea/6bb117b13425504685256ea90055c8ab/\\$FILE/assessment.pdf](http://unispal.un.org/unispal.nsf/59c118f065c4465b852572a500625fea/6bb117b13425504685256ea90055c8ab/$FILE/assessment.pdf)

- Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology, 29*, 259–280. doi:10.1002/jcop.1017
- Barber, B. K. (2008). Contrasting portraits of war: Youths' varied experiences with political violence in Bosnia and Palestine. *International Journal of Behavioral Development, 32*, 298–309. doi:10.1177/0165025408090972
- Beaulieu, M., & Messner, S. F. (2010). Assessing changes in the effect of divorce rates on homicide rates across large U.S. cities, 1960–2000: Revisiting the Chicago school. *Homicide Studies: An Interdisciplinary & International Journal, 14*, 24–51.
- Beiser, H. R. (1993). Termination. In M. H. Etezady (Ed.), *Treatment of neurosis in the young: A psychoanalytic perspective* (pp. 279–297). Lanham, MD: Jason Aronson.
- Bembry, J. X., & Ericson, C. (1999). Therapeutic termination with the early adolescent who has experienced multiple losses. *Child & Adolescent Social Work Journal, 16*, 177–189. doi:10.1023/a:1022369609530
- Berliner, P. (2008). *Annual evaluation of the school-based psychosocial programme for children and their families in Qalqilya, Tubas and Jaba Governorates, West Bank, Palestine AT/OT*. Unpublished manuscript.
- Berliner, P. (2009). *Annual evaluation of the school-based psychosocial programme for children and their families in Tubas, Jenin, Qalqilya, Tulkarem, Jerusalem, and Hebron, Palestine AT/OT*. Unpublished manuscript.
- Black, B. M. (2009). Definitions of violence: African-American and Iraqi refugee adolescents' perceptions. *International Journal of Adolescence and Youth, 14*, 313–331.
- Bracken, P. J., & Petty, C. (Eds.). (1998). *Rethinking the trauma of war*. New York, NY: Free Association Books.
- Breda, C. S., & Bickman, L. (1997). Termination of mental health services for children. *Journal of Child and Family Studies, 6*, 69–87. doi:10.1023/a:1025072724075
- Breslau, N. (2009). The epidemiology of trauma, PTSD, and other posttrauma disorders. *Trauma Violence Abuse, 10*, 198–210.
- Brom, D., Pat-Horenczyk, R., & Ford, J. D. (2010). *Treating traumatized children: Risk, resilience, and recovery*. New York, NY: Routledge.
- Brown, M. B., & Forsythe, A. B. (1974). Robust tests for equality of variances. *Journal of the American Statistical Association, 69*, 364–367.
- Chaitin, J., Awwad, E., & Andriani, C. (2009). Belonging to the conflict: Collective identities among Israeli and Palestinian émigrés to the United States. *Social Identities: Journal for the Study of Race, Nation and Culture, 15*, 207–225. doi:10.1080/13504630902778644
- Children Affected By Armed Conflict. (2001). In International French Red Cross (Ed.), *Psychological support: Best practices from Red Cross and Red Crescent programmes*. Retrieved from <http://helid.desastres.net/en/d/Js2902e/13.html#Js2902e.13>
- Cohen, S. J. (2009). Healers on the fault lines: Trauma as a risky opportunity for growth, mental flexibility and the penchant for healing others. *International Journal of Applied Psychoanalytic Studies, 6*, 211–224.
- Cowles, M. K., & Carlin, B. P. (1996). Markov Chain Monte Carlo convergence diagnostics: A comparative review. *Journal of the American Statistical Association, 91*, 883–904.
- Devi, S. (2005). Protecting the mental health of Gaza's inhabitants. *Lancet, 365*, 1125–1126.
- Dunnnett, C. W. (1955). A multiple comparison procedure for comparing several treatments with a control. *Journal of the American Statistical Association, 50*, 1096–1121.
- Embretson, S. E., & Reise, S. P. (2000). *Item response theory for psychologists*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Espié, E., Gaboulaud, V., Baubet, T., Casas, G., Mouchenik, Y., Yun, O., . . . Moro, M. R. (2009). Trauma-related psychological disorders among Palestinian children and adults in

- Gaza and West Bank, 2005–2008. *International Journal of Mental Health Systems*, 3, 21. doi:10.1186/1752-4458-3-21
- Fassin, D., & Rechtman, R. (2009). *The empire of trauma: An inquiry into the condition of victimhood* (R. Gomme, Trans.). Princeton, NJ: Princeton University Press.
- Goodrich, B., & Lu, Y. (2007). Factor.ord: Ordinal data factor analysis. In K. Imai, G. King, & O. Lau (Eds.), *Zelig: Everyone's statistical software* (pp. 188–192). Retrieved from <http://gking.harvard.edu/zelig>
- Haj-Yahia, M., & Abdo-Kaloti, R. (2008). Mental health consequences of Palestinian adolescents' exposure to family violence. *Journal of Loss and Trauma*, 13, 1–41. doi:10.1080/15325020701429130
- Hammack, P. L. (2007). The narrative stalemate: Conflict, identity and the cultural psychology of Israeli and Palestinian adolescence. *Dissertation Abstracts International*, 67, 6771.
- Hastings, W. (1970). Monte Carlo sampling methods using Markov chains and their applications. *Biometrika*, 57, 97–109.
- Hirschberg, P. (2007, May 17). Palestine ripping apart in Hamas, Fatah civil war. *Albion Monitor*. Retrieved from <http://www.albionmonitor.com/0705a/copyright/palestinecivilwar.html>
- Imai, K., King, G., & Lau, O. (2008). Toward a common framework for statistical analysis and development. *Journal of Computational and Graphical Statistics*, 17, 892–913.
- Interagency Psychosocial Evaluation. (2010). *OPT final report*. Unpublished manuscript, Columbia University & UNICEF.
- Joyce, A. S., Piper, W. E., Ogrodniczuk, J. S., & Klein, R. H. (2007). Structure of therapy and termination. In A. S. Joyce, W. E. Piper, J. S. Ogrodniczuk, & R. H. Klein (Eds.), *Termination in psychotherapy: A psychodynamic model of processes and outcomes* (pp. 97–107). Washington, DC: American Psychological Association.
- Kelman, H. C. (1999). The interdependence of Israeli and Palestinian national identities: The role of the other in existential conflicts. *Journal of Social Issues*, 55, 581–600.
- Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pašalić, A., Duraković, E., ... Pynoos, R. S. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 1048–1062.
- Lev-Wiesel, R., Al-Krenawi, A., & Schwail, M. A. (2007). Psychological symptomatology among Palestinian male and female adolescents living under political violence. *Community Mental Health Journal*, 43, 49–56. doi:10.1007/s10597-006-9060-9
- Lith, B. K.-V. (2007). Psychosocial interventions for children in war-affected areas: The state of the art. *Intervention*, 5, 3–17. Retrieved from <http://www.interventionjournal.com/downloads/51pdf/kalkasmavanlith.pdf>
- Loughry, M., Ager, A., Flouri, E., Khamis, V., Afana, A., & Quota, S. (2006). The impact of structured activities among Palestinian children in a time of conflict. *Journal of Child Psychology and Psychiatry*, 47, 1211–1218. doi:10.1111/j.1469-7610.2006.01656.x
- Maceuil, C. A., Hasty, M. K., Conus, P., & Berk, M. (2010). Termination of therapy: What can clinicians do to maximise gains? *Acta Neuropsychiatrica*, 22, 43–45. doi:10.1111/j.1601-5215.2009.00443.x
- Madsen, M. D., & Abdell, N. (2010). Trauma resilience scale: Validation of protective factors associated with adaptation following violence. *Research on Social Work Practice*, 20, 223–233.
- Many, M. M. (2009). Termination as a therapeutic intervention when treating children who have experienced multiple losses. *Infant Mental Health Journal*, 30, 23–39. doi:10.1002/imhj.20201
- Mascolo, M. E., & Li, J. (2004). *Culture and developing selves: Beyond dichotomization*. San Francisco, CA: Jossey-Bass.

- McLaughlin, S. (2006). Metaphors of the Holy Land: Palestinian children re-conceptualise paradise. *Journal of Intercultural Studies*, 27, 435–445. doi:10.1080/07256860600936929
- Meier, E. (2002). Effects of trauma and war on children. *Pediatric Nursing*, 6, 626–629. Retrieved from http://findarticles.com/p/articles/mi_m0FSZ/is_6_28/ai_n18614768/
- Metropolis, N., Rosenbluth, A., Rosenbluth, M., Teller, A., & Teller, E. (1953). Equations of state calculations by fast computing machines. *Journal of Chemical Physics*, 21, 1087–1092.
- MIFTAH. (2007, July 7). Infighting between Fatah and Hamas in the Gaza Strip: Timeline [Fact sheet]. *Miftah: The Palestinian Initiative for the Promotion of Global Dialogue and Democracy*. Retrieved from <http://www.miftah.org/Display.cfm?DocId=14207&CategoryId=4>
- Miller, K. E., & Rasmussen, A. (2009). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7–16.
- Möhlen, H., Parzer, P., Resch, F., & Brunner, R. (2005). Psychosocial support for war-traumatized child and adolescent refugees: Evaluation of a short-term treatment program. *Australian and New Zealand Journal of Psychiatry*, 39, 81–87.
- Nguyen, L. (2007). The question of survival: The death of desire and the weight of life. *American Journal of Psychoanalysis*, 67, 53–67.
- Nguyen-Gillham, V., Giacaman, R., Naser, G., & Boyce, W. (2008). Normalising the abnormal: Palestinian youth and the contradictions of resilience. *Health and Social Care in the Community*, 16, 291–298.
- OCHA: United Nations Office for the Coordination of Humanitarian Affairs. (2007, June). *The humanitarian monitor: Occupied Palestinian territory*, 14, 1–25. Retrieved from http://www.ochaopt.org/documents/HM_June07_.pdf
- OCHA: United Nations Office for the Coordination of Humanitarian Affairs. (2008, March). *The humanitarian monitor: Occupied Palestinian territory*, 23, 1–26. Retrieved from http://www.ochaopt.org/documents/HM_Mar_2008.pdf
- OCHA: United Nations Office for the Coordination of Humanitarian Affairs. (2009, February 5). *Field update on Gaza from the humanitarian coordinator*. Retrieved from http://www.ochaopt.org/gazacrisis/admin/output/files/ocha_opt_gaza_humanitarian_situation_report_2009_02_09_english-20090210-104024.pdf
- Palestine Red Crescent Society. (2010). *About PRCs*. Ramallah, Palestine: Author. Retrieved from http://www.palestinercs.org/about_PRCs.aspx
- Palestinian teachers to strike over pay. (2008, March 3). *Ma'an News Agency*. Retrieved from <http://www.maannews.net/eng/ViewDetails.aspx?ID=201561>
- Pat-Horenczyk, R., Qasrawi, R., Lesack, R., Haj-Yahia, M., Peled, O., Shaheen, M., . . . Abdeen, Z. (2009). Posttraumatic symptoms, functional impairment, and coping among adolescents on both sides of the Israeli–Palestinian conflict: A cross-cultural approach. *Applied Psychology: An International Review*, 58, 688–708.
- Psychosocial Working Group Palestine. (2009). *Interagency psychosocial monitoring and evaluation* [Confidential document: Not for circulation]. Meeting of the Psychosocial Working Group Palestine led by UNICEF and WHO.
- Pulkkinen, L., Nygren, H., & Kokko, K. (2002). Successful development: Childhood antecedents of adaptive psychosocial functioning in adulthood. *Journal of Adult Development*, 9(4), 251–265. doi:10.1023/a:1020234926608
- Punamaki, R. J., Quota, S., & El-Sarraj, E. (1997). Models of traumatic experiences and children's psychological adjustment: The roles of perceived parenting and the children's own resources and activity. *Child Development*, 64, 718–728.
- Punamaki, R.-L., Quota, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development*, 25, 256–267.

- Punamaki, R.-L., Quota, S., El-Sarraj, E., & Montgomery, E. (2006). Psychological distress and resources among siblings and parents exposed to traumatic events. *International Journal of Behavioral Development, 30*, 385–397.
- Quota, S., El-Sarraj, E., & Punamaki, R.-L. (2001). Mental flexibility as resiliency factor among children exposed to political violence. *International Journal of Psychology, 36*, 1–7.
- Quota, S., Punamaki, R.-L., & El-Sarraj, E. (2003). Prevalence and determinants of PTSD among Palestinian children exposed to military violence. *European Child & Adolescent Psychiatry, 12*, 265–272. doi:10.1007/s00787-003-0328-0
- Quota, S., Punamaki, R.-L., & El-Sarraj, E. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development, 32*, 310–321. doi:10.1177/0165025408090973
- Rabaia, Y., Giacaman, R., & Nguyen-Gillham, V. (2010). Violence and adolescent mental health in the occupied Palestinian territory: A contextual approach. *Asia-Pacific Journal of Public Health, 22*, 216S–221S.
- Rodriguez, M. A., Bauer, H. M., McLoughlin, E., & Grumbach, K. (1999). Screening and intervention for intimate partner abuse: Practices and attitudes of primary physicians. *Journal of the American Medical Association, 282*, 468–474.
- Sachs, E., Rosenfeld, B., Lhewa, D., Rasmussen, A., & Keller, A. (2008). Entering exile: Trauma, mental health, and coping among Tibetan refugees arriving in Dharamsala, India. *Journal of Traumatic Stress, 21*, 199–208.
- Sagy, S., Adwan, S., & Kaplan, A. (2002). Interpretations of the past and expectations for the future among Israeli and Palestinian youth. *American Journal of Orthopsychiatry, 72*, 26–28.
- Sagy, S., Orr, E., Bar-On, D., & Awwad, E. (2001). Individualism and collectivism in two conflicted societies: Comparing Israeli-Jewish and Palestinian-Arab high school students. *Youth & Society, 33*, 3–30. doi:10.1177/0044118x01033001001
- Schall, S., & Elbert, T. (2006). Ten years after the genocide: Trauma confrontation and post-traumatic stress in Rwandan adolescents. *Journal of Traumatic Stress, 19*, 95–105.
- Schmukler, A. G. (Ed.). (1991). *Saying goodbye: A casebook of termination in child and adolescent analysis and therapy*. New York, NY: Routledge.
- Srouf, R., & Srouf, A. (2006). Communal and familial war-related stress factors: The case of the Palestinian child. *Journal of Loss & Trauma, 11*, 289–309. doi:10.1080/15325020600662757
- Summerfeld, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine, 48*, 1449–1462.
- Swenson, C. C., & Klingman, A. (1993). Children and war. In C. F. Saylor (Ed.), *Children and disasters* (pp. 137–163). New York, NY: Plenum.
- Thabet, A. A., Abed, Y., & Vostanis, P. (2002). Emotional problems in Palestinian children living in a war zone: A cross-sectional study. *Lancet, 359*, 1801–1804.
- Thabet, A. A., Ibraheem, A. N., Shivram, R., Winter, E. A., & Vostanis, P. (2009). Parenting support and PTSD in children of a war zone. *International Journal of Social Psychiatry, 55*, 226–237.
- Thabet, A. A., Tawahina, A. A., El-Sarraj, E., & Vostanis, P. (2008). Exposure to war trauma and PTSD among parents and children in the Gaza Strip. *European Child & Adolescent Psychiatry, 17*, 191–199. doi:10.1007/s00787-007-0653-9
- Thomas, N. (2010). Whose truth? Inevitable tensions in testimony and the search for repair. In A. Harris & S. Botticelli (Eds.), *First do no harm: The paradoxical encounters of psychoanalysis, warmaking, and resistance* (pp. 45–63). New York, NY: Routledge.
- Wachtel, P. L. (2002). Termination of therapy: An effort at integration. *Journal of Psychotherapy Integration, 12*, 373–383. doi:10.1037/1053-0479.12.3.373
- Wassef, A., Ingham, D., Collins, M. L., & Mason, G. (1995). In search of effective programs to address students' emotional distress and behavioral problems. Part 1: Defining the problem. *Adolescence, 30*, 523–538.

- Watters, E. (2010). *Crazy like us: The globalization of the American psyche*. New York, NY: Free Press.
- Webster, P. S., & Harris, Y. R. (2009). Working with children who have experienced war, terrorism, and disaster. *Childhood Education, 85*, 364.
- Wertz, F., Charmaz, L. M., McMullen, R., Josselson, R., & Anderson, R. (2011). *Five ways of doing qualitative analysis*. New York, NY: Guilford.
- Young, A. (1997). *The harmony of illusions: Inventing posttraumatic stress disorder*. Princeton, NY: Princeton University Press.
- Zilberstein, K. (2008). Au revoir: An attachment and loss perspective on termination. *Clinical Social Work Journal, 36*, 301–311. doi:10.1007/s10615-008-0159-z

APPENDIX

Questionnaire for Children

Palestine Red Crescent Society



جمعية الهلال الأحمر الفلسطيني

Please answer the following questions. Please mark only one answer for each question (Never, Sometimes, Most of the time, or Always) to reflect your choice. Please note that there is no correct answer, only the response that you think is best.

(Relationships)

لدي أصدقاء/ صديقات أقضي وقتا معهم

1. I have friends I spend time with.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Trust)

لدي أصدقاء/ صديقات مقربين أشاركهم أسرارى.

2. I have close friends with whom I share my secrets.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Problem Solving)

لدي القدرة على التعامل مع مشاكل اليومىة.

3. I am able to deal with my daily problems.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Hope)

لدي آمال أرغب في تحقيقها في المستقبل.

4. I have goals I wish to achieve in the future.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Problem Solving)

أعرف كيف أتصرف في حال الخطر.

5. I know what to do if I'm in danger.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Relationships)

أهلي يساعدونني في حل مشكلاتي.

6. My parents help me in solving my problems.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Violence)

أهلي يضربونني.

7. My parents beat me.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Relationship)

رأبي له تقدير بين أفراد أسرتي.

8. My opinion is respected by my family members.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Relationship)

علاقتي مع أهلي يسودها الاحترام.

9. My relationship with my family is based on respect.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Violence)

أنا أتشاجر مع اخواني واخواتي.

10. I quarrel with my siblings.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Trust)

أشعر أن أسرتي قادرة على حمايتي عند وجود خطر.

11. I feel that my family is capable of protecting me from danger.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Tolerance)

أنا أحل مشاكلي مع الاطفال الآخرين بدون مشاجرة.

12. I solve my problems with other children without quarrelling.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Violence)

أتحدث بعصبية مع أصحابي.

13. I am nervous when I talk to my friends.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Violence)

أخرب أشياء داخل البيت.

14. I destroy things in my house.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Trust)

أطلب مساعدة شخص أنق به عند الحاجة.

15. When I need to, I ask for help from someone whom I trust.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Violence)

معلمي/تي ي/تشتمني.

16. My teacher insults me.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Trust)

زميلي/تي ي/تستمع الي وي/تحترم رأبي.

17. My peers listen to me and respect my opinion.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Relationship)

أحب المشاركة في المناسبات الاجتماعية.

18. I like to participate in social events.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Hope) يوجد لدي أشياء سوف أتمكن من تحقيقها في المستقبل.

19. I have things that I am capable of accomplishing in the future.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Stress Management) أستطيع النوم بالليل.

20. I can sleep at night.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Stress Management) أستطيع أن أركز عندما أدرس.

21. I can concentrate when I study.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Hope) أنا أشعر بالأمان.

22. I feel secure.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Stress Management) أنا أشعر بالغضب.

23. I feel angry.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Trust) أشعر بأن الآخرين يحبونني.

24. I feel that others like me.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Stress Management) أحلم أحلاما مزعجة.

25. I have troubling dreams.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Stress Management) لدي مكان آمن ألتجأ إليه عند الحاجة.

26. I have a safe place that I can go to when needed.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Hope) عندي أمل في المستقبل.

27. I have hopes for the future.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Hope) لدي هوايات أمارسها.

28. I have hobbies that I engage in.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Tolerance) أنا انتظر دوري.

29. I wait for my turn.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Problem Solving) أساعد زملائي/ زميلاتي على حل خلافاتهم.

30. I help my peers to solve their disputes.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Tolerance)

أقرض أشياءي لزميلي/تي عند الحاجة.

31. I lend my things to my peers when needed.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Tolerance)

أسمح لأصحابي ان يشاركوني ألعابي.

32. I allow my friends to share my games with me.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Tolerance)

استمع للآخرين عندما يتحدثون معي.

33. I listen to others when they talk to me.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Problem Solving)

أستطيع أن أنظم وقتي.

34. I am able to organize my time.

1. Never 2. Sometimes 3. Most of the time 4. Always

(Problem Solving)

عندما تواجهني مشكلة أفكر بأكثر من حل.

35. When I face problems, I think of different solutions.

1. Never 2. Sometimes 3. Most of the time 4. Always