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The Effects of Psychosocial Support Program on Coping and Problem Solving Skills on the Elementary Students at Ramallah Friends Girls School

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The Effects of Psychosocial Support Program on Coping and Problem Solving Skills on the Elementary Students at Ramallah Friends Girls School

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Thesis Approval

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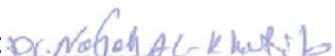
Jerusalem- Palestine

2019/1441

Dedication

To my beloved ones…

Declaration:

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and that this study (or any part of this study) has not been submitted for a higher degree to any other university or institution.

Signature: …………………

 Adele Yousef Jaraiseh

 Date: 3/12/2019

Acknowledgments

Abstract

Background:

Basic health care and traditional health beliefs without psychosocial support will not be enough. Psychosocial support is not only an emergency response to psychological wounds, it also helps individuals and communities to build social structures to meet one's needs as identified by themselves and the community.

The world faces increasing challenges and changes rapidly every day, children face several challenges daily, ranging from educational difficulties to social issues, few of them have the skills to solve these issues. There are several studies addressed that, however, there is a lack of such studies in Palestine.

Aim:

To assess the effects of psychosocial support program on coping and problem solving skills of elementary students at Ramallah Friends Girls School.

Method:

An experimental intervention quantitative design was utilized to achieve this purpose. The data was gathered between first of October 2018, and finished at the end of December, 2018. The sample was randomly assigned included 250 students from 1st grade to 5th grade from elementary Ramallah Friends Girls School, 125 were a controlled group and another 250 students were intervention group. The data was collected using a questionnaire; coping to stressful daily events scale, which was developed by Leonard W. Poon, and was translated to Arabic by Ali Abd Alsalam and Saada Salameh to be

applicable for the Palestinian society. The questionnaire contains five questions about socio-demographic (gender, grade, academic achievement, pass through difficult incident, and parental status), and thirty items divided into three categories of coping (positive aspect, negative aspect, and behavioral aspect).

The study was conducted in 3 stages; the baseline or assessment stage (pre-questionnaire), the intervention stage, and the (post- questionnaire) after completing the 14 sessions.

A Descriptive statistical techniques frequency distribution of the study groups (intervention group and control group). The analysis of the data was done in SPSS (Statistical Package for Social Sciences). To find out the effect of the intervention training program on the independent variables, the analysis of covariance was done for the two intervention and the two control groups. In case of significant F–ratios, the Bonferroni post hoc analysis was done to find out the significant differences between the paired means of the intervention and control groups. In addition, highlight the relationship between dependent and independent variables, ANOVA test, ANCOVA test, T-test were used.

Findings:

The study findings showed statistically significant relationship between the psychosocial experiment group and the control group in coping and problem-solving skills aspects (positive, negative and behavioral) after applying the psychosocial support program. Also, the study found that there were statistically significant differences with socio-demographic variables in the scores of students, but there were no statistically significant differences due to gender and the parental marital status variables of the students. Besides, there were statistically significant difference between pre- test and post- test also control pre- test groups for all Pass through difficult incident. That is,

student's Intervention Post Test scores are higher than that in Intervention Pre Test scores and Control Pre and Post Test scores. But there were no statistically significant difference in pre and post- tests between groups due to Parents Social status because of the small sample size of Parents Social Status (Other).

Conclusion:

This study concluded that, there are effective outcomes of implementing Psychosocial Support Program at coping strategies and problem solving skills, therefore schools can implement the Psychosocial Support Program early in elementary schools, continuing it to secondary schools, and Mental health workers and professionals in Palestine should start to give attention on the positive impact associated with providing awareness and intervention to programs supporting coping strategies and problem solving skills from early age, also there is a need for further quantitative and qualitative studies to assess the effect of Psychosocial Support Program in elementary and secondary schools in other areas in Palestine.

تأثير برنامج الدعم النفسي-الاجتماعي على مهارات مواجهة وحل المشكلات لدى طلاب المرحلة الإبتدائية في مدرسة الفرندز للبنات في رام الله

اعداد الطالبة: أديل يوسف سالم جرايسة

إشراف: د.نجاح الخطيب

ملخص

الخلفية: الرعاية الصحية الأساسية والمعتقدات الصحية التقليدية بدون الدعم النفسي-الاجتماعي لن تكون كافية. إن الدعم النفسي-الاجتماعي ليس مجرد استجابة طارئة على الجروح النفسية، لكن هو يساعد أيضاً الأفراد والمجتمعات على بناء بنية اجتماعية تلتقي مع احتياجات الفرد كما تم تحديدها من قبلهم وقبل المجتمع.

إن العالم يواجه كل يوم تحديات وتغيرات متزايدة وبسرعة، كما ويواجه الأطفال تحديات يومية تتراوح ما بين الصعوبات الأكاديمية والمسائل الاجتماعية، والقليل منهم لديهم المهارات لحل هذه المسائل. دراسات عديدة تطرقت لهذا الموضوع، وبالرغم من ذلك هناك نقص في هذه الدراسات في فلسطين.

الهدف: تقييم تأثير برنامج الدعم النفسي-الاجتماعي على مهارات مواجهة وحل المشكلات لدى طلاب المرحلة الإبتدائية في مدرسة الفرندز للبنات في رام الله.

المنهج: لقد تم استخدام تصميم تجريبي لتحقيق هذا الهدف. بدأ جمع البيانات من بداية اكتوبر 2018 والانتهاء من جمعها بنهاية ديسمبر 2018. لقد تم اختيار العينة بشكل عشوائي بحيث شملت على 250 طالب من الصف الأول حتى الصف الخامس من مدرسة بنات الفرندز الأساسية برام الله، 125 فرد كانت ضمن مجموعة ضابطة و250 طالب آخر من مجموعة التدخلات. تم جمع البيانات من خلال استخدام استبيان؛ وهو مقياس التعامل مع أحداث التوتر اليومية والذي تم تطويره من قبل ليونرد و. بوون، وتمت ترجمته للغة العربية من قبل عبد السلام (سنة) وسلامة (سنة) لتكون قابلة للتطبيق في المجتمع الفلسطيني. احتوت الاستبانة على 5 أسئلة حول البيانات الاجتماعية والديموغرافية (الجنس والصف والتحصيل الاكاديمي والمرور بتجربة صعبة ووضع الوالدين) وكذلك 30 بند مقسمة على ثلاث فئات للتأقلم (الجانب الإيجابي والجانب السلبي والجانب السلوكي).

أجريت الدراسة في 3 مراحل؛ خط الأساس أو مرحلة التقييم (الاستبيان القبلي) ومرحلة التدخل ومرحلة (الاستبيان البعدي) بعد إنهاء 14 جلسة.

لقد تم استخدام تقنية الإحصاء الوصفي للاستدلال على النتائج والاستنتاجات. وتم تحليل البيانات باستخدام برنامج التحليل الاحصائي (SPSS). ولمعرفة تأثير برنامج التدخل التدريبي على المتغيرات المستقلة فقد تم تحليل التغاير للتدخلين وللمجموعتين الضابطتين. وفي حال وجود نسب مهمة لـ F فقد تم استخدام تحليل بونفيروني البعدي لإيجاد الاختلافات ذات الأهمية بين وسائل التدخل المزدوجة والمجموعات الضابطة. بالإضافة إلى ذلك، ألقي الضوء على العلاقة ما بين المتغيرات المستقلة والتابعة، كما وتم استخدام اختبار أنوفا (ANOVA) وانكوفا (ANCOVA) واختبار-ت (T-Test).

النتائج: أظهرت نتائج الدراسة علاقة مهمة بين البرنامج النفسي الاجتماعي للمجموعة التجريبية والمجموعة الضابطة في جوانب مواجهة وحل المشكلات (الإيجابية والسلبية والسلوكية) بعد تطبيق برنامج الدعم النفسي الاجتماعي. أيضاً، وجدت الدراسة أن هناك فروق إحصائية دالة بين المتغيرات الاجتماعية – الديمغرافية في درجات الطلاب ولكن لم يكن هناك فروق ذات دلالة إحصائية بين الجنس والوضع الاجتماعي لأهالي الطلاب. علاوة على ذلك، كان هناك فروق ذات دلالة إحصائية في متوسط الاختبار القبلي للتدخل والاختبار البعدي؛ أيضاً بين مجموعات الاختبار القبلي لمتغير "المرور بحدث صعب". بالتالي، درجات الاختبار البعدي للتدخل للطلاب كانت أعلى من درجات الاختبار القبلي التدخل وكذلك درجات الاختبار القبلي والبعدي للمجموعة الضابطة. لكن، لم يكن هناك أي فروقات ذات دلالات احصائية بين الاختبارات القبلية والبعدية بين المجموعات بسبب الوضع الاجتماعي للوالدين وذلك لأن عينة الأطفال الذين تطلق أو توفي والدهم أو أحدهم كانت صغيرة.

الخاتمة: خلصت هذه الدراسة إلى أن هناك نتائج فعالة لتنفيذ برنامج الدعم النفسي-الاجتماعي على استراتيجيات المواجهة ومهارات حل المشكلات. وبالتالي على المدارس البدء بتطبيق برنامج الدعم النفسي الاجتماعي مبكراً في المدارس الأساسية ومواصلته حتى المرحلة الثانوية. كما ويجب على العاملين النفسيين والمهنيين في فلسطين توجيه الانتباه نحو التأثير الايجابي المرتبط بتوفير الوعي والتدخل ببرامج داعمة لاستراتيجيات المواجهة ومهارات حل المشكلات من سن مبكرة. كذلك، يوجد حاجة إلى دراسات نوعية وكمية لتقييم تأثير برنامج الدعم النفسي-الاجتماعي على المدارس الأساسية والثانوية في مناطق أخرى في فلسطين.

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Chapter I

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Introduction

1.1 Introduction

This chapter will present an overview of the proposed study, including the background, problem statement, justification of the study, main objectives, specific objectives, research questions, study feasibility, and study limitations.

1.2 Background

Every day, children face several challenges, ranging from educational difficulties to social issues. However, few of them have the skills to solve these issues (www.verywellfamily.com).

This study examined the effects of psychosocial support program on coping and problem solving skills on the elementary students of Ramallah Friends Girls School. A review of earlier research disclosed a lack of documented research on the efficacy of Palestinian school support programs.

It is essential to get a short overview of children's mental health in Palestine before debating the issue declaration and the aims and goals of the research.

Child mental health in Palestine has its own privacy, Palestinian elementary pupils showed symptoms of PTSD, somatization, functional impairment and coping as a result of the Israeli occupation that psychologically affected students. (Abdeen, et al. 2008).

In 2002, the Ministry of Health (MOH) in Palestine started the Palestinian mental health projects in four main areas (Gaza, Hebron, Bethlehem and Ramallah). The World Health Organization (WHO) followed up and supported this project and focused on trauma care (Jabr, et al. 2013). Specialists were sent to Palestinian schools to work in groups with traumatized children using art, creative writing and dance. Unfortunately, the Israeli occupation has not renewed the specialist's visas and the program has stopped (www.ittp.org) Schools are the main place to implement psychosocial services and

problem solving programs for children since mental health is a global concern that interacts with their physical health and school success. (www.apa.org).

The Palestinian Ministry of Education (MOE) runs a school counseling program with the school health program (MOH) in 68 percent of public schools (MOH, 2012). However, because of limited financial and human resources and because of unpredictable circumstances, these programs are not usually upgraded or extended to the appropriate level, and sometimes they are not mainstreamed or provided with the necessary human resources (MOH, 2012). The program is particularly sensitive to targeting children at risk of dropping out of school. Counselors usually work on everyday problems to avoid conflicts, as they are the first to contact students in need of help (Shawahin, 2012), The program is part of the national network for child protection ; it refers to children in need of more intensive follow up or to the MOH or NGO sector for certain treatments by professionals (MOH, 2012).

Researches on mental health in Palestine mainly focused on the Israeli occupation violence rather than coping (Haj-Yahia, 2007); (Makkawi, 2009) (Jabr, 2011); (Khamis, 2005) and several programs, institutions and projects worked with children in Palestine and focused on trauma (Omran, et al. 2012); (Baum, 2001); (Save the Children, 2002); (Baum & Bemberg, 2005); (Manasra, 2007).

Former research studies showed the importance of the evaluation of early signs of mental health problems in children in order to intervene early as it will affect their academic performance and achievements in schools if not intervened with early (DeSocio and Hootman.2004). Psychological intervention could also be more effective in making schools children friendly by training not only school mental health providers but also teachers and parents with psychosocial methods, in order to deal with their daily problems. (Shute & Slee, 2016).

Jong (2011) said: "The aim of supportive counselling is to enhance the client's functioning by reinforcing his or her coping skills" (p.48), Conflict is inevitable and a key element of life. To provide them with coping skills, both children and adults need to learn the necessary skills. These skills will help children grow up in their personal and professional lives (Levin, 1994).

An important part of being in school is learning how to live with others and get along with people even when they don't always agree with them, which are skills students obtain. This thesis suggests implementing psychosocial support programs at elementary schools to assess their effects on children's coping mechanism and problem solving skills.

1.3   Problem Statement

Paying attention to students' issues and their coping skills is essential to improve the stability and security of the learning process in schools. Within all the advanced developments in all life aspects including economically, socially, scholastically and technologically, it is difficult and intricate to manage elementary level student's problems in addition to the negative dynamics in school when such problems occur.

The school counseling in Friends Girls School operates based on individual intervention with students who would be referred to the counselor office for one – on- one intervention. The same or similar problematic behavior are constantly repeated. The counselor evaluates causes of these problems within the classroom environment. However due to lack of experience and the teachers inability to manage conflicts, the students are being referred to counseling office.

It is assumed that the behavioral problems among individual are routed in the individual – community interaction (Makkawi, 2009).

The Palestinian Ministry of Education survey (2015) showed that there are 1,171,596 male and female students studying in schools (www.mohe.pna.ps). While the Palestinian Central Statistical Bureau (PCSB) revealed new population data in the occupied Palestinian territory; it stated that in mid-2016, the number of children under the age of 18 in Palestine is estimated at 2,207,535 children, or about 45.8% of the population. Children make up 49.6% of the Gaza Strip's population, compared to 43.4% of the West Bank's total population (maannews.net). Which means implementing psychosocial programs in Palestinian schools would be supporting and serving almost half of the community.

In addition, some earlier studies discussed mental health and psychosocial programs and their effectiveness among children. In both intervention and comparison groups, significant increases in child wellbeing ratings were observed over a 12-month period.

However, as judged by the child and parent, in the comparison group, the wellbeing of children who received intervention considerably improved more than that of children. (Ager, et al. 2011).

Strength and challenging strategy survey showed higher rates of children with emotional and behavioral problems above the 90th percentile in the UK sample, but lower rates for 16-year old according to self-report SDQs (Thabet, et al. 2000).

However, as long as the researcher knows that there is a lack of studies to assess the effectiveness of the existing programs over the past years that affects coping and problem solving skills in Arab countries. There are several projects in Palestine that have been carried out as private projects or with the Ministry of Health and the Ministry of Education which focused mainly on trauma (Jabr, et al. 2013); (www.ittp.org); (MOH, 2012), However, most of these projects have not been documented or continued due to lack of scientific research or due to political and financial reasons (www.cbi.eu). All these results insure the need of a psychosocial intervention.

1.4 Justification of the Study

As the world faces increasing challenges and changes rapidly every day, basic health care and traditional health beliefs without psychosocial support will not be enough (www.ifrc.org). Psychosocial support is not only an emergency response to psychological wounds, it also helps individuals and communities to build social structures to meet one's needs as identified by themselves and the community. (www.ifrc.org).

As discussed formerly, this particular study was selected for the following reasons:

● To examine the effects of psychosocial support program on coping and problem solving skills.

● This study may be a reference as it is the first study conducted in this field, explaining the current situation of child coping mechanism in Palestine.

● Recommendation to apply it in other schools in Palestine, as this study will assess the effectiveness and importance of this program on students' coping through using psychosocial support program and problem solving approach.

1.5 Main Objective

The main aim of this study is to investigate the effects of psychosocial support program on coping and problem solving skills of elementary students at Ramallah Friends Girls School.

1.6 Specific Objectives

● To investigate the effects of psychosocial support program on students' coping and problem solving skills (positive aspect of coping, negative aspect of coping, and behavioral aspect of coping) on the elementary students at Ramallah Friends Girls School.

● To examine the effects of the socio-demographic (gender, grade level, academic achievement, parental status and passing through difficult situation) and the psychosocial support program on the elementary students at Ramallah Friends Girls School.

1.7 Research Questions

● What are the effects of psychosocial support program on students' coping mechanism and problem solving skills (positive aspect of coping, negative aspect of coping, and behavioral aspect of coping) on the elementary students at Ramallah Friends Girls School?

● Is there effects of the socio-demographic (gender, grade level, academic achievement, parental status and passing through difficult situation) and the psychosocial support program on the elementary students at Ramallah Friends Girls School?

1.8 Research Hypothesis

The main hypothesis of the current study for the First research question were:

1. There is no statistical significant difference between the experimental group and the control group in their coping and problem-solving skills (At Baseline) before applying the psychosocial support program on the elementary students at Ramallah Friends Girls School at $\alpha \leq 0.05$.

2. There is no statistically significant difference between the experimental group and the control group in their coping and problem solving skills after applying the psychosocial support program on the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

3. There is no statistical significant difference in the experimental group in their coping and problem-solving skills before and after applying the psychosocial support program on the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

4. There is no statistical significant difference in the control group in coping and problem-solving skills before and after applying the psychosocial support program on the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

And the main hypothesis of the current study for the second research question were:

1. There is no statistical significant difference in the experimental group in their coping and problem-solving skills in relation to gender of the elementary students at the Ramallah Friends Girls School at α ≤ 0.05.

2. There is no statistical significant difference in the experimental group in their coping and problem-solving skills in relation to grade level of the elementary students at the Ramallah Friends Girls School at α ≤ 0.05.

3. There is no statistical significant difference in the experimental group in their coping and problem-solving skills in relation to academic achievement level of the elementary students at the Ramallah Friends Girls School at α ≤ 0.05.

4. There is no statistical significant difference in the experimental group in their coping and problem-solving skills in relation to parental status of the elementary students at the Ramallah Friends Girls School at α ≤ 0.05.

5. There is no statistical significant difference in the experimental group in their coping and problem-solving skills in relation to passing through difficult situation of the elementary students at the Ramallah Friends Girls School at α ≤ 0.05.

1.9 Study Feasibility

● The researcher works in the school that the research was done at, and has a strong network and connections with students, teachers and parents, which facilitated the collection of the data.

● The interest and knowledge of the researcher helped in the process of conducting this research.

1.10 Study Limitations

Despite the feasibility of this study, each study had its limitations and this one is presented by:

● Some participants hesitated to participate, because of their fear of sharing their opinion (Delany, 2007).

● The researcher's presence during data gathering, which is often unavoidable in research, affected the subjects' responses. To deal with this the school counselors did this part without the researcher's presence. Hence, this limitation was avoided.

● The generalization of the findings of this study might be limited, as this study only included elementary students.

● The generalization of the findings of this study might be limited, as this study only included one private school.

1.11 Definition and terms

1.11.1 Psychosocial support program:

The psychosocial term refers to the close relationship between the individual and any social entity's collective aspects. In particular situations, psychosocial support can be adapted to meet the psychological and physical needs of the people concerned, helping them to accept and cope with the situation (Phillips, L. 2015); (www.ifrc.org).

The operational definition: The psychosocial program was designed to help students to develop their individual skills, social skills, self-esteem and academic performance. This

will be implemented by group counseling sessions, expressive worksheets, drama, psychodrama, and role play.

1.11.2 Problem solving:

It is a psychological treatment that helps people manage the negative effects of stressful events that can occur in life effectively (www.div12.org).

Sphere (2003) mentioned that, Problem-focused approach to coping is a coping style in which an individual or group focuses all energy and resources to solve the stress-creating problem. It is a practical approach and the opposite of emotional coping and a practical program of psychosocial support.

The operational definition: In problem solving, the counselor and their home room teacher address difficulties that have been recorded by the children to share it during the meeting. The entire class comes together in circle not only to discuss and attempt to solve conflicts, but also to validate the social and emotional issues children of this age face, to encourage democratic process and participation, and to build and maintain a sense of community that is part of the psychosocial support program**.**

It will be teaching students how to solve conflicts between each other by using the (solution wheel) that appeared in figure (3.2) and by doing a lot of modeling and role playing how to solve the problems that might come up in the classroom or the playground, students will be given specific strategies that they can use to solve their problems (and not coming to teachers or counselors for every little thing).

1.11.3 Coping:

Coping is the method of adjusting well in the face of adversity, trauma, tragedy, threats or significant sources of stress, such as family and relationship issues, severe health or workplace issues, and economic stressors (Benard, 2004).

It defines also as: Coping is the method of adjusting well in the face of adversity, trauma, tragedy, threats or important sources of stress, such as family and relationship issues, severe health or workplace issues, and economic stressors (Ungar, 2011).

The operational definition: The degree which the students get on the scale used in the study in coping strategies that could be positive, negative or behavioral.

1.11.4 Elementary school level:

An Elementary schools include usually the first four to the first eight grades and often a kindergarten (www.merriam-webster.com).

The operational definition: It's from first grade to fifth grade.

1.11.5 Friends Girls School:

The Friends Girls School (Quaker school) of Ramallah is an elementary school that was found in 1869. The school contained the preschool and elementary level, the school has around 700 students (200 kindergarten and around 500 elementary level) and 104 staff (teachers and administration). This school has special programs plus the academic ones that makes it unique, as: Ethics, Counseling, Learning Support department, Community Service and White Gifts program that help needy people (www.rfs.edu.ps).**1.12 Summary**

This chapter discussed the background of the study, main aim and objectives, also the research questions, research hypothesis, study feasibility, and study limitations and finally the terms and definitions in this study, the second chapter will represent the literature review related to psychosocial programs, coping and problem solving skills and theoretical framework related to the children's stage age, the methodology will be describe in the third chapter.

Chapter II

Literature Review

2.1 Introduction

2.2. Overview

2.3 Coping and problem-solving of children

2.4 Theoretical perspective of child development

2.5 The efficiency of intervention programs in schools that are used by teachers and counselors

2.6 The importance of psychosocial programs in the Palestinian schools

2.7 Previous studies

2.8 Conceptual Framework

2.9 Summary

Chapter II

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Literature Review

2.1 Introduction

This chapter will focus on different concepts related to the current thesis such as: concepts related to the research, theoretical perspective about child development and literature review, related to child coping, problem solving and mental health programs, ways to build coping skills. Finally, the conceptual framework of the study.

2.2. Overview

2.2.1. Background:

The ability to achieve, cope and maintain optimal psychological functioning and wellbeing is defined as mental health in children and adolescents. It is directly related to the level reached and the psychological and social functioning competence achieved. It also includes a sense of identity and self-worth; sound relationships between family and peer; the ability to be productive and to learn; and the ability to capitalize on development challenges and cultural resources (wikiprogress.org; Lawrence et. al, 2015).

2.3 Coping and problem-solving of children

2.3.1 Theory of coping: Lazarus

Coping is closely linked to the notion of cognitive assessment and therefore to the stress associated operations between the person and the environment. Lazarus (1966, p. 223), defines coping as "the cognitive and behavioral attempts taken between them to master, tolerate or decrease external and internal requirements and disputes."

The coping definition has four consequences (Lazarus and Folkman, 1984):

1- Coping activities are not categorized by their impacts (e.g. as distorting reality), but by certain coping process features.

2- This method involves both the individual's behavioral and cognitive responses.

3- In most instances, coping consists of various acts and is sequentially structured and formed.

4- Focusing on distinct components of a stressful encounter can distinguish coping behavior

Many trait-oriented methods have created two key constructs for understanding cognitive reactions to stress: vigilance, that is, orientation to stressful elements of an encounter, and cognitive avoidance, that is, preventing attention from data related to stress (Lazarus, 1991).

Lazarus considered stress to be a related idea, it is not described as a particular type of external stimuli or a particular pattern of physiological, behavioral or subjective responses. Instead, stress is seen as a connection and transaction between people and their environment (Lazarus, 1991).

As key mediators within the person – environment transaction, Lazarus pointed out two procedures: behavioral assessment and coping with its differences in quality, intensity, and duration. This concept is based on the idea that emotional procedures (including stress) depend on real expectations expressed by individuals regarding the meaning and outcome of a particular meeting (Lazarus, 1966). This can try to alter the realities of the person – the environment behind adverse feelings or stress (coping with problems). They can also relate to inner components and attempt to decrease an adverse emotional state or alter the assessment of the challenging (emotion-focused coping) scenario (Lazarus and Folkman, 1984).

2.3.2 Coping of children

Coping skills are very helpful for children, it is techniques they use to assist them coping with stress or adverse events. These things can be adverse, hard, or overwhelming ideas. It can actually be anything that creates psychological or physical overwhelm and in which children feel in some manner the need to distract or soothe themselves (Smith et. al, 2016).

Children are likely to act without healthy coping skills — essentially sending a message saying, "I feel out of control so I'm going to act out of control." Children who don't understand how to cope with their emotions are also more likely to turn to unhealthy coping strategies as they grow older (www.verywellfamily.com).

Sometimes children may cope positively, like Deep breathing using bubbles, remembering the words to a song they love, playing with a pet, creating a music playlist and jumping rope, that provide them an opportunity for reflection, acceptance, and kindness towards themselves and sometimes negatively, like avoiding the problem, cutting or other forms of self-harm, alcohol or other substance abuse, acting out verbally or aggressively, sexual misconduct and sleeping all day, that make them feel better temporarily, and ultimately are a distraction and a form of avoiding their conflicts (Smith et al, 2016).

An approach for Alvord &Grados (2005), suggested tips and skills to build coping skills for children and adults:

For young Children:

1. Give words to feelings. When children can speak about how they feel and what can make them feel, their feelings can feel more manageable.
2. Find your child's triggers, know the situations that are toughest for the child, like turning off the T.V, the play station or when they dress in the morning for school. Explore common triggers for children at formal celebrations and at family gatherings.
3. Stick with what they love and already do to feel good, maybe they ride a bike, read a comic book, dance, sing, paint, draw or text with a friend.
4. Be present and understanding and give the child full attention.
5. Seek help when needed, as sometimes children need counseling.

For children and adults:

1. Make connections: good relationships with close family members, friends or others are important. Accepting help and support from those who care about you and will listen to you strengthens coping.

2. Avoid seeing crises as problems that cannot be overcome. You can't alter the fact that extremely stressful events occur, but you can alter how you interpret these events and react to them.

3. Accept that change is a part of living. Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

4. Go to your objectives. Develop some objectives that are realistic. Do something frequently— even though it looks like a tiny achievement — that allows you to move towards your objectives. Ask yourself, "What is one thing I know I can achieve today that helps me move in the direction I want to go?" instead of concentrating on assignments that seem impossible to achieve.

5. Take decisive steps. Act as much as possible on negative circumstances. Take decisive measures instead of totally detaching yourself from issues and stresses and wishing they'd just go away.

6. Look for self-discovery possibilities. People often learn something about themselves and may discover that as a consequence of their loss fight they have grown in some regard. Many individuals who have experienced tragedies and difficulties have recorded better relationships, a higher sense of strength even when they feel susceptible, a higher sense of self-worth, a more advanced spirituality and height.

7. Nurture yourself with a favorable perspective. It helps create resilience by building trust in your capacity to fix issues and trusting your instincts.

8. Keep in perspective stuff. Try to consider the stressful scenario in a wider context even when facing very painful occurrences and maintain a long-term view. Avoid out of ratio blowing the event.

9. Keep things in view. In a broader context, even when facing very painful events, try to consider the stressful situation and retain a long-term perspective. Avoid blowing the event out of proportion.

10.   Pay attention to yourself. Take care of your own emotions and needs. Engage and relax in the operations you appreciate. Periodic exercise. Taking care of yourself helps maintain your mind and body prepared for circumstances requiring resilience.

11.   Additional methods can be useful in enhancing resilience. For instance, some individuals write about their deepest trauma-related ideas and emotions in their lives. Meditation and spiritual practices are helping some individuals connect and restore hope.

12.   The key is to define methods you can function well as part of your own private coping plan.

2.3.3 Problem solving techniques for children

Researchers have been very concerned about studying problem-solving abilities. Yiğiter (2013) identified problem-solving abilities as a cognitive-effective process that develops through which a person or group tries to define or find efficient alternatives to everyday issues.

Problem solving skills are essential for kids in their daily lives and in the future to face difficulties. Children who do not gain problem-solving abilities during early adolescence tend to be more aggressive towards other individuals and ultimately tend to cope with social issues such as peer rejection, criminal conduct involvement, and adult mental health problems.

By exploring social relationships, manipulating items, and interacting with individuals, kids can formulate thoughts, experiment with these thoughts, and accept or dismiss what they learn. Building understanding by making errors is a component of the natural problem-solving process that is the ability to handle difficult or unexpected situations (keen, 2011).

Keen. (2011) suggested several steps for an effective problem-solving process as (p. 14):

- Identify the issues. Be clear about what the problem is.
- Understand everyone's interests.
- List the possible options.
- Evaluate the options.
- Select an option or options.
- Document the agreement.
- Agree on contingencies, monitoring, and evaluation.

Children can be taught to solve their problems peacefully by some simple steps (bullyingnoway.gov.au):

1- Teach them to express their feelings by asking them: How do you feel? This will help them to calm down.

2- Ask them what is the problem from their perspective, they will learn that the problem belong to them not to others.

3- Help them to come up with many different solutions, as not all solutions might work!

4- Ask them to think what will happen from each solution, is the solution safe, fair and how everyone will feel about it.

5- Let them try one solution, if it didn't work let them try another one from what they came up with.

2.4 Theoretical perspective of child development

2.4.1 Piaget's Stages of Cognitive Development

Piaget concluded that human development involves a series of stages as below (Piaget, 1923, 1932):

1. The Sensorimotor Stage (0-2 years)

It is the first stage that Piaget uses to define cognitive development, he calls this stage of the sensorimotor because the early manifestations of intelligence come from sensory perceptions and motor activities. The child relies on seeing, touching, sucking, feeling and using his senses to learn about himself and the surroundings.

2. The Preoperational Stage (ages 2-6)

Children are no longer limited to thinking about the objects in their immediate perceptible environment during the preoperative stage. The action-oriented problem solving stage of the sensorimotor is gradually replaced by thought mediated by words and pictures Piaget called symbolic reasoning this kind of thinking. Children are no longer limited to thinking about the objects in their immediate perceptible environment during the preoperative stage. They can now organize mental images of both present and absent events and objects into primitive concepts (or pre-operations) that can be used to solve simple issues. For example, preschoolers know what toys they own and where they are at all times.

3. **Concrete Operations** (ages 7-11)

The concrete operation, organizing thoughts into logical systems, becomes increasingly logical thinking of children. They start understanding logical relationships. During this stage, the child has the ability to master most types of conservation experiments, concrete operational thinking is reversible, enabling the child to think about problems and return to them. The child is doing well with such problems because they involve specific items that the child is familiar with. Concrete operational kids also gain the ability to hierarchically structure objects, known as classification. Seriation is another new ability gained during this stage, referring to the ability of the child to order objects in relation to a common property. The study based on this stage of age.

4. **Formal Operations** (age 12 and beyond)

The formal operational stage is characterized by the ability to formulate and systematically test hypotheses in order to arrive at a problem response. The individual can reason for phenomena that do not exist in reality for the first time, such as abstract concepts of morality, science and mathematics.

This theory is essential for the present study because research has demonstrated the ability of cooperative problem-solving to enhance young children's cognitive development and learning.(Tudge, 1986).Research on the effect of peer-to-peer cooperation on cognitive development was mainly based on Piaget's concept of the effect on cognitive and moral development of social interaction (Piaget, 1923, 1932). Problem-solving is probably efficient when kids share an objective and have different views about the best way to achieve it (Tudge, 1985, 1986).

Also, Piaget argued that when kids discuss stuff with each other they have to face the reality that not everybody has the same view on a scenario, possibilities for becoming less self-centered were more frequent. Psychologists have focused most of their studies in this field on the theory of Piaget and examined the performance of children in the areas of conservation, working pairs and individually. Several scientists discovered that kids coupled with an older kid were later capable of solving conservation duties at a greater rate, while kids working separately did not enhance kids (Tudge, 1986, 1987).

2.4.2 Lev Vygotsky's theory

Vygotsky's theory major theme is based on that social interaction plays an important role in cognitive development, as he affirm that: "Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (interpsychological) and then inside the child (intrapsychological). This applies equally to voluntary attention, to logical memory, and to the formation of concepts. All the higher functions originate as actual relationships between individuals." (Vygotsky, 1980, p57).

And the second one what he called it "zone of proximal development" that the exceeding of cognitive development of the child depend on his engaging in social behavior, interaction and guidance from adults. According to Vygotsky, learning occurred in this zone as is the distance between a student's ability to perform a task under adult guidance and/or with peer collaboration and the student's ability solving the problem independently (Crawford, 1996).

2.4.3 Interpersonal Theory: Harry Stack

Coping and problem solving skills can't learn and practice without the social context, the core of Sullivan's theory is communication as the psychological operational element; he assumes that anxiety is produced socially (Sullivan, 1953). Sullivan postulated that in a social context, people develop their personality. Human beings would have no personality without other people. Development depends on the ability of the individual to create intimacy with another person. Anxiety can interfere with interpersonal relationships of satisfaction. Sullivan was the first to coincide with the term "problems in living" to describe the difficulties faced by those with so-called mental illnesses with themselves and others (Rioch, 1985).

First, a large part of mental disorder results from and is perpetuated by inadequate communication. Communicative processes are interfered with by anxiety, and secondly, each person in any two-person relationship is involved as a part of an interpersonal field, rather than as a separate entity, in processes that affect and are affected by the field (Sullivan, 1953).

Sullivan developed the Self-System, a configuration of personality traits developed in childhood and strengthened by positive affirmation and childhood safety operations to avoid anxiety and threats to self-esteem. Sullivan further defined the Self -System as a steering mechanism for a series of I-You interlocking behaviors; that is, what an individual does is intended to produce a specific reaction (Rioch, 1985).

Sullivan called these behaviors Parataxical Integrations and noted that such combinations of action-reaction can become rigid and dominate the thinking pattern of an adult, limiting his actions and reactions to the world as the adult sees it and not as it is. The resulting inaccuracies in Sullivan's judgment called parataxic distortion when other people are perceived or evaluated on the basis of past experience patterns, similar to Freud's notion of transference. Sullivan also introduced the concept of "proteotoxic communication" as a more primitive, needy, childish form of psychological interchange and "syntactic communication" as a mature emotional interaction style (Sullivan, 1953).

2.5 The efficiency of intervention programs in schools that are used by teachers and counselors

The percentage of elementary school students who need counseling and support inside schools varies from 3 to 25% such as dealing with challenging teachers, disruptive behaviors, developmental disorders, learning difficulties, bullying and school violence among the wide range of student problems. All of this depends on the severity and persistence of the difficulty or the challenging behavior encountered by the student (Kourkoutas &Theodoros, 2015).

While it would be inappropriate to assume that all children between ages six to twelve will automatically have the ability to intellectualize and analyze conflicts from a multiple perspective, it is equally ignorant to assume that they cannot. Piaget's theory of cognitive development –that has been discussed- provides the reader with a useful framework to explain the transition children face beginning at age six (Piaget, 1972).

Children's ability to intellectualize and discuss their conflicts demonstrates a move toward recognition of multiple viewpoints (Piaget, 1972). Discussion of the work that Jean Piaget and L.S. Vygotsky provides valuable clarification and insights into why psychosocial support programs that could affect problem solving and coping skills is especially effective and relevant to elementary-age children.

Piaget (1972) referred to this transition as a move from "preoperational" to "concrete operational" thought. A child in the preoperational stage" is unable to think about conflict in terms of others and how it affects him or her directly. Therefore, it is unrealistic to expect children below age six to be able to respond objectively to any given conflict. According to Piaget, the child in concrete operational stage however, is able to see a conflict in more than one dimension and has the ability, if only a rudimentary one, to recognize a greater audience for his or her actions. Because this transition occurs at different times for different children, children must be allowed to progress at their own pace.

Allowing children to pass through their own developmental progression freely is important and was supported by Vygotsky, who argues that with assistance every child can do more than he can do by himself – though only within the limits set by the state of his development. In other words, unless the child is developmentally ready for change, he cannot be forced to internalize concept attainment (Vygotsky, 1986).

Vygotsky (1986) further argues that "what the child can do in cooperation with another today, he can do alone tomorrow". Therefore, children in transition from pre-operations to concrete thought can gently be directed toward attainment of empathy for others, when they are encouraged to see themselves as part of a greater entity or community (p. 211).

Vygotsky (1986) refers to this transition as the "zone of proximal development." His research implies the need for counselors and teachers who should be sensitive as facilitators and directors, and who can promote children's development more effectively and efficiently on this zone. Vygotsky (1986) supports the need to model this behavior to children. He writes, "In the child's development … imitation and instruction play a major role. They bring out the specifically human qualities of the mind and lead the child to a new levels of development" (p. 221).

Psychosocial programs can provide the means by which behavior, democratic ideals and the importance of community are modeled for children through the process itself, the counselors, teacher and the other students. The counselor neither lays blame nor inflicts punishment, but encourages discussion and recognition of other viewpoints, while fostering ownership, responsibility and trust (Brown-Chidsey &Andren, 2005).

The concept of community plays off of the democratic ideal and is perhaps the most salient component of the psychosocial intervention program. A community is healthy as long as ownership, individual and group responsibility, and trust are valued, recognized and realized (Brown-Chidsey& Andren, 2005).

Furthermore, safety cannot be maintained in a classroom where community is not secure or where beliefs and attitudes cannot be expressed openly without fear of rejection. The classroom must work together in order for all other set objectives to transpire (Brown-Chidsey& Andren, 2005). Through community building children are encouraged to see themselves as a part of a greater whole, which connects them with one another and the outside world. This connection encourages children to understand that their actions affect more than just themselves. Indeed, recognition of fellowship leads children toward empathy for others and democratic participation (Brown – Chidsey &Andren, 2005).

Implementation of the psychosocial support program requires a great deal of psychological and attitudinal preparation of both student and teacher along with the counselor (Bransford &Stein, 1984). The psychosocial support program is not simply a discussion of problems or how they are solved. Counselor and teacher must be physically prepared to see beyond superficiality, recognize risk-taking behavior and validate progress. Likewise, children must be equipped with some necessary skills before the implementation of these meetings (Bransford &Stein, 1984).

Cooperative attitudes do not just befall on children miraculously; they are brought forth slowly and with deliberation. There will be few children in any grade who are ready to cooperate with one another and who know how to work as a community. If this is the case, there must be positive recognition of those children who possess this ability in order to guide other children along the path of self- development and positive coping (Bransford &Stein, 1984).

Van der Veer (2003, p. 219) suggests that counsellors should use a simplified 'diagnostic' system to categories problems presented by a client; he used six areas or categories for such a system:

● Practical problems and problems due to difficult situations: these problems fill the lives of victims of armed conflict. They include lack of information, lack of food and

non-food items, tensions or conflicts with others (such as neighbors and members of the family). These types of problems often require the client to make difficult choices or decisions.

● Lack of skills, such as the social skills needed to make new friends after being separated from previously trusted friends.

● Complaints and behaviors concerning traumatic or extreme stress experiences. For example: physical complaints that a doctor cannot find causes, or symptoms such as nightmares, anxiety attacks, or sudden unexpected anger outbursts.

● Feelings of sadness, hopelessness, powerlessness but also anger.

● An individual has problems with him / herself. For instance: to blame him or herself; to find peace of mind.

● Psychiatric problems. Psychiatric patients need to be treated properly, but counselors can help create a safe, understanding, and supportive environment.

In schools, therefore, by allowing each party to express its concerns in an authentic and unrestricted manner and involving the rest of the class to interpret the situation and offer possible solutions, the counselor and teacher encourage children to recognize and accept that no one is right, that every situation is dynamic, that problems are not always easy to solve, that there are always two sides to the problem, and that tolerance and flexibility are appreciated. (Bransford & Stein, 1984).

2.6 The importance of psychosocial programs in the Palestinian schools

Children spend more time at school than in their own homes or anywhere else. The psychological effects of violence in Palestine for children are severe and traumatic, as Palestine's history is marked by conflict (Afana, Qouta & Elsarraj, 2004).

While many injured children have acquired a permanent physical disability, psychological impairments have developed many more. The prevalence of neurotic symptoms and behavioral problems, such as disobedience or irritability, among children is high. According to recent research in the Gaza Strip, about 32.7% of children suffer from severe post-traumatic stress disorder, 49% moderate stress disorder and 16% low stress disorder. (www.emel.com).

The list of problems caused by the Israeli occupation includes endless threats to personal safety, loss of income, home and land, interruption of utilities such as electricity and water, curfews, bombing and shooting. Violence includes chronic exposure to the negative mental health of humiliation (Giacaman, et al. 2007). Other risk factors that are significantly defined include poverty, low education and gender-based violence. Over the past decade reports have high levels of distress, fear, insomnia and incontinence; the latter especially among children, sometimes but not always associated with a recent traumatic event such as an Israeli military invasion, bombing or witnessing the death of a relative (www.thelancet.com). Recent annual reports consistently indicated an increase in the prevalence of mental disorders among Palestinian children and adults (WHO, 2006).

School counselors are the first contact for children in Palestine under any circumstances. School counselors and educational psychologists need to work beyond their traditional role of assessment and support teachers and school managers on an emotional and psycho-educational level, so that they can be more effective in dealing with emotionally distressed students. (Kourkoutas and Giovazolias, 2015).

Available Data and clinical findings show that school counselors who base their work on resilient, holistic-systemic and psychodynamic principles without neglecting innovative (positive) behavioral techniques can promote the ability of teachers to reflect and act in ways that can be highly effective in promoting the academic and social resilience of vulnerable or difficult students. (Kourkoutas and Giovazolias, 2015).

2.7 Previous studies

The study for Tremolado et al. (2016): **Coping Strategies and Perceived Support in Adolescents and Young Adults: Predictive Model of Self-Reported Cognitive and Mood Problems**. Aimed at evaluating cognitive and mood problems, perceived social support and coping strategies in adolescence and early adulthood, understanding how coping strategies relate to age, sex and school years; identifying potential stable and modifiable predictors of cognitive and mood problems with LISREL software.517 adolescents and young adults from Veneto, Italy participated (age M = 18.95 years, SD = 3.2, range: 14 - 25); 59% were female and with a mean of 13.10 years of schooling

(SD = 2.7). They completed a battery of self-report questionnaires via a secure online site or in paper versions. The LISREL model was psychometrically solid and showed good fit ($\chi2 = 15.96$, df = 12, p = 0.19, RMSEA = 0.025) main findings of this study underscored that overall self-reported cognitive and mood problems were at a low level, with labile mood and impulsivity as the most frequently reported problems. Females resulted more at risk in indicating these cognitive and mood problems, probably also because they also used more maladaptive coping strategies such as venting and self-blame. Also, findings showed that the preferred adaptive coping strategies were cognitive (active coping and planning), followed by emotion-focused ones such as using instrumental support and emotional support.

The study for Cornoldi et al, (2015): **Improving problem solving in primary school students**: **The effect of a training programme focusing on metacognition and working memory**. Aimed to examine the feasibility of improving problem-solving skills in school children through a training programme that covered general and specific abilities involved in problem solving, focusing on metacognition and working memory. The study sample was 135 primary school children attending eight classes in the third, fourth, and fifth grades. As classes were assigned to two groups, one of whom attended the training program in the first three months of study (Training Group 1) and the second served as a waiting list control group (Training Group 2). In the second stage of the study, the role of the two groups was reversed, as Training Group 2 attended training instead of Training Group 1. The study results showed improvement in both metacognitive and working memory tasks with positive effects on problem-solving ability. In conclusion, Specific activities focusing on metacognition and working memory may contribute to adjusting the mathematical performance of problem solving in primary school children.

The study of Thabet (2015): Trauma, PTSD, Anxiety, and Resilience in Palestinian Children in the Gaza Strip, aimed to investigate the effect of traumatic events due to eight days of military escalation on children PTSD, anxiety, resilience, relationship of between children mental health problems and resilience. 502 randomly selected children from 16 districts of the Gaza Strip. Age ranged from 9 to 16 years. The used measurements were Gaza Traumatic Events, Checklist-20 items, War on Gaza), PTSD, and Ways of Coping Scale. Results showed that Palestinians children used different

ways of coping with the stress and trauma, and common resilience items were 94.6% said they were proud of their citizenship, 92.4% said they feel safe when they were with their caregivers, 91.4% said that their spiritual (religious) beliefs were a source of strength for them, and 91% said they were proud of their family background. Also findings showed that war on Gaza had negative impact on children mental health and resilience. Children were a particularly vulnerable target group. Trauma due to war increased children psychological symptoms, including post-traumatic stress disorder and anxiety. Such psychological problems were connected with traumatic experiences, and trauma decrease children resilience.

A study of Wong, Li-Tsang & Siu (2014): **The effect of a social emotional learning (SEL) program for primary school students**, which aimed to evaluate students who have difficulties in social and emotional management, as reported by their teachers or parents. Twenty-seven primary school students were recruited and assigned to the treatment group (n=14) and the control group (n=13) randomly. The primary school version of the Social Skills Rating System was used to evaluate participants' social skills and problem behaviors before and after the program. The treatment group joined a six-session SEL program which, based on the Strong Kids Program, was modified and localized. The program aimed at improving the social emotional skills of participants, such as dealing with anxiety and understanding and identifying self and other emotions. Each session was held in small groups for about 1 hour. As a result, problem behaviors in the treatment group after the program (p = .008) were significantly less frequent, but not in the control group. However, there have been no significant changes in social skills measurements. The results of this pilot study show that the SEL can effectively reduce primary school students ' problem behaviors. Implications and directions for future research will be discussed.

A study of Dereli-İman (2013)**: Adaptation of Social Problem Solving for Children Questionnaire in 6 Age Groups and its Relationships with Preschool Behavior Problems**, aimed to adapt the Wally Child Social Problem–Solving Detective Game Test. The secondary aim of this research was to determine whether children's social problem solving preschool behavior problems were predicted, and social problem solving was predicted by gender and socio-cultural level variables. Social Problem Solving for Child Scale is often used to define children's behavioral issues with their

own words and to identify methods of conflict and interpersonal relationships overseas. Exploratory and confirmatory factor analysis were performed to determine the validity of 6-year-old kids (208 -52 percent female and 192 male -48 percent) scale. Analysis of exploratory factor (EFA) recognized two factors representing 46,534 percent of the variance. Results of the confirmatory factor analysis stated that the composition of the factor was partly compatible with the model. The internal consistency coefficients for Cronbach Alpha were.88 for the overall scale, for the subscales were.86 and.73. For the general scale, Spearman-Brown coefficients were.80, for the subscales were.81 and.75. The results showed that while subscales of student social problem solving significantly predicted subscales of problem of pre-school behavior, gender and socio-cultural level did not meaningfully predict children's social problem solving.

The study of Kang, Mandell & Hadley (2013): **Children's school outcomes and acute mental health service**, aimed to research the effect on children's school performance and use of acute mental health services of school-based mental health programs. In the study, 468 Medicine-enrolled children aged between 6 and 17 years were enrolled in a metropolitan area in 1 of 2 school based mental health programs (SBMHs). A multi-level analysis examined the comparative impacts of SBMHs on the lack of children, suspension, class advancement, use of the acute mental health services and combining children's and school-level variables with interest results. The results showed little change in the mean number of days missing a month, and the use of acute mental facilities did not alter significantly. The average time out of college was 0,100 to 0,003 days per month, p-<0,001. The number of kids promoted to the next degree improved by almost 13 percent (p < 0.01) following the program registration. The sort of program did not predict modifications to results except for grade promotion. Despite the beneficial impact of school-based mental health programs on some school results, the absence of differences between the programs, indicates that effective processes connected with the results need to be identified to create care provision more efficient.

Another study was conducted by Watson et al. (2013): **Preliminary Study of Resilience-Based Group Therapy for Improving the Functioning of Anxious Children,** The Resilience Builder Program (RBP) aimed to examine the efficacy of the social, emotional, and family-level functioning of anxious children within a private clinical environment in resilience-based cognitive behavior therapy (CBT) group

psychotherapy. Participating consisted of 22 kids with an anxiety disorder aged from 07-12 years, with a 12 week handled group therapy that focuses upon social competence with the use of resilience abilities (i.e. effect and compartmental regulation, flexibility and adaptability, social problem solving, and proactive Orientation) in a RBP private psychotherapy practice (M age = 9,93 ; 63 percent male). Results showed significant declines in problem behaviors reported by parents and teachers. Parents have also reported significant reductions in depressive symptoms and improved domains of problem behavior and communication in the family. Teachers reported reduced symptoms of internalization, somatic problems and socially odd behavior, improvements in the skills and resilience in communication. In addition, children showed significant improvements in their positive and negative attitudes and behaviors. Conclusions The findings of this study indicate that RBP's research in enhancing personal, emotional and family functions can be assisted preliminarily.

The study for Liao et al. (2012): **A Study on Teaching Problems and Coping Strategies of Social Study Field Teachers,** aimed to discuss academic problems encountered in the social studies by junior high school teachers and coping strategies that are focused on different backgrounds and variables in the school environment. After thorough literature review, the questionnaire survey method was developed. A total of 264 valid questionnaires were returned and 342 were sent, with a positive return ratio of 77.2%. Statistical models for the distribution of frequency, percentage, mean, standard deviation, T analysis, one-way ANOVA, correlation between Scheffe and Pearson analyzed the collected data. Conclusions and recommendations were made in accordance with the results of the analysis. Statistics have been summed up as: 1.The issues of "classroom management" and "teacher professional competence" for junior high school teachers in the field of social studies are regarded as highly alarming, and their response approach in the face of problems is "positive."2. Junior secondary school teachers in the field of social studies have significant differences due to different ages, grades, school areas and school dimensions3.As teachers of junior secondary school in social studies, adjunct teachers in the homeroom are more involved in finding solutions to the problems than deputy administrative teachers.

The study for Melendez (2012): **Coping strategies: gender differences and development throughout life span**, aimed to study the lifetime development involves coping with stressful events, and several strategies can be used to cope with them. It might be useful to know whether these coping strategies differ due to personal characteristics. For this purpose, this work uses a sample of 400 participants to use the Questionnaire Coping with Stress.

Specifically, the effects on coping strategies of gender and age group (young people, middle age and elderly) are studied as well as their interaction. On the age side, a decrease in the use of coping strategies centered on problem solving and social support seeking as age increases is hypothesized on the one hand. On the other hand, it is hypothesized that using emotional coping will increase with age. As regards gender, a greater use of emotional coping and social support seeking within women and a greater use of problem solving within men is hypothesized. A MANOVA found significant effects as well as several interactions for the two main effects (gender and age). Separate ANOVAs enabled us to test potential differences in each of the coping strategies measured in the CAE. These results supported the hypotheses in part. Results are discussed in relation to coping, age and gender scientific literature.

The study of Peltonen, et al. (2012): **Effectiveness of School-Based Intervention in Enhancing Mental Health and Social Functioning Among War-Affected Children**, aimed to examine the effectiveness of the School Mediation Intervention (SMI) in preventing mental health problems and promoting social functioning among children living in armed conflict. The participants were 225 Palestinian children in the Gaza Strip, split into the intervention group (n=141) from the schools where the SMI was implemented and the control group (n=84) from a school without SMI implementation. The objective of the SMI was to improve the social functioning of pupils through methods of problem solving, conflict resolution and dialog skills and to improve mental health through peer care and prevention of disruptive and aggressive behavior. Older students were acting as supervisors as responsible school mediators and teachers. Participants reported symptoms of post-traumatic stress disorder (PTSD), depression (CDI), psychological distress (SDQ), and quality of friendship, prosocial behavior and aggressiveness at baseline beginning of school year (T1) and post-intervention 8 months later (T2). The results defeated the hypothesis that SMI involvement would decrease

symptoms and increase the quality of friendship and pro-social and nonaggressive behavior. Rather, SMI has only been effective in limiting the deterioration of friendships and prosocial behavior throughout the period of intervention. The results are discussed with respect to interventions tailored to traumatized children in armed conflicts.

The study of Ager, et al. (2011): **The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in northern Uganda**, which aimed to study the effectiveness of PSSA intervention, this included a series of 15 class sessions designed to slowly improve children's capability by means of structured activities involving drama, motion, music and art. In this process, the PSSA intervention sampling selected eight schools from the districts. Eight schools are chosen. Twenty-three children were reported as planned for intervention in these schools and were followed up 12 months later after engaging in PSSA activities. A group compared 200 children from schools that fulfilled the intervention receipt requirements but were scheduled for intervention coverage only later. The participatory focus group approach used in the initial study was used to identify local child care measures for parents, educators and children. The pre- and after-assessments centered on the scores for these measures for each child – parents, educators, and children. Results show that significant increases in child welfare scores have been reported in the 12-month period in both intervention and comparison categories. Nevertheless, the welfare of the children who provided the AHS intervention was considerably higher than the welfare of the children in the comparison group as measured by child and parent (but not a teacher). This impact was clear even though many households returned to original communities suffered significant loss in follow-up after the study.

The study of Durlak, et al.(2011**): The impact of enhancing students' social and emotional learning as a meta-analysis of school-based universal interventions**, aimed to present findings from a meta-analysis of 270.034 kindergarten-oriented high school, standardized social and Emotional Education (SEL) systems. SEL participants displayed considerably improved social and emotional abilities, conduct, attitudes and academic performance in contrast with audits, representing an 11 percentage point's improvement in achievement. School teaching staff implemented SEL services successfully. The use of four recommended learning methods and the occurrence of moderated curriculum results due to problems of implementation. The results add up to

the empirical evidence of the positive effects of SEL programs. Through incorporating the SEL system in normal school practice on the basis of evidence, policymakers and educators as well as members of the public will contribute to children's healthy development.

The study of Abdeen, et al. (2008): **The psychological reactions to Israeli occupation: Findings from the national study of school-based screening in Palestine**, aimed at examining the psychological impact of Israeli occupation on Palestinian school children in the West Bank and Gaza, Palestine. They evaluated the relationship between occupational exposure and the severity of post-traumatic symptoms and the interrelationship between post-traumatic symptoms, functional impairment, somatic complaints and school children's coping strategies. Palestinian students (n = 2100) from 9-11 grades were screened from both the West Bank (n = 1235) and Gaza (n = 724) and answered questionnaires for self-report. Results showed that extensive exposure to violence in both the West Bank and Gaza regions was associated with higher levels of posttraumatic distress and more somatic complaints. More Gaza than students from the West Bank reported symptoms that met the PTSD criteria, and more girls than boys reported somatic complaints in both groups. Thus, school-based screening can be an effective method for identifying cases of students showing PTSD symptoms as a result of exposure to political violence, the study recommended a crisis intervention program with psychosocial methods to be implemented in schools to help these children.

The study of Hawk (2008): **Implications of Stress and Coping Mechanisms in the Superintendence**, aims to examine how, and in what degree, if any, school superintendents experience stress and what processes, if any, are involved in coping. In addition, the study sought to identify any major differences between the prevalence of stressors in terms of gender and coping mechanisms used by women and men. This study focused on the properties and efficiency of coping mechanisms. The study includes: the need for active stress management skills, the need for effective leadership, organizational well-being, the need to create a pressure template, and the creation of a positive school culture. The population of the sample included 380 Missouri superintendents. At present, both participants are serving as superintendents. The Superintendent Stress and Coping Mechanisms survey used the mixed model analysis to gather relevant data and empirical open questions. Research has shown that the types of coping mechanisms used and the efficacy of the men and women superintendents are

statistically different. Although there is no significant difference between the overall stressors faced by gender, incidence data show that over 50 percent of superintendents are stressful. Superintendents claimed that coping mechanisms were most often used for exercise or getting away, while the less widely used mechanical means. The most effective coping strategy was found for both men; males were however used to escape more often, while females performed exercise most frequently. Qualitative results found school district employees provided superintendents with no known resources to improve stress management skills and management strategies. The study included other issues; challenges in understanding of gender tension, differences in the willingness of leaders to take their time off, while the board of supervisors concluded that the overriding aspect is the need for professional development programs. In the fields of leadership preparatory programs and instruction in stress management reform at district level, the results of the research study are identified.

The study of Thabet, et al. (2000): **Child mental health problems in Arab children**, aimed to establish the mental health profile in the Gaza Strip among 322 Arab children. In four age groups, they selected children as: 3,6,11 and 16 years of age. Parents, teachers and 16-year-olds completed the relevant Strengths and Difficulties Questionnaire (SDQ) forms. Results showed that the parent-related questionnaires factor analysis identified similar general factors as in the SDQ validation studies in the UK. Some items did not load as heavily on the general factors, such as distraction, feeling frightened, feeling unhappy, stealing, and being picked or bullied. Emotional problems were rated differently in the pre-school group (aches, nervousness-cling, and worries) than in previous studies. Using previous optimal cut-off scores, parent SDQs revealed higher rates of emotional children and conducted problems above the 90th centile in the UK sample, but lower rates by 16-year-olds by self-report SDQs. As a conclusion from the factor analysis, Western categories of mental health issues did not emerge clearly. The main difference from Western epidemiological studies appeared to operate in the perception of emotional issues in pre-school children by parents, as a result of which all groups need psychosocial intervention programs.

The study for Reivich &Gillham (1999): **The effectiveness of resiliency program providing coping skills training for parents and teachers**, aimed to study the effectiveness of the program after they taught adults to model positive self-talking skills for children in elementary and middle school. The program taught the skills of assertiveness, negotiation, decision-making and dealing with difficult situations and emotions and solving and relaxing social problems. They found that building younger children's coping skills helped thwart depression. A Guide to Promoting Resilience in Children: Strengthening the Human Spirit was an international study that surveyed 589 children from different countries and cultures around the world and their families and caregivers. The authors concluded that cultures vary in how the adults teach their young people about resilience and dealing with adversity. The authors said, "Some cultures rely more on faith than on adversity problem solving. Some cultures are more concerned with punishment and guilt and others are more disciplined and reconciled. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. Some countries' parents maintain close relationships with their kids while others 'cut off' their kids at about five years of age. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. Some countries' parents maintain close relationships with their kids while others 'cut off' their kids at about five years of age.

The study of Verne & Verna (1994): **The impact of an intervention program on the problem-solving abilities of socially deprived children**, aimed to study a sample of 60 subjects from socially deprived surroundings was matched for age, gender, problem-solving ability and prolonged score of social deprivation. This sample was further divided into a group of experiments and controls composed of 30 subjects each. Three problem-solving tasks were performed to pre-test these topics. The Intervention group was administered a 16-week intervention program to study its impact on children's problem-solving skills, whereas the Control group was not exposed to any treatment. The techniques used were alternatives generation; brainstorming and hypothetical problem solving by creative expression. Post-test results on problem-solving tasks showed significant gains in the Intervention group's problem-solving scores compared to the Control group, attributed to techniques used to improve problem-solving skills, Efforts to reduce cognitive delay, improve cognitive styles and use appropriate strategies

to improve successful problem-solving experiences and increase motivation for problem-solving.

From the previous studies on psychosocial intervention programs in Palestine mainly focused on the Israeli occupation violence rather than coping and several programs, institutions and projects worked with children in Palestine and focused on trauma.

Former research studies showed the importance of the evaluation of early signs of mental health problems in children in order to intervene early as it will affect their academic performance and achievements in schools. Also some studies showed that psychological intervention could also be more effective in making schools children friendly by training not only school mental health providers but also teachers and parents with psychosocial methods, in order to deal with their daily problems.

2.8 Conceptual Framework

2.8.1 Introduction

The conceptual framework is a method organized by a cohesive collection of concepts and ideas. The main problem to be examined is clarified by key factors, definitions, variables and the assumed relationships between them, using the relevant research fields. (Smyth, 2004) It can be a visual or written product explained either graphically or in narrative form (Polit et al, 2004); (Burns et al, 1999).

The conceptual framework has different purposes. It helps the researchers see the variables of the study clearly; it provides researchers with a general framework for data analysis; and it is essential in preparing a research proposal using descriptive and intervention methods. It summarizes the major dependent and independent variables in the research, and it gives direction to the study (Smyth, 2004). Based on a literature review of the previous studies that addressed the same concepts the current study established the conceptual framework. The major concepts of the current framework focus on psychosocial support program and other independent variables such as grade level, gender and academic performance, plus problem solving and coping skills as the dependent variable, as seen in the figure.

Each concept will be discussed in more detail below.

Figure (2.1): Framework of the current study including dependent and independent variables.
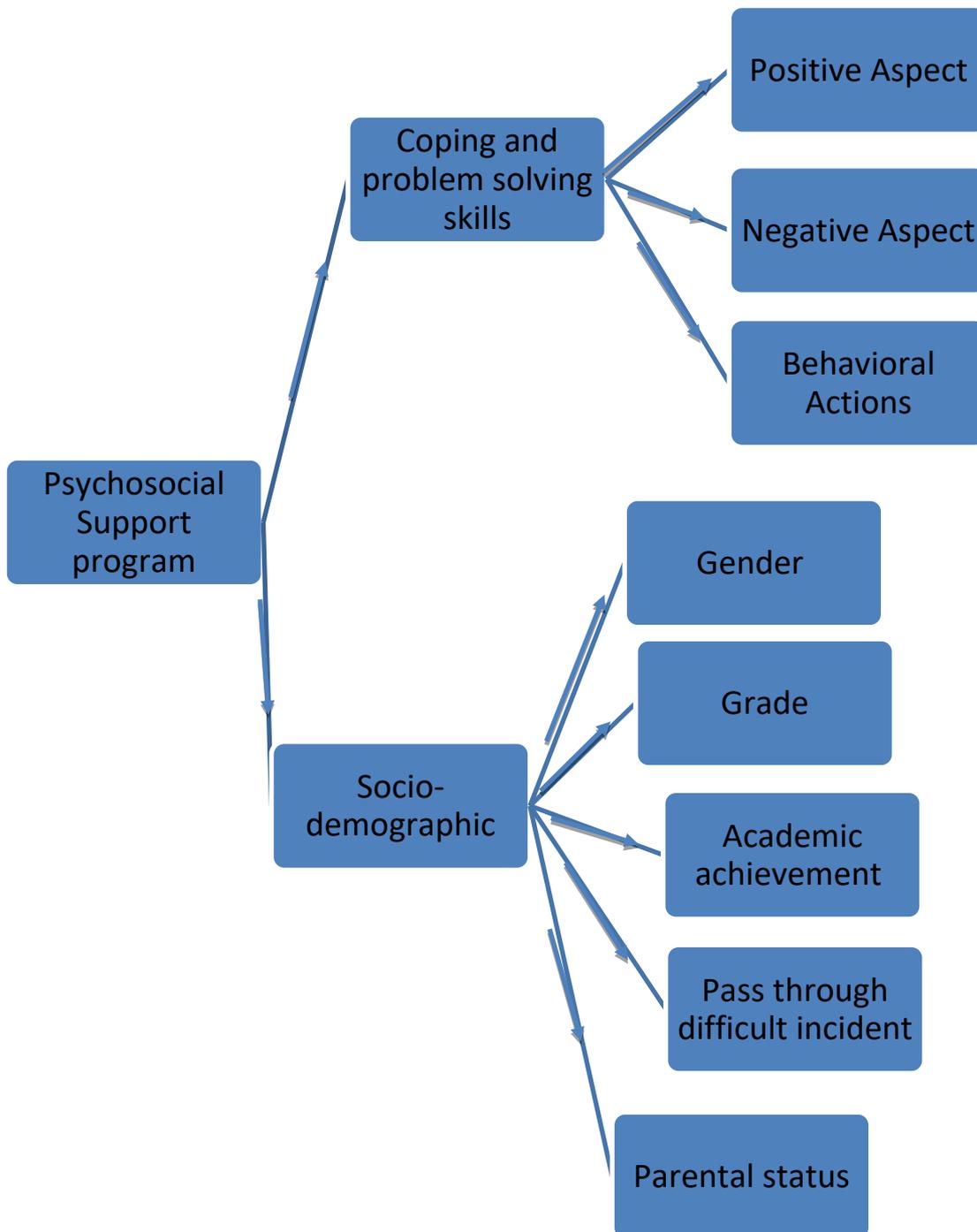
2.9 Summary

Chapter Two discussed theoretical perspective about child development and literature review related to the research, and the conceptual framework of the study.

In Chapter Three, a description of the research design and methodology utilized in this study is presented.

An intervention design is described. Data collection and instrumentation were explained, along with the resulting methods of data analysis.

Included in Chapter Four is the presentation of the data and analyses of the findings. In Chapter Five, the results of the study are summarized and implications for further research are presented.

Chapter III

Methodology

3.1 Introduction

3.2 Study design

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Chapter III

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Methodology of the Study

3.1 Introduction

This chapter previewed the design, sampling and sample size of the study will be presented. To achieve this aim, the intervention design was utilized for students. A proper instrument, data collection method, and data processing and analysis will be followed.

3.2 Study design

An experimental quantitative design was utilized for this design study, quantitative research is a formal, logical, objective, systematic process for obtaining quantifiable information for investigating phenomenon and relationships, causes, and employs the traditional and intervention method to clarify an identified problem (Burns & Grove, 2007).

Quantitative research is a research involving the collection and analysis of numerical data in order to describe phenomena. It is referred to this approach as the traditional or positivist approach. It is commonly used to investigate relationships between two or more variables, and explore cause- and-effect relationships of phenomena of interest. Moreover, a quantitative approach involves clearly stated questions, relationally conceived hypotheses, fully developed research procedures, controlling extraneous factors that might interfere with the data collected, using relatively large samples of participants in order to provide meaningful data, and employing data analysis techniques based on statistical procedures (Creswell, 2014).

There are two types of quantitative research; non-intervention and intervention design. Non- intervention research includes two categories: descriptive research and correlation research (Polit & Beck, 2004). The second type of quantitative research is the

intervention research which includes intervention and quasi - intervention design. The intervention design was utilized in the current study.

Study design

Figure (3.1): Study Pattern
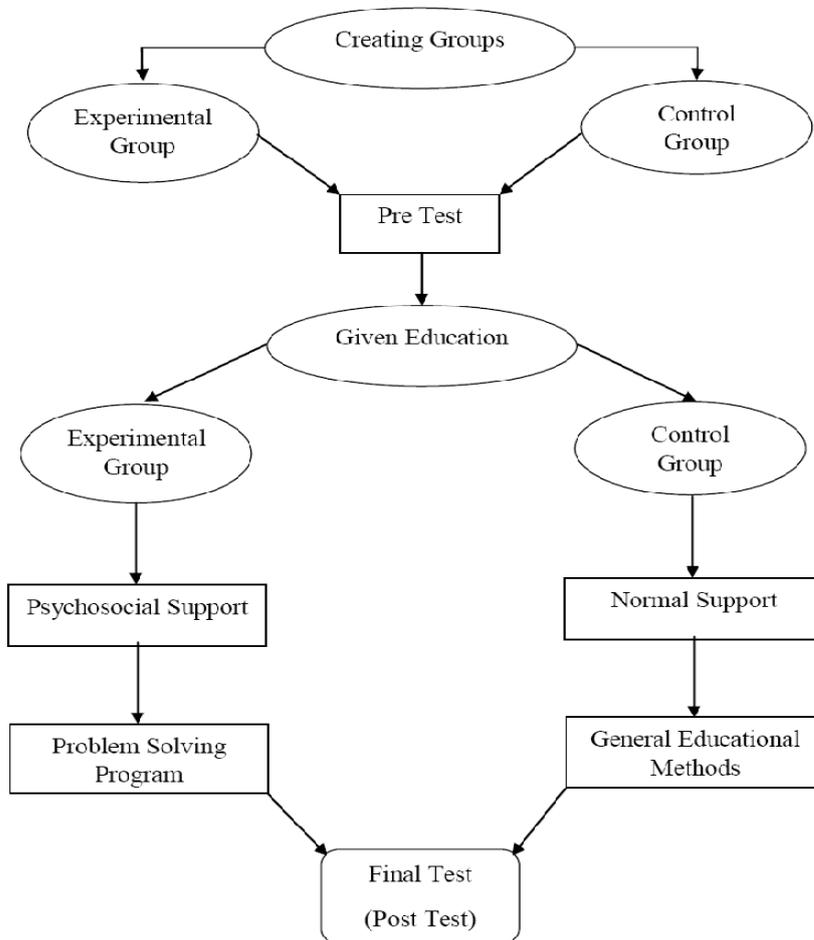
3.3 Study settings

The study was conducted at Friends Girls School in Ramallah.

The Friends Girls School (Quaker school) of Ramallah is an elementary school that was found in 1869. The school contained the preschool and elementary level, the school has around 700 students (200 kindergarten and 500 elementary level) and 104 staff (teachers and administration). This school has special programs plus the academic ones that makes it unique, as: Ethics, Counseling, Learning Support department, Community Service and White Gifts program that help needy people (www.rfs.edu.ps).

3.4 Study Population

The investigator tackled specific classes from grade one to five from students who study at the Friends Girls School in Ramallah. The total population of the study was 500 students in addition to the school staff.

3.5 Sample size

The total population of the study was 500 students in private school in Ramallah, 50% of the total population was taken. The sample size of the study included 250 students were and half of them were the intervention group and the other half were the control group were 125 participants for intervention group and 125 participants for the control group.

In the current study the researcher randomly assigned the class of the students, as there are five grades, and each grade has four sections. Two sections from each grade level was randomly selected, then from the two selected sections one section was selected randomly to be the intervention group and the other to be the control group. So, five sections were randomly selected to the experimental group and other five was selected randomly for the control groups as shown in table (3.1).

Table (3.1): Frequency and proportions of students in Classes for control and experimental group

Class	Type group	Frequency	Percent
First Grade C	Control	25	20.2
First Grade D	Experimental	25	19.8
Second Grade D	Control	25	20.2
Second Grade A	Experimental	25	19.8
Third Grade C	Control	25	20.2
Third Grade D	Experimental	25	19.8
Fourth Grade C	Control	25	20.2
Fourth Grade A	Experimental	25	19.8
Fifth Grade A	Control	24	19.4
Fifth Grade B	Experimental	26	20.6
Total	Control	124	100.0
Total	Experimental	126	100.0

3.6 The inclusion criteria

1. Male and female students at Friends Girl school in Ramallah.
2. Students in grades of 1st, 2nd, 3rd, $4^{th\ and}$ 5th.

3.7 The exclusion criteria

1. Students with special needs who can't express themselves.
2. Students from other grades and sections who were not part of the study.

3.8 Research Variables

● Independent variables are those which are likely to cause, influence or influence results. This study's independent variables were the Intervention psychosocial program.

● Dependent variables are those dependent on independent variables, the results or outcomes of the influence of independent variables were the students' problem solving and coping skills and socio-demographic.

3.9 Study Instrument

3.9.1 **Questionnaire: Coping to stressful daily events scale** (Annex: a)

A questionnaire about coping with stressful daily events that was developed by Poon to measures coping strategies was used in this study. The questionnaire contained five questions about socio-demographic (gender, grade, academic achievement, pass through difficult incident, and parental status), and thirty items divided into three categories of coping (positive aspect, negative aspect, and behavioral aspect):

Section one of the questionnaire: Socio-demographic questions:

1. Sex: This variable was assessed in section one, question (1) "what is your sex?"
a. Male
b. Female
2. Grade: referred by the Cambridge Dictionary (2019) a school class or group of classes in which all the children are of a similar age or ability. This variable was assessed in section one, question (2) "In which grade you are?"
a. First grade
b. Second grade
c. Third grade
d. Fourth grade

e. Fifth grade

3. Academic achievement: referred to a student's success in the last year from the perspective of her\ him in meeting short- or long-term goals in education. This variable was assessed in section one, question (3) "what is your academic achievement for the last semester?"

a. Average

b. Good

c. Very good

d. Excellent

4. Parental status: referred by Psychology Wiki (2019) that it is the status which determined in terms of whether a couple, or single person, has children and if so, how many. This variable was assessed in section one, question (4) "what is your parental status"

a. Married

b. Divorced

c. Separated

d. Passed away (one of them)

5. Pass through difficult incident: the student experienced physical, cognitive, emotional, or behavioral symptoms of stress. This variable was assessed in section one, question (5) "did you pass through difficult incident (you, your family, or your beloved ones)?" Categories were:

a. Yes

b. No

Section two of the questionnaire: Thirty items of coping to stressful daily events divided into three categories of coping (positive aspect, negative aspect, and behavioral aspect):

1. Positive interactions in coping with stressful daily events: It contains thirteen items (1, 3, 4, 6, 7, 12, 13, 16, 17, 18, 23, 24, 27) in the questionnaire, that assist some of the positive approach personality and its ability to deal and face the daily stressors without any negative physical or psychological influence, and trying to coping socially and psychologically when facing life stressors.

2. Negative interactions in coping with stressful daily stressors: It contains seven items (11, 14, 19, 21, 26, 29, 30) in the questionnaire that assist some of the negative avoidant personality when dealing with daily stressors, this personality usually avoids rational and logical thinking when dealing with stressors, it looks for alternative resources away from their stressful life events and crisis.

3. Behavioral actions in coping with stressful daily events: It contains ten items (2, 5, 8, 9, 10, 5, 20, 22, 25, 28) in the questionnaire, that assist the individual behavior when confronts life stressors and the way of using an approach or avoidance coping skills to overcome the negative physical or psychological effects.

The questionnaire was translated to Arabic by Abd Alsalam (Abd Alsalam, 2003) and Salameh (Salameh, 2011) to be applicable for the Palestinian society. This questionnaire was given to students.

A group of academic experts tested the questionnaire to be also applicable for students' age stage. Also, a demographic data sheet including grade, gender and academic progress (for students) was developed.

3.9.2 Key correction for the coping to stressful daily events scale:

The scale contains three levels for answering: Do not apply and takes (one degree), may apply and takes (two degrees) and strongly apply and takes (three degrees).

● **Positive Interaction with daily life stressors:** contains (thirteen) sentences that hold the current numbers: (1, 3, 4, 6, 7, 12, 13, 16, 17, 18, 23, 24, 27)

 Negative Interaction with daily life stressors: contains (seven) sentences that hold the current numbers: (11, 14, 19, 21, 26, 29, 30)

 Behaviors to deal with daily life stressors: contain (ten) sentences that hold the current numbers: (2, 5, 8, 9, 10, 5, 20, 22, 25, 28)

The scale will take: The value between (2.5- 3) for (Yes).

The value between (1.5- 2.49) for (Sometimes).

The value between (1- 1.49) for (No).

3.10 Validity and reliability of the study instrument

The two most important and fundamental characteristics of any measurement procedure are reliability and validity (Burns et al, 1999; Polit et al, 2004; Ruben el at, 2005).

3.10.1 Validity:

Experimental study design like any other research is based on the fact that "validity is matter of trustworthiness" (Fraenkel & Wallen, 2003, p. 158) Utility and dependability that the evaluator and the different stakeholders place into it. Also, Validity refers to the "extent to which a questionnaire/or test measures what it purports to measure" (Fraenkel & Wallen, 2003, p. 158).

Because the instrument (questionnaire) used in this study were aimed at investigating the effectiveness of the intervention program, through examining the students' coping. The validity in this study was operationalized by comparing the performances of two groups from one side, post testing from another side and controlled group.

Validity has four different types presented below:

● Content validity: It evaluates whether the measure adequately covers the various aspects of the specified construct which will be used in this study (Creswell, 2014). A group of academic experts tested the content of the questionnaire.

● Criterion validity: A correlation coefficient between test scores and a criterion measure or standard scores is used to determine the correlation between scores in other words it compares the results of the questionnaire with a criterion that is known to be close to the truth (Barker, et. al, 2002).

● Face validity: Similar to the validity of the content, the measure evaluates whether it looks right on the face, that is, that it self-evidently measures what it claims to be the measures. (Barker, et. al, 2002; Polit et al, 2004).

A group of academic experts tested the language of the questionnaire; to be suitable for the group study, then a pilot of five students were conducted by the researcher to make sure that the questionnaire is clear for this group and can be generalized to the rest of the sample, then those students were removed from the sample. (Creswell, 2014. P.201).

3.10.2 Reliability:

The measurement reliability indicates the extent to which the measure is bias-free (error-free) and therefore provides consistent measurements over time and across the different items in the instruments. (Creswell, 2014). In other words, it is a degree to which a measure for a short time is constant and unchanged. (Baumgranter and Hensly, 2006).

To estimate the reliability of a measure there are two ways:

1. Test – retest reliability: The reliability coefficient obtained on the second occasion by repeating the same measure (Barker, et. al, 2002; Polit et al, 2004).

2. Internal consistency of measure: It is an indication of the homogeneity of the objects in the tap construct measure. This can be seen by examining whether the items in the measuring instruments and their sub-set of items are highly correlated. Cronbach Coefficient Alpha is the most popular test for measuring this, where the higher the coefficient the better the measuring instrument (Barker, et. al, 2002; Polit et al, 2004) which was used in this study.

Cronbach Alpha was developed by Lee Cronbach in 1951 to provide a measure of the internal consistency of a test or scale; it is expressed as a number between 0 and 1. Internal consistencies describe the extent to which all items in a test measure the same concept or design and are therefore linked to the interrelationship between the items and the test. (Tavakol &Dennick, 2011).

The reliability of the instrument scale is measured using Cronbach's alpha coefficient. Results are presented in table (3.2).

Table (3.2): Cronbach's alpha coefficient for testing reliability

Axis	N of Items	Pre-Test
		Cronbach's Alpha
Positive aspect	13	0.84
Negative aspect	7	0.78
Behavioral aspect	10	0.76
Total	30	0.86

The reliability of the questionnaire is concerned with the consistency, stability, and dependability of the scores. For this reason, the internal consistency was tested using Cronbach's alpha for each axis. Results in table (3.2) show that all the alpha value are higher than 0.7, this indicates that the internal consistency is very good and acceptable for the tool of the study.

3.11 The characteristics of intervention design

It is the most powerful quantitative method because of the rigorous control of variables (Burns & Grove, 2007). And many researchers consider it the gold standard to provide reliable evidence of cause and effect. (Polit et al, 2004)

The most common characteristics in the intervention designs are:

1. Random assignment:

One of the main reasons for randomly assign individuals to the different groups' intervention control of the study is to remove the bias of selection in the groups of the study (Burns & Grove, 2007).

In the current study the researcher randomly assigned the class of the students, as there are five grades, and each grade has four sections. Two sections from each grade level was randomly selected, then from the two selected sections one section was selected randomly to be the intervention group and the other to be the control group.

So, five sections were randomly selected to the intervention group and other five was selected randomly for the control groups.

2. **Control over extraneous variables**

Random assignment leads directly to the concern of controlling foreign variables. Extraneous variables are any factors that may affect the relationship between cause and effect. There are several ways to deal with this, such as: pretty post-testing, homogeneous sampling, covariation and matching (Polit et al, 2004).

● Pretest-Posttest

Pre-testing post-testing allows a researcher to compare before and after the intervention the measurement of something. The assumption is that the intervention is due to any

difference in the scores before and after. Testing takes into account the confusion between the different settings contexts and the individual characteristics (Marsden & Tergerson, 2012).

In applied study pretest was utilized for both control and intervention group before applying the psychosocial intervention program, and post-test was utilized after applying the program.

● Homogeneous Sampling

This approach involves selecting people on the specific trait being measured that are highly similar. This eliminates the problem of individual differences when trying to interpret the results (Creswell, 2014). The groups who will be selected to this study are similar as they are from the same grade level and the same school. By doing this, the sample of the study will be controlled for traits of the people under study.

● Covariate

Covariates is a statistical approach through statistical analysis in which controls are placed on the dependent variable. Other variables ' influence is removed from the dependent variable's explained variance. Covariates help explain the relationship between independent and dependent variables. Using covariates, however, is to explain the relationship between the independent and dependent variable in more detail by removing other variables that could explain the relationship (Creswell, 2014; Polit et al, 2004). As in the current study the dependent and the controlled group are nearly the same in their characteristics so that other variables will be controlled.

● Matching

Matching is deliberately assigning subjects to study groups rather than randomly. If the study is about intelligence, for example, these should be a high achievement in both study groups. By placing the achievers in both groups, their difference is cancelled (Creswell, 2014; Polit et al, 2004).

3.12 Strength and limitations of the study design

Experiment has many strengthens. (Creswell, 2014) The best way to draw causal conclusions about interventions or treatments and to determine whether or not one or more factors cause a change in the outcome. This is due in large part to the emphasis placed on controlling foreign variables. If other variables are controlled, the researcher can confidently say that the independent variable manipulation caused a change in the dependent variable, but it is also a basic, straightforward, efficient type of research that can be applied across a variety of disciplines and in real life such as mental health programs.

Intervention research designs are reproducible and therefore results can be checked and verified and, due to the controlled environment of intervention research, better results are often achieved in laboratory research as well, conditions that are not found in a natural setting can be created in an intervention setting that enables greater control of foreign variables. Conditions that may take longer to occur in a natural environment in an intervention setting may occur more quickly while maintaining the design's validity. The result may be an artificial situation that is removed from the real world as a limitation for this design and therefore lacks generalizability (external validity). Experiments are good for validity internally, but often lack external validity (Creswell, 2014).

3.13 The intervention program

The researcher developed a program using psycho social support program. This program used as an intervention with students. (See Annex B and C).

The students who were chosen participated in fourteen sessions, twice weekly for each group, each session lasted 90 minutes. The controlled group was not exposed to any intervention. Each activity was thoroughly explained to the students. The intervention plan was as follows: (Namka, 2014).

In addition, a solution problem solving wheel was hanged in the classes that got the intervention program and were trained how to use it as follows: (www.extraspecialteaching.com)

When students faced a problem they tried three solutions from the solution wheel to solve the problem before asking for help like: Apologize, share and take turns, ignore it,

go to another game, tell them to stop, wait and cool off, walk away, make a deal and talk it out.

When students go to ask for help from the teachers, teachers asked them first what solutions they used before asking for help as follows:

Figure (3.2): Solution Wheel.
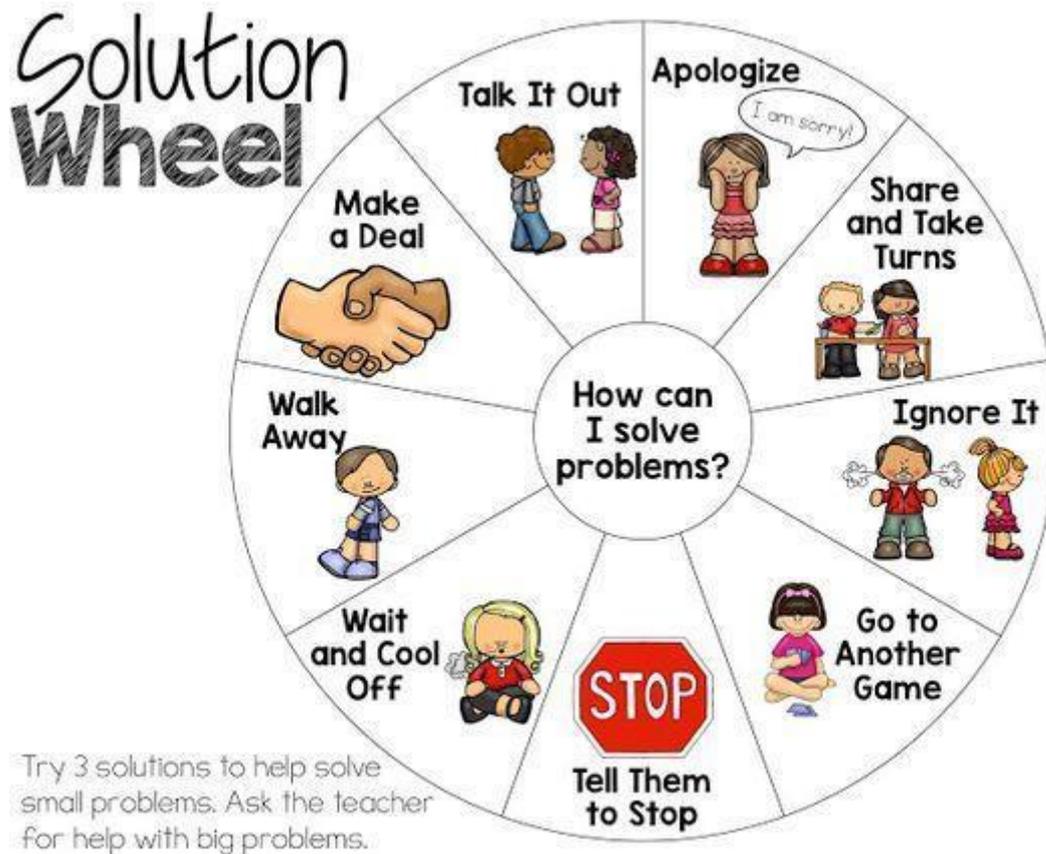
3.14 Sampling method

In current study, random sampling for sections was utilized. In random sampling, each member of the population has an equal chance of being selected as subject (Omair, 2014).

There were (25) sections at the school, each section has (25) students, each section from each class had an equal chance to be selected either for joining the program or to be the controlled group.

The selection was upon the simple random sampling: Two sections from the four possible sections was selected from a hat, one section from each grade joined the intervention group and the other as the control group

There are many advantages of the simple random sampling such as no chance for operating of personal preferences, the development of sample frame, enumeration of all the elements. (Piolt et al, 2004; 1995) In the other hand, there are disadvantages for the simple random sample such as no guarantee that a randomly sampled sample will be representative, random dose selection ensures that differences in sample and population attributes are a purely chance function. The probability of selecting a sample that is markedly deviant is low and this probability decreases as the sample size increases. (Polit et al, 1995; 2001; 2004).

3.15 Description of the study sample

Descriptive statistics of all study variables are distributed on the study groups (intervention and control). Results are shown in the following table (3.3).

Table (3.3): Descriptive statistics of study variables distributed on group types

Variable		Type of group		Total
		Intervention	**Control**	
Gender	**Male**	64 (50.8%)	62 (50.0%)	126 (50.4%)
	Female	62 (49.2%)	62 (50.0%)	124 (49.6%)
Academic Achievement	**Fair or Good**	20 (15.9%)	22 (17.7%)	42 (16.8%)
	Very Good	77 (61.1%)	53 (42.7%)	130 (52.0%)
	Excellent	29 (23.0%)	49 (39.5%)	78 (31.2%)
Pass through difficult incidents	**Yes**	64 (50.8%)	47 (37.9%)	111(44.4%)
	No	62 (49.2%)	77 (62.1%)	139 (55.6%)
Parents Social Status	**Married**	110 (87.3%)	116 (93.5%)	226 (90.4%)
	Other (Divorced, Separate, Deceased)	16 (12.7%)	8 (6.5%)	24 (9.6%)
Total		126 (50.4%)	124 (49.6%)	250

As shown in the table (3.3) above; the total number of samples was 250 students, 126 (50.4%) were male and 124 (49.6%) were female. About half of students (50.8%) in the intervention group are males and (49.2%) of them are females, almost the same distribution in the control group.

Most of the students (61.1%) in the intervention group grading as "Very Good ", in their academic achievement, while (42.7%) of students having the same grade in control group. (50.8%) of the students in the intervention group passed through difficult incidents, while (49.2%) from the control group. Finally, for the parent's social status (87.3%) in the intervention group are married, while (93.5%) are married from the control group.

3.16 Research process

After getting the approval from the Faculty of Public Health and the Faculty of Graduate Studies in Al-Quds University, the study was conducted in 3 stages: The baseline or assessment stage (pre- questionnaire), the intervention stage and the (post-questionnaire) after completing the 14 sessions. This was done as follows:

● A letter was sent to the students' parents informing them about the program and having their approval.

● Pretest was conducted with the students who are selected as (intervention group and controlled group).

● Training session about the program was held to the homeroom teachers who teaches the selected classes (intervention group only).

● The researcher applied the program. The homeroom teachers were the facilitators during the sessions, also they followed up on the agreements and other issues that were discussed during the intervention session during the week.

● Work sheets, reading stories, role play, drama, expressive activities were taken from similar programs applied in Palestine (Baum et al, 2001); (Save the Children, 2002) ;(Baum & Bamburgher, 2005); (Manasra, 2007).

● After completing the program, the intervention group of the 12 session (2 per week) a post questionnaire was given to the students again (intervention and controlled group) to assess the effectiveness of the program on the students' problem solving and coping skills.

3.17 Data analysis

To find out the effect of the intervention training program on the independent variables, the analysis of covariance was done for the intervention and the control groups.

The post-hoc analysis Bonferroni has been conducted in the case of large F-ratios to determine the significant difference between the combined methods of the intervention and the control groups. In addition, many statistical analyses highlight the relationship between dependent and independent variables, ANCOVA test, T-test were used.

The analysis of the data was done in SPSS (Statistical Package for Social Sciences) (Version 23).

3.18 Ethical concerns

Before starting the study, the proposal was submitted to the research ethics committee at Al-Quds University and their approval was obtained. (See annex (D))

Verbal consent was obtained verbally as all participants were provided with the study information sheet including the purpose of this study; goals, procedures and were informed that they were entitled to refuse to participate in the study. The data was protected and appropriately stored. All files were stored on a computer and were protected by password. Also, Parents' approval for their children participate in the program, finally, the name of the participants was not required.

3.19 Summary

In this research, an intervention model was used as it is inexpensive, easy and ethically free.

The data collection tool used in this study was coping questionnaires including questions related to the dependent variables and self-report sheet

The data was analyzed through SPSS statistical package testing. This was done according to international and local standards of research taking into consideration the ethical and scientific rules and obligations.

Reliability and validity of the study were highly tested. The total population of the study was 500 students, the sample size was 250 of the total population, (125) intervention group and (125) control group from the first to the fifth grade at the Friends Girls School in Ramallah.

Confidentially and different ethical measures were taken into considerations.

The next chapter will discuss the results of the current study.

Chapter IV

Results

4.1 Introduction

4.2   Results of research question number one

4.3   Results of research question number two

4.4 Summary

Chapter four

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 Results and findings

4.1 Introduction

As mentioned in the previous chapter, an intervention design study was utilized and a sample of (250) students from the Friends Girls School were targeted. Data were collected by using socio demographic questionnaire and the coping strategies instrument. The data was analyzed using the SPSS; differences between variables were tested by parametric test, independent t-test for finding differences in mean of two groups, ANOVA (Analysis of Variance) and ANCOVA (Analysis of Covariance, which examine the differences in the mean values of the dependent variables that are related to the effect of the controlled independent variables while taking into account the influence of the uncontrolled independent variables) for more than three groups. Post hoc test was used using Bonferroni method.

This chapter presented the findings of the current study as following:

- **Results of research question number one:**

What are the effects of psychosocial support program on students' coping and problem solving skills (positive aspect of coping, negative aspect of coping, and behavioral aspect of coping) on the elementary students at Ramallah Friends Girls School?

- **Results of research question number two:**

Is there a relationship between the socio-demographic (gender, grade level, academic achievement, parental status and passing through difficult situation) and the psychosocial support program on the elementary students at Ramallah Friends Girls School?

4.2   Results of research question number one

This section addresses the results of the first question; the effect of psychosocial support program on the elementary students at Ramallah Friends Girls School. In order to test for the efficiency of the method, for all study aspects (positive aspect, negative aspect,

and behavioral aspects of coping) of the groups on the pre and post test scores, the following four study hypotheses were considered (The first two examine differences between groups, and the third and fourth hypotheses examine differences within groups):

4.1.1 Hypothesis one: There is no statistically significant difference between the experimental group and the control group in their coping and problem-solving skills (At Baseline) before applying the psychosocial support program among the elementary students at Ramallah Friends Girls School at $\alpha \leq 0.05$.

To test this hypothesis the independent t-test was used, results are presented in table (4.1).

Table (4.1): Independent t-test for Pre-test scores of experimental groups and control groups in their coping and problem-solving skills

Axis	Mean Differences	T	Sig. (2-tailed) P- values
Positive Aspect of Coping	248	0.203	0.352
Negative Aspect of Coping	248	-0.336	0.227
Behavioral Aspects of Coping	248	0.369	0.290
Total	248	0.467	0.131

Independent t-test showed in table (4.1) that there was no statistically significant difference in Pre-test scores of coping aspects (positive aspect, negative aspect, and behavioral aspect) between experimental groups and control groups, the same result applies for the Total Pre-test scores. This indicates that the two groups had relatively similar levels of knowledge in all the coping aspects (positive aspect, negative aspect, and behavioral aspect).

4.1.2 Hypothesis two: There is no statistically significant difference between the experimental group and the control group in their coping and problem solving skills after applying the psychosocial support program among the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

To test this hypothesis the independent t-test was used, results are presented in table 4.2.

Table (4.2): Independent t-test for post test scores of experimental groups and control groups in their coping and problem-solving skills

Axis	Mean Differences	T	Sig. P- values (2-tailed)
Positive aspect of coping	0.1431	2.785	0.006
Negative aspect of coping	-0.2623	-3.619	0.000
Behavioral aspect of coping	0.15315	4.010	0.000
Total	0.11025	2.167	0.008

Independent t-test showed in table (4.2) that there were statistically significant differences between experimental groups and control groups in post test scores in all study axes; all P-values were less than (0.05). In regards to the positive aspects of coping with the mean scores of experimental groups was larger than that in the control group by (0.1431) points. As well, for the behavioral aspect of coping with the mean scores of experimental groups was larger than in the control group by (0.15315) points, which indicated that the performance of the experimental group in positive aspects and behavioral aspects were enhanced after the method. In regards to the negative aspect of coping, the mean scores of experimental groups were lower than that of the control group by (0.2623) points, which indicates that the performance of the experimental group in negative aspect of coping was enhanced after the method (the negativity was decreased).

The above two hypotheses (4.2.1 and 4.2.2) were performed between groups. Now to test within groups the following hypothesis (4.2.3 and 4.2.4) were considered:

4.1.3 Hypothesis three: There is no statistically significant difference in the experimental group in their coping and problem-solving skills before and after applying the psychosocial support program among the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

To test this hypothesis the correlations and matched-paired t-test were used, results are presented in tables (4.3) and (4.4).

Table (4.3): Pre and Post Test Scores correlations of the experimental group in their coping and problem-solving skills

Axis	Correlation	Sig. P value
Positive aspect of coping	0.614	0.012
Negative aspect of coping	-0.530	0.014
Behavioral aspects of coping	0.791	0.001
Total score	0.830	0.000

Results in table (4.3) showed that there were positive relationships between the Pre-test and Post Test Scores in positive aspect (0.614), behavioral aspect (0.791), and the Total score of coping (0.830). However, there was a negative relationship between the Pre and Post Test Scores in negative aspect of coping (0.530).

Table (4.4): Matched-paired t-test for post and pre-test scores of experimental groups in their coping and problem-solving skills

Axis	Mean (Post – Pre)	T	Sig. P value(2-tailed)
Positive aspect of coping	0.1392	2.813	0.006
Negative aspect of coping	-0.2347	-4.460	0.000
Behavioral aspect of copings	0.1497	4.214	0.000
Total score	0.1185	3.034	0.003

Table (4.4) showed that there were statistically significant differences between post and pre-test scores in experimental group for all study axes, all P-values were less than (0.05).

In regards to the positive aspect of coping, the mean scores of Post-tests was larger than the Pre-test by (0.1392) points. In the negative aspect of coping with the mean scores of Post-tests was lower than the Pre-test by (-0.2347) points. However, in regards to behavioral aspect of copings of coping, the mean scores of Post-tests was larger than the Pre-test by (0.1497) points. This indicated that the performance of the experimental group was enhanced after the program was implemented in all study axes.

4.2.4 Hypothesis Four: There is no statistically significant difference in the control group in coping and problem-solving skills before and after applying the psychosocial support program among the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

To test this hypothesis the correlations and matched-paired t-test were used, results are presented in tables (4.5) and (4.6).

Table (4.5): Pre and Post Test Scores correlations of the control group

Axis	Correlation	Sig. P value
Positive Aspect of coping	-0.017	0.848
Negative Aspect of coping	-0.081	0.374
Behavioral aspect of coping	0.058	0.521
Total	0.021	0.818

Results Table (4.5) indicated that there was no difference between the Pre and Post Test Scores in all aspects and the Total mean scores for the control group.

Table (4.6): Matched-paired t-test for post and pre-test scores of control group

Axis	Mean (Post – Pre)	T	Sig. (2-tailed)
Positive aspect of coping	-0.07444	-1.727	0.087
Negative aspect of coping	-0.14055	-1.452	0.066
Behavioral aspect of coping	- 0.34355	-1.288	0.547
Total score	0.00860	0.246	0.806

Table (4.6) showed that there were no statistically significant differences between post and pre-test scores in the control group for all study axes, as all P-values were greater than (0.05).

A post-hoc comparison was performed using the Bonferroni method to determine which of the experimental and control groups showed significant difference for the post test scores. All pairwise comparisons among the groups were determined, and the results were shown in table (4.7) below.

Table (4.7): **post-hoc comparison of Pre and Post-Test Scores of the experimental groups and control groups in regards to student's coping and problem-solving skills**

Post group VS Pre group	Mean Difference (post-pre)	Std. Error	Sig.
Experimental-pre VS control-Pre	0.0107	0.03937	0.065
Experimental -pre VS experimental-Post	-0.1386[*]	0.03921	0.000
Experimental -pre VS control-Post	0.0110	0.03871	0.051
Control-Pre VS experimental –Post	-0.1659[*]	0.02951	0.000
Control-Pre VS control-Post	0.0574	0.04151	0.875
Experimental -Post VS control-Post	0.1721[*]	0.04635	0.000

The post-hoc pair-wise comparison of means indicated no significant difference in mean between experimental and control groups Pre-test. The results indicated significant difference between intervention group- Pre and Post test scores. The mean in pre-experimental group test score was lower than the experimental-post group scores by (0.1386) points.

Significant difference was also observed between control-Pre group and experimental-Post group by (-0.1659), and experimental-Post group and control-Post group scores by (0.1721).

On the other hand, no significant differences were observed between experimental-pre group and control-Post group and control-Pre group and control-Post group.

4.3 Results of research question number two

This section addresses the results of the psychosocial support program and its relationships with the sociodemographic variables of this study (gender, grade level, academic achievement, parental marital status, and passing through difficult situation) on the elementary students at Ramallah Friends Girls School. In order to test the differences, the following hypothesis were extracted:

4.3.1 Hypothesis one: There is no statistical significant difference in the experimental group in their coping and problem-solving skills in relation to gender among the elementary students at Ramallah Friends Girls School at $\alpha \leq 0.05$.

To test this hypothesis, the means and standard deviations were extracted of the pre-test and post-test scores of the two groups (experimental and control) with relation to gender variable, and there were no differences. The results showed the means for males and females in the experimental group and control group pre and post-test were almost the same, with no differences, as shown on table (4.8) below.

Table 4.8: Means and standard deviations for the study sample in pre and post-test among groups in relation to Gender

Group	Gender	Pre-Test		Post Test	
		Mean	Standard Deviation	Mean	Standard Deviation
Experimental	Male	2.19	0.38	2.27	0.26
	Female	2.20	0.42	2.28	0.27
Control	Male	2.27	0.30	2.19	0.26
	Female	2.21	0.32	2.27	0.21

To test for statistical significance differences among groups and gender variable, (ANCOVA) test was applied. The results are shown in table (4.9).

Table (4.9): Results of (ANCOVA) for testing the differences among groups and gender variable

Source	Type III Sum of Squares	Df	Mean Square	F	Sig. P – value
Corrected Model	1.097 [a]	3	0.366	3.560	0.015
Intercept	1438.054	1	1438.054	14004.729	0.000
Group (Experimental and control)	0.806	1	0.806	7.851	0.005
Gender (male and female)	0.297	1	0.297	2.891	0.090
Relationship between Group and Gender	0.001	1	0.001	.011	0.916
Error	25.260	246	0.103		
Total	1464.917	250			

There were statistically significant differences in the scores of students due to gender variable at the significance level (0.05), (F) was (7.851) and p-value is (0.00).

There were no statistically significant differences in the scores of students of the control group due to the gender variable at the level of significance (0.05), where (F) did not reach to the level of statistical significance. In summary, there are no statistically significant differences in pre and post-tests of the control group due to gender.

To test the differences in experimental posttest for study axes (Positive aspects, negative aspects, and behavioral aspect of coping) due to gender, T-test was used. The results are found in table (4.10)

Table (4.10): t-test for the differences in experimental posttest due to gender variable

Study Axis	T	P-value
Positive Aspects	-1.067	0.288
Negative Aspects	-1.209	0.229
Behavioral Aspect	-.347	0.729
Total	-1.262	0.209

Results in Table (4.10) indicated that there were no statistically significant differences in student's responses of all study axes (Positive aspects, negative aspects, behavioral aspect) due to gender. All P-values are greater than 0.05. That is the effect of the program was the same for males and females.

4.3.2 Hypothesis two: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to grade level among the elementary students at Ramallah Friends Girls School at $\alpha \leq 0.05$.

To test this hypothesis, means and standard deviations of the pre-test and post test scores were extracted (intervention and control groups) with relation to grade level variable, table (4.11) below illustrates this.

Table (4.11): Results of (ANCOVA) for testing the differences between groups and grade level variables

Source	Type III Sum of Squares	Df.	Mean Square	F	Sig. P value
Corrected Model	2.743[a]	10	0.274	4.824	0.000
Intercept	20.518	1	20.518	360.848	0.000
pre test	0.142	1	0.142	2.497	0.115
group (experimental and control)	0.000	0	.	.	.
Grade level (1st to 5th grades)	1.866	8	0.233	4.103	0.000
Relationship between group and grade level	0.000	0	.	.	.
Error	13.590	239	0.057		
Total	1292.118	250			

The table showed no interaction between group type and the student grade, so the relationship between group type and grades were not performed in the test; only the student grade variable was considered.

Results indicated that there were statistically significant differences in the scores of students due to grade level variable at the significance level (0.05), (F) was (4.103) and p-value was (0.000).

A post-hoc comparison was performed using the Bonferroni method to determine which of the intervention and control groups showed significant difference for the post test scores. All pair-wise comparisons among the intervention groups were determined; only significant results are shown in table (4.12).

Table (4.12): post-hoc comparison of Pre and Post-Test Scores of the Intervention Group

Post group VS Pre group	Mean Difference (Post-Pre)	Std. Error	Sig. P value
First Grade D VS Third Grade D	0.309[*]	0.073	0.001
First Grade D VS Fourth Grade A	0.299[*]	0.069	0.001
First Grade D VS Fifth Grade B	0.262[*]	0.068	0.007

The post-hoc pair- wise comparison of means indicated significant difference in mean between first grade D and (third grade D, fourth grade A, fifth grade B). The mean test score in first grade D was higher than the third grade D by 0.309 points; also, higher than fourth grade A by 0.299 pts, and higher than fifth grade B by 0.262 points.

To test statistical significant differences in experimental group Post Test for study axes (Positive aspects, negative aspects, and behavioral aspect) due to students' class, ANOVA test was performed; table (4.13) illustrates this.

Table (4.13): Results of ANOVA test for testing the differences due to Grade

Study Axis	F	Sig. (P-value)
Positive Aspects	6.315	0.000
Negative Aspects	3.048	0.020
Behavioral Aspect	9.390	0.000
Total score	8.827	0.000

Results in table (4.13) indicated that there were statistically significant differences in student's responses of all study axes (Positive aspects, negative aspects, behavioral aspect) due to grade. All P-values were less than 0.05. That is the effect of the program was not the same for all grades. These differences were illustrated in table (4.14).

As shown in the table (4.14) the post-hoc comparison test reports that the effect of the program on first grade D was the same as second grade A, while the effect of the program on the first grade D was higher than the third grade D by 0.42 points and the fourth grade A by 0.25 points, and the fifth grade B by 0.3 points which were all statistically significant (P-value < 0.05). Also the effect of the program on the second grade A was higher than on the third grade D by 0.25 points.

Table (4.14): post-hoc comparison of Post-Test scores of the experimental group due to grade variable

(I) Class of student	(J) Class of Student	Mean Difference (I-J)	Std. Error	Sig.
First grade D	Second grade A	0.17538	0.08891	0.051
	Third grade D	0.42462*	0.08891	0.000
	Fourth grade A	0.24923*	0.08891	0.006
	Fifth grade B	0.30420*	0.08806	0.001
Second grade A	Third grade D	0.24923*	0.08891	0.006
	Fourth grade A	0.07385	0.08891	0.408
	Fifth grade B	0.12882	0.08806	0.146
Third grade D	Fourth grade A	-0.17538	0.08891	0.051
	Fifth grade B	-0.12041	0.08806	0.174
Fourth grade A	Fifth grade B	0.05497	0.08806	0.534

4.3.3 Hypothesis three: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to academic achievement among elementary students at Ramallah Friends Girls School at $\alpha \leq 0.05$.

To test this hypothesis, the means and standard deviations of the pre-test and post test scores of the two groups were extracted (experimental and control) with interaction to academic achievement variable, table (4.15) and (4.16) illustrate this.

Table (4.15): Means and standard deviations for the study sample for pre and post-tests groups in regards to academic achievement variable

Group	Academic achievement	Pre Test		Post Test	
		Mean	Standard deviation	Mean	Standard deviation
Intervention	Fair or good	2.26	0.40	2.28	0.12
	Very good	2.28	0.40	2.42	0.28
	Excellent	2.27	0.37	2.48	0.30
Control	Fair or good	2.19	0.33	2.17	0.27
	Very good	2.27	0.34	2.26	0.21
	Excellent	2.18	0.27	2.22	0.25

To test for statistical significance differences among groups of academic achievement level variable, (ANCOVA) test was applied. Results are shown in table (4.16).

Results in table (4.16) indicated that there were statistically significant differences in pre and post-tests between groups due to academic achievement.

Table (4.16): Results of (ANCOVA) for testing the differences in academic achievement among groups

Source	Type III Sum of Squares	Df.	Mean Square	F	Sig. P value
Corrected Model	0.508[a]	5	0.102	21.566	0.012
Intercept	994.521	1	994.521	15334.014	0.000
Academic achievement	0.278	2	0.139	20.145	0.011
group type	0.125	1	0.125	11.928	0.016
group type * Academic achievement	0.032	2	0.016	5.249	0.038
Error	15.825	244	0.065		
Total	1292.118	250			

A post-hoc comparison was performed using the Bonferroni method to determine which of the academic achievement group in the experimental and control groups showed significant difference for the post test scores. All pair-wise comparisons among the groups were determined, only significant results are shown in table (4.17).

Table (4.17): Post-hoc comparison of Pre and Post-Test scores of the experimental and control groups in relation to academic achievement

Group	Academic achievement	Experimental Post Test Means			Control Post Test Means		
		Fair or good	Very good	Excellent	Fair or good	Very good	Excellent
Experimental pre Test Means	**Fair or good**	0.012	0.115*	0.109*	0.002	0.012	0.004
	Very good	0.117*	0.119*	0.171*	0.029	-0.011	0.005
	Excellent	0.117*	0.126*	0.213*	0.025	0.016	0.009
Control Pre Test means	**Fair or good**	0.105*	0.115*	0.115*	0.022	0.012	0.001
	Very good	0.115*	0.115*	0.115*	0.013	0.021	0.005
	Excellent	0.115*	0.115*	0.115*	0.007	0.007	0.003

As shown in table (4.17) the post-hoc pair - wise comparison of means indicates significant difference in mean between experimental group Post- test and experimental group Pre-test, also control group Pretest for all groups of academic achievement.

To test statistical significant differences in experimental Post Test for study axes (Positive aspects, Negative aspects, and behavioral aspect of coping) due to students' academic achievement, ANOVA test was performed; table (4.18) illustrates this.

Table (4.18): Results of ANOVA test for testing the differences due to academic achievement variable

Study Axis	F	Sig. (P-value)
Positive aspect of coping	.589	.556
Negative aspect of coping	.098	.907
Behavioral aspect of coping	2.094	.128
Total score	1.105	.334

Results in Table (4.18) indicates that there were no statistical differences in students responses of all study axes (Positive aspect, negative aspect, or behavioral aspect of coping) due to academic achievement. All P-values were greater than 0.05. That is the effect of the program is the same for Fair or Good, Very Good and Excellent Students.

4.3.4 Hypothesis four: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to parental marital status among the elementary students at Ramallah Friends Girls School at $\alpha \leq 0.05$.

To test this hypothesis, the means and standard deviations of the pre-test and post test scores were extracted for the two groups (experimental and control) with interaction of parental marital status variable; table (4.19) illustrates this.

Table (4.19): Means and standard deviations for the study sample for pre and post -tests groups and parental marital status variable

Group	Parental marital status	Pre Test		Post Test	
		Mean	Standard Deviation	Mean	Standard Deviation
Experimental	Married	2.35	0.41	2.42	0.30
	Other	2.27	0.37	2.41	0.29
Control	Married	2.32	0.38	2.33	0.33
	Other	2.29	0.22	2.28	0.21

To test for statistical significance differences among experimental and control groups and parental marital status variable (ANCOVA) test was applied. Results are shown in Table (4.20).

There were no statistically significant differences in the scores of students due to the parental marital status variable and the relation between it and the group at the level of significance (0.05), where (F) did not reach to the level of statistical significance. In summary, there was no statistically significant difference in pre and post-tests groups (experimental and control) due to parental marital status.

Table (4.20): Results of (ANCOVA) for testing the differences among experimental and control groups in relation to parental marital status variable

Source	Type III Sum of Squares	Df	Mean Square	F	Sig. P value
Corrected Model	0.288[a]	3	0.096	1.470	0.223
Intercept	407.224	1	407.224	6243.417	0.000
group (experimental and control)	0.734	1	0.734	1.517	0.047
parental marital status	0.082	1	0.082	1.250	0.265
Relation between group type and parental marital status	0.004	1	0.004	0.063	0.802
Error	16.045	246	0.065		
Total	1292.818	250			

To test statistical significant differences in experimental Post Test for study axes (Positive aspect, negative aspect, and behavioral aspect of coping) due to parent's marital status t-test was performed; table (4.21) illustrated the results.

Table (4.21): Results of T-test for testing the differences due to parental marital status variable

Study Axis	T	P-value
Positive aspect of coping	0.158	0.875
Negative aspect of coping	-1.771	0.079
Behavioral aspect of coping	-0.451	0.653
Total	-0.697	0.487

Results in table (4.21) indicates that there were no statistically significant differences in students responses of all study axes (positive aspect, negative aspect, or behavioral aspect of coping) due to parental marital status. All P-values were greater than 0.05. That is the effect of the program was the same for students whose parents are married and other students.

4.3.5 Hypothesis five: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to passing through difficult situation among the elementary students at Ramallah Friends Girls School at α ≤ 0.05.

To test this hypothesis, means and standard deviations were extracted of the pre-test and post test scores due to the two groups (experimental and control) with interaction of "passing through difficult incident or not" variable; table (4.22) illustrates this.

Table (4.22): Means and standard deviations for the study sample for pre and post-tests among groups and "passing through difficult incident" variable

Group	Passing through difficult incident	Pre Test		Post Test	
		Mean	Standard Deviation	Mean	Standard Deviation
Experimental	Yes	2.32	.32	2.51	.25
	No	2.21	.39	2.49	.31
Control	Yes	2.29	.27	2.28	.29
	No	2.27	.38	2.31	.33

To test for statistical significance differences among groups in relation to "passing through difficult incident" variable (ANCOVA) test was applied. Results are shown in table (4.23)

Results in table (4.23) indicated that there were statistically significant differences in pre and post-tests between groups due to "passing through difficult incident".

Table (4.23): Results of (ANCOVA) for testing the differences among groups and "passing through difficult incident" variable

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	0.727	3	0.242	22.666	0.010
Intercept	1302.096	1	1302.096	16212.114	0.000
Passing through difficult incident	0.387	1	0.387	21.245	0.009
group type	0.222	1	0.222	12.328	0.015
group type * passing through difficult incident	0.151	1	0.151	7.249	0.029
Error	17.625	246	0.072		
Total	1321.208	250			

A post-hoc comparison was performed using the Benferroni method to determine which of "passing through difficult incident" groups showed significant difference for the post test scores. All pair- wise comparisons among the groups were determined; only significant results are shown in table (4.24).

Table (4.24): post-hoc comparison of Pre and Post-Test Scores of the experimental and control groups due to "passing through difficult incident" variable

Group	Passing through difficult incident	Experimental Post Test		Control Post Test	
		Yes	No	Yes	No
Experimental Pre Test	**Yes**	0.19*	0.17*	-0.04	-0.01
	No	0.3*	0.28*	0.07	0.1
Control Pre Test	**Yes**	0.23*	0.2*	-0.01	0.02
	No	0.24*	0.22*	0.01	0.04

The post-hoc pair- wise comparison of means indicated significant difference in mean between intervention pre-test and experimental post - test; also control pre-test group for all "pass through difficult incident" groups. Also there were significant differences between pre control test and post control test for all students who said that they "passed through difficult incident".

That is, student's coping and problem-solving skills in the experimental group Post Test were better than that in experimental group Pretest scores and the control group Pre and Post Test scores.

To test statistical significant differences in experimental Post Test for study axes (positive aspect, negative aspect, and behavioral aspect of coping) in relation to "Passing through difficult incidents" variable, t-test was performed; table (4.25) illustrates this.

Table (4.25): Results of t-test for testing the differences due to "Passing through difficult incidents" variable

Study Axis	T	P-value	Mean Difference
Positive aspect of coping	-3.194	.002	-.18677
Negative aspect of coping	.114	.909	.00864
Behavioral aspect of coping	-2.780	.006	.14940
Total	-2.865	.005	.13329

Results in table (4.25) indicated that there were statistically significant differences in students' responses of study axes (positive aspect and behavioral aspect of coping) due to "passing through difficult incidents" variable; P-values were less than 0.05. While results in the same table reports that there was no statistical difference in students' responses of study axes (Negative aspect of coping) due to this variable ; P-value is greater than 0.05.

The mean difference statistics report that the effect of the program on the positive aspects of coping for the students who did not Pass through difficult incidents was higher than who said that they did by 0.19 points. Where, the effect of the program on the behavioral aspect of coping for the students who "passed through difficult incidents" was higher than those who said they did not by 0.15 points. And on average (Total), the effect of the program on all study axes (Total) for students who "passed through difficult incidents" was higher than those who did not pass through any difficult incidents by 0.13 points.

4.4 Summary:

● The current study found statistically significant relationship between psychosocial experimental program and the control group in coping and problem-solving skills aspects (positive, negative and behavioral) after applying the psychosocial support program.

● The study found that there were statistically significant differences with socio-demographic variables in the scores of students, but there were no statistically significant differences due to gender and parental marital status variables of the students.

Chapter V
Discussions & Recommendations

5.1 Introduction

5.2 The Discussion

5.3 Conclusion

5.4 Limitations

5.5 Recommendations

Chapter five

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Discussions & recommendations

5.1 Introduction

This chapter discussed the main findings of the current study "The Effectiveness of Psychosocial Support Program on Coping and Problem Solving skills on the Elementary Students at the Friends Girls School"

5.2 The Discussion

The current study assessed the effectiveness of psychosocial support program on the students' coping and problem solving skills when they encounter problems at the Friends Girls School in Ramallah, as well the study examined the differences psychosocial program skills and problem solving techniques of the intervention group compared with the control group in relation to the independent variables such as students' gender, grade level, academic performance, the student pass through difficult incidents, and parents' social status. The results of this study will be discussed below under the two main questions and its' hypothesis.

● **Question number one:** What are the effects of psychosocial support program on students' coping and problem solving skills (positive aspect of coping, negative aspect of coping, and behavioral aspect of coping) on the elementary students at Ramallah Friends Girls School?

This question was answered by the four hypotheses discussed below:

Hypothesis one: There is no statistically significant difference between the experimental group and the control group in their coping and problem-solving skills (At Baseline) before applying the psychosocial support program among the elementary students at Ramallah Friends Girls School at $\alpha \leq 0.05$.

Hypothesis two: There is no statistically significant difference between the experimental group and the control group in their coping and problem solving skills

after applying the psychosocial support program among the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

These two hypothesis were performed between groups and the results showed that there was no statistically significant difference in pre-test scores of Positive Aspect, Negative Aspect, and Behavioral Aspects between intervention and control groups, the same result for total pre-test scores, which indicated that the two groups have the same knowledge in all study axes (Positive Aspect, Negative Aspect, and Behavioral Aspects), which consistent the hypothesis (1), while the results contradict with hypothesis (2), as there is statistically significant difference between intervention and control groups in post test scores in all study axes, all P-values are less than (0.05). In Positive Aspect the mean scores of intervention group is larger than that in control group, which indicates that performance of the intervention group in positive aspect is enhanced after the method. In Negative Aspect the mean scores of intervention group is lower than that in control group, which indicates that performance of the intervention group in Negative aspect is enhanced after the method (The negativity is decreased). The same results for Behavioral Aspects.

Hypothesis three: There is no statistically significant difference in the experimental group in their coping and problem-solving skills before and after applying the psychosocial support program among the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

Hypothesis Four: There is no statistically significant difference in the control group in coping and problem-solving skills before and after applying the psychosocial support program among the elementary students at Ramallah Friends Girls School, at α ≤ 0.05.

These two hypotheses were performed within groups, and the results showed that there is no statistical significant difference between pre-test and post-test scores due to the intervention group. The results indicated that there are positive relationships between the Pre-test and Post Test Scores in (Positive Aspect, Behavioral Aspects, Total), and negative relationship between the Pre and Post Test Scores in Negative Aspect. This shows that there is a statistically significant difference between post and pre- test scores in the intervention group for all study axes, all P-values are less than (0.05). In Positive Aspect the mean scores of Post- test is larger than the Pre- test. In Negative Aspect the

mean scores of Post- test is lower than the Pre- test. In Behavioral Aspects the mean scores of Post- test is larger than the Pre- test. This indicates that performance of the intervention group is enhanced after the program in all study axes. The results of this study were in line with the study (Watson et al, 2014), which examined the efficacy of resilience based cognitive behavioral therapy (CBT), Group Psychological Therapy (RST), to improve the social and emotional functioning and family functions of anxious children in a privately-owned clinical setting.

● **Question number two:** Is there a relationship between the socio-demographic (gender, grade level, academic achievement, parental status and passing through difficult situation) and the psychosocial support program on the elementary students at Ramallah Friends Girls School?

This question were answered by the five hypothesis discussed below:

Hypothesis one: There is no statistical significant difference in the experimental group in their coping and problem-solving skills in relation to gender among the elementary students at Ramallah Friends Girls School at α ≤ 0.05. The results of this study approved the hypothesis, as there are no statistically significant differences in pre and post-tests between groups due to gender. As well the results showed that there is no differences in experimental post-test for study axes (Positive aspects, negative aspects, and behavioral aspect of coping) due to gender, which means that the effect of the program was the same for males and females.

These results consistent with the study "Coping and Gender Differences in University Students" were 216 university students answered the American Community Survey (ACS) which evaluates 18 strategies and 3 coping styles in young people, and found that it was more used by female, however, the differences were not sufficient to reach significance, this means no significant differences between genders (Cabas-Hoyos, et al., 2015). But in another study, the results of this study contrast with the results of the study "Coping strategies: gender differences and development throughout the life span" which found significant effects for gender at coping strategies, as they used the Coping with Stress Questionnaire at a sample of 400 participants (Fierro et al., 2012).

This result can be explained well, in the Friends School (RFS) vision, as it believes that all people are equal before God regardless of gender, creed, culture, color or social

status. Since their beginning, they have focused on the education of women to develop their potential and realize their opportunity to be equal members of their community, with no differences in gender (www.rfs.edu.ps). Also, all the target population of both genders were under the same circumstances, same school environment, same educational curriculum, same school policy and rules, which allow girls as boys to develop and grow in the same level and opportunities. As well, roles and relations for both boys and girls in this stage of childhood have no significantly differences on development between boys and girls as in the adolescence period (Hazel, 2000), this consistent with the general attitude in the Palestinian society, as above 12 years old the roles and relations start to vary, more restrictions and responsibilities on boys and girls, but in different way between each.

4.3.2 Hypothesis two: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to grade level among the elementary students at Ramallah Friends Girls School at α ≤ 0.05.

Results reported that there are statistically significant differences in the scores of students due to grade level variable. As this results indicated significant difference in mean between First Grade D and (Third Grade D, Fourth Grade A, Fifth Grade B). Which means that the effect of the program was not the same for all grades, the effect of the program on first grade D was the same as second grade A, while the effect of the program on the first grade D was higher than the third grade D, the fourth grade, and the fifth grade B. Also, the effect of the program on the second grade A was higher than on the third grade D.

First grade had less coping and problem solving strategies, since coping strategies and problem solving follow developmental processes, especially in childhood, were problem - focused coping in early childhood depends on the underlying executive function of neurological development, and increases in age specificity and efficacy. Young children relay primarily on their parents to regulate their emotions, increasing their ability to use cognitive strategies and becoming independent regulators (Aldwin, 2010). Furthermore, first grade students are in the development stage where they can understand symbols, but in their logic they can't link things together, apparently things unrelated and jump to conclusions, they have an issue in reverse thinking, it's hard for them to go backwards through each step to analyze a conclusion, hard to convince them that something they

believe is incorrect, even if there are evidence based to rely on. They are egocentric, believing that as they see it, everyone sees the world (Piaget, 1932). Despite first grade students received the same Psychosocial Support Program, they did learn it, but comprehension, they learned the concepts and steps, but they can't implement it as the highest grade, because their cognitive learning as they are in the Preoperational stages (2-6) in Piaget's stages of cognitive development, children are no longer limited to thinking about the objects in their immediate perceptible environment during the preoperative stage. The sensori-motor stage's action oriented problem solving is gradually replaced by thought mediated by words and images, symbolic reasoning, Children are no longer limited to thinking about the objects in their immediate perceptible environment during the preoperative stage.

They can now organize mental images of both present and absent events and objects into primitive concepts (or preoperations) that can be used to solve simple is sues (Piaget, 1932). While the highest grades like 3rd, 4th , 5th, were able to show better coping strategies and problem solving after receiving the Psychosocial Support Program, because as explained by Vygotsky, that with assistance every child can do more than he can do by himself – though only within the limits set by the state of his development. In other words, unless a child is developmentally ready for change, he cannot be forced to internalize concept attainment, where children in transition from pre-operations to concrete thought can gently be directed toward the attainment of empathy for others, when they are encouraged to see themselves as part of a greater entity or community, and he argues in the transition as the "zone of proximal development" implies the need for counselors and teachers who are sensitive as facilitators and directors, and who can capitalize most effectively and efficiently on this zone (Vygotsky, 1986).In contrast to Damon (1984), he agreed with the above, pointing out that when children explore new possibilities together, their perception isn't constrained by an authority who knows better, but is only restricted by the limits of their shared imaginings. If educators have challenges where children at various levels of development work together, support the children's efforts to share their experiences and help children accomplish a common goal, collaborative problem solving is a successful part of the curriculum, and children are better able to succeed.

4.3.3 Hypothesis three: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to academic achievement among elementary students at Ramallah Friends Girls School at α ≤ 0.05.

There were statistically significant differences in pre and post-tests between groups due to academic achievement. As the post-hoc pair wise comparison of means indicated significant difference in mean between intervention post-test and intervention pre-test, also control pre-test groups for all academic achievement which contradict with the study hypothesis. While the results experimental Post Test for study axes (positive aspects, negative aspects, and behavioral aspect of coping) due to students' academic achievement showed no statistical significant differences in, which means that the effect of the program is the same for academic achievement variable (fair or good, very good and excellent students), and this result is consistent with the study hypothesis.

Therefore, there were statistically significant differences in pre and post-tests between groups due to academic achievement may be explained that the students and the teachers in this study who, were part of the Psychosocial Support program, were all taking the intervention in serious attitude, and all showed commitment to the program, the student received it accurately, and teachers followed up it seriously, which helped in having better outcomes. Having good academic achievement shows that the students are capable to learn, and have IQ of average if not more, which means that they can use the program in suitable way, as they can judge situations, and deal with it following the steps learned and the solution wheel, they can understand their emotions and thoughts, as well others emotions and thoughts, which help them to manipulate others emotions and feelings or empathize with them when they argue each other, this result agreed with (Gomez, 1993) study results that indicate a significant degree of association between lower academic achievement and both more frequent use and high evaluation of direct - inactive, indirect - active and indirect - inactive coping strategies ; and also between lower academic achievement and high evaluation of direct - active coping strategies. Moreover, this is in line with what Piaget concluded that when children discuss things with each other, chances to become less egocentric are more frequent, because they then face the fact that not everyone has the same view of the situation and that the majority of their research psychologist based on the theory and studied the success of children in conservation work, and Piaget's Several researchers found that kids who were married to

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an older child later solved environmental problems at a higher level, while individually working children could not change (Tudge, 1986, 1987).

Hypothesis four: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to parental marital status among the elementary students at Ramallah Friends Girls School at α ≤ 0.05.
There were no statistically significant differences in the scores of students due to the parental social status variable and the relation between it and the group, as there was no statistically significant difference in pre and post-tests groups (experimental and control) due to parental marital status, in this case the reason may be the small sample size of Parents Social Status (Other).

This study results contradict the study Children's reactions to parental separation and divorce, which found that most children report painful feelings about their parents' divorce, and a significant minority of children suffer extended and prolonged symptomatology related to parental divorce that may include both internalizing and externalizing problems (Lee and Bax, 2000). As well as the results of the study The long-term impact of early parental death: Lessons from a narrative study, which found that there are negative impacts, in regards to trust, relationships, self-esteem, feeling of self-worth loneliness and isolation and the ability to express feelings (Ellis et al., 2013). But as explained before, in this study the sample of Parent Social Status in the case of Others (Death of parent, Separation, Divorced) was little.

4.3.5 Hypothesis five: There is no statistically significant difference in the experimental group in their coping and problem-solving skills in relation to passing through difficult situation among the elementary students at Ramallah Friends Girls School at α ≤ 0.05.

The results of this study showed significant difference in mean between intervention post-test and intervention pre-test also control pre-test groups for all Pass through difficult incident. That is, student's intervention Post Test scores are higher than that in intervention pre-test scores and control pre and post test scores. As well, there were significant differences in experimental Post Test for study axes (positive aspect, negative aspect, and behavioral aspect of coping) in relation to "Passing through difficult incidents" variable, as the effect of the program on the positive aspect of coping for the students who did not Pass through difficult incidents was higher than who said that they

did. Also, the effect of the program on the behavioral aspect of coping for the students who "passed through difficult incidents" was higher than those who said they did not. And in average (Total), the effect of the program on all study axes (Total) for students who "passed through difficult incidents" was higher than those who did not pass through any difficult incidents. This result can be explained well as teachers and counselors in Friends Girls School served students as allies, mentors, and role models through the process of implementing the Psychosocial program and during the daily school follow up, which helped them to benefit well from their difficult incidents they passed through, which helped them to grow, recover, and have better coping mechanisms and problem solving skills.

According to the Federal Emergency Management Agency; "Children's reactions are influenced by the behavior, thoughts, and feelings of adults opens in new window. Adults should encourage children and adolescents to share their thoughts and feelings about the incident." (www.fema.gov/coping-disaster). Not only the teachers and counselors in this study offered support, the school environment well helped, as the Friends Girl School maintains safe, secure and positive school environments, these factors helped the students to feel safe and secure, to discuss what they passed on difficult incidents, sharing it in a secure place, understanding it, and find ways to deal with it, and better positive coping mechanisms, and alternative acceptable behavioral aspects. By that they reached insight of what they were exposed to, and they learned a program related to what they experienced, and the program reinforced their ability to ask for support, or to request help!

5.3 Conclusion

The current study assessed the effects of Psychosocial Support Program on Coping and Problem Solving skills on the Elementary Students at the Friends Girls School.

The study findings showed that, there is no statistically significant difference in pre- test scores of Positive Aspect, Negative Aspect, and Behavioral Aspects between intervention and control groups, the same result for total pre- test scores, while the results contrasted with post- test, as there is a statistically significant difference between intervention and control groups in post test scores in all study axes. The results indicated that there are positive relationships between the Pre-test and Post Test Scores in

(Positive Aspect, Behavioral Aspects, Total), and negative relationship between the Pre and Post Test Scores in Negative Aspect. This shows that there is a statistically significant difference between post and pre- test scores in the intervention group for all study axes.

Furthermore, after the intervention training program was used, results showed significant differences in post test scores based on student's coping and problem solving skills between the intervention and control groups. But there were no statistically significant differences in pre and post- tests between groups due to gender.

Also, there were statistically significant differences in the scores of students due to grade level variable. As well, there were significant differences in pre and post- tests between groups due to academic achievement.

Finally, this study found that there were statistically significant difference in mean between intervention post- test and intervention pre- test also control pre- test groups for all Pass through difficult incident. That is, student's Intervention Post Test scores are higher than that in Intervention Pre Test scores and Control Pre and Post Test scores. But there were no statistically significant difference in pre and post- tests between groups due to Parents Social status because of the small sample size of Parents Social Status (Other) which were only 24 out of 250.

This study concluded that there are effective outcomes of implementing Psychosocial Support Program at coping strategies and problem solving skills, therefore schools should start implementing the Psychosocial Support Program early in elementary schools, continuing it to secondary schools, and Mental health workers and professionals in Palestine should start to give attention on the positive impact associated with providing awareness and intervention to programs supporting coping strategies and problem solving skills from an early age, also there is a need for further quantitative and qualitative studies to assess the effect of Psychosocial Support Program in elementary and secondary schools in other areas in Palestine.

5.4 Limitations

In the current study, there have been several limitations. This research used an intervention quantitative design was utilized for this design study for example. The effects of each factor and variable were therefore difficult to assess accurately. However, the generalization of findings may be limited to a broader population by calculating, at or over a short term, the prevalence of results and determinants in the population. However, quantitative studies are very helpful and are relatively fast, cheap and easy to carry out for description purposes (Grove &Burns, 2005).

The self- administered questionnaire was used to collect data for this study. The reliability of the result can therefore be impacted (Cohen et al, 2007). Further, this study was conducted only in limited target population, in one private school in Ramallah.

5.5 Recommendations

Recommendations for schools and mental health professionals and policy makers:

▪ Schools should start implementing the Psychosocial Support Program early in elementary schools.

▪ To work on the continuity of the Psychosocial Support Program on the secondary school, to be as part of the school system.
▪ Mental health workers and professionals in Palestine should start to give attention on the positive impact associated with providing awareness and intervention to programs supporting coping strategies and problem solving skills from an early age.

Recommendations for care givers:

▪ Increase knowledge and awareness about the effects of coping strategies and problem solving skills.
▪ Family member need to start giving attention on teaching their children coping strategies and problem solving skills, earlier in the childhood before reaching adolescence**.**

Recommended Research in the Future:

▪ There is a need for further quantitative and qualitative studies to assess the effects of coping strategies and problem solving skills in other private schools and public ones.

▪ There is a need for further quantitative and qualitative studies to assess the effect of Psychosocial Support Program in secondary schools.

▪ There is a need for further quantitative and qualitative studies to assess the effect of Psychosocial Support Program in elementary and secondary schools in other areas in Palestine.

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Annexes

Al Quds University

Faculty of Public Health

Community of Mental Health\ Psychotherapy

استمارة جمع البيانات

أعزائي الطلبة،

تقوم الباحثة بإجراء دراسة حول " تأثير برنامج الدعم النفسي–الاجتماعي على مهارات مواجهة وحل المشكلات لدى طلاب المرحلة الإبتدائية في مدرسة الفرندز للبنات في رام الله" وذلك للحصول على درجة الماجستير الصحة النفسية المجتمعية/ مسار العلاج النفسي

يرجى الموافقة على المشاركة في هذه الدراسة مع العلم بأنه لا توجد إجابة صحيحة وأخرى خاطئة ، وأي إجابة تعطيها تعد صحيحة لأنها تمثل رأيك الخاص . وأن المعلومات التي تصدر عنك ستكون في غاية السرية ولن تستخدم إلا لغرض البحث العلمي فقط، ولا داعي لذكر الاسم.

مع الشكر

الباحثة

أديل جرايسة

أرجو الإجابة على البيانات التالية:

الجزء الأول: البيانات الديمغرافية

1- الجنس: أ. ☐ ذكر   ب. ☐ أنثى

2- أنا في الصف   أ. ☐   الأول الأساسي ☐   ج. الثاني الأساسي ☐   الثالث الأساسي ☐

د. ☐ الرابع الأساسي ☐   الخامس الأساسي ☐

3- التحصيل الأكاديمي (المعدل الدراسي لآخر فصل دراسي):

1. ☐ مقبول   ب. ☐ جيد   ج. ☐ جيد جداً   د. ☐ ممتاز

4- الحالة الاجتماعية لوالدي الطفل (أنا):

1. ☐ الأبوين مرتبطين   ب. ☐ الأبوين مطلقان   ج. ☐ الأبوين منفصلان   د. ☐ أحد الأبوين متوفي

5- هل مررت بحياتك/ أسرتك او من تحبهم بحدث صعب؟

1. ☐ نعم   ب. ☐ لا

أذا أجبت بنعم، متى؟ _____ .

و ما هو؟ _____ .

الجزء الثاتي: مقياس أساليب التكيف مع ضغوطات الحياة اليومية

يرجى الاستجابة على هذه الأدوات بعد قراءة كل فقرة فيها بعناية ، وستجد أمام كل عبارة خيـارات متدرجة ، وعليك أن تضع علامة(✔)أمام العبارة في المربع الذي يوضح انطباقها عليك كمـا في المثـال التالي :

الرقم	العبارة	نعم☺	أحياناً☺	لا☹
1	أشعر أن الآخرين يحبونني	✔☺	☺	☹

شاكرة لكم تعاونكم

الرجاء وضع علامة (✔) أمام العبارة في المربع الذي يوضح انطباقها عليك.

الرقم	العبارة	نعم☺	أحياناً☺	لا ☹
.1	بفكر في المشاكل اللي مرت معي.	☺	☺	☹
.2	ببعد عن المشاكل.	☺	☺	☹
.3	بفكر في الأشياء الحلوة في حياتي وبقارنها بالأشياء المش حلوة.	☺	☺	☹
.4	ببذل جهد عشان أحصل على اللي بدي اياه رغم المشاكل.	☺	☺	☹
.5	بستمتع وبتسلى عشان أنسى المشاكل.	☺	☺	☹
.6	بتعامل مع المشاكل اليومية بطريقة منيحة.	☺	☺	☹
.7	دعم أسرتي وأصدقائي بخفف الضغط عني.	☺	☺	☹
.8	بهتم بشو بصير معي ومع الآخرين بعد	☺	☺	☹

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☹	😐		☺	المشاكل.
☹	😐		☺	بشغل حالي بأشياء ثانية حتى ما أتعامل مع المشاكل مباشرة.	9.
☹	😐		☺	بستفيد من اللي تعلمته حتى أتعامل مع مشاكل الحياة.	10.
☹	😐		☺	بفضل إنّي ما أتعامل مع مشاكل الحياة.	11.
☹	😐		☺	بتجنب المشاكل التي تنتج عن أحداث الحياة اليومية.	12.
☹	😐		☺	بلجأ للمرشدين في المدرسة لمساعدتي على التعامل مع المشاكل.	13.
☹	😐		☺	بخاف من أن تؤثر المشاكل على حياتي.	14.
☹	😐		☺	المشاكل تؤثر على تصرفاتي وسلوكي.	15.
☹	😐		☺	بنبسط من حالي لمّا أحل المشاكل.	16.
☹	😐		☺	بستفيد من شو صار مع الآخرين في أساليب التعامل مع المشاكل اليومية.	17.
☹	😐		☺	ببعد عن الانفعال والمشاعر السلبية لما بتواجهني المشاكل اليومية.	18.
☹	😐		☺	بسكت لما بيصير معي مشاكل يومية.	19.
☹	😐		☺	بتصرف بسرعة مع أي موقف فيه مشكلة في حياتي اليومية.	20.
☹	😐		☺	ببعد عن كل شي عشان ما أتعامل مع المشاكل.	21.

☹	😐	🙂	بتخيل بعض المشاكل اللي ممكن أنها تصير معي وكيف ممكن أتصرف.	22.
☹	😐	🙂	بشوف المشاكل زي ما هي لا أكبر ولا أصغر.	23.
☹	😐	🙂	بفكر في المشاكل اللي صارت معي من قبل حتى أستفيد منها كيف أتصرف مع مشاكلي الآن.	24.
☹	😐	🙂	بعمل تصرفات وأفعال ما بسيطر عليها لما يكون عندي مشاكل يومية.	25.
☹	😐	🙂	بقلق وبخاف من إنه يصيرفي حياتي مشكلة مؤلمة.	26.
☹	😐	🙂	بتعاون مع أهلي، وأصدقائي، والمعلمين لما بواجه المشاكل.	27.
☹	😐	🙂	بتصرف بطريقة مش حلوة لما أواجه أي مشكلة في حياتي.	28.
☹	😐	🙂	بشعر أني مش أحسن من الآخرين في أساليب حل المشاكل.	29.
☹	😐	🙂	بشعر أنه التفكير في المشاكل بأثر على دراستي، وعمل واجباتي.	30.

شكرا على وقتكم

Annex (b):

The intervention program

Meeting	Topics and Goals	Intervention Plan and Tools	Activities and events
First meeting	Building the group Setting the rules Identifying priorities	- Introduction and icebreaking - Setting and discussing rules - Setting agendas and identifying priorities - Closure exercise Tools: time setting clock, ball, pens and cardboard panel	- Throwing the ball from one person to the other while mentioning the name and its meaning: 30 min - Group discussion about the rules that will make the meetings effective and comfortable: 20 min. - Writing the rules on the cardboard and hanging it: 10 min. - Group discussion about the agenda and writing it down, then voting for priorities: 20 min.
Second meeting	Communication and effective communication (1) (Developing the effective communication skills between children)	- Opening and warm-up activity about communication effective communication - Student communication with each other to train them on listening - Discussing the factors that influence communication like thoughts and behaviors - Training on positive communication Tools: Clock to monitor the time and big knitting wool yarn	- The game of the net, one of the students will hold the tip of the wool rope, one student's name will be mentioned while the student who is holding the wool yarn will pass it on to this student so that he will hold another tip. This is how it will proceed until the students will have a squared web inside the circle. Then it is asked from the students to move two steps ahead until the ropes are touching the floor and then they'll be asked from each one of them to enter one of the squares: 20 min. - Discussion about the benefits of the previous exercise and its meanings: 10 min. - Groups consisting of two students sitting opposite to each other. Each participant talks about himself for 2 minutes without being interrupted by his partner, then the pair joins all group participants who finished the interview and each will start talking about the information that his/her partner had told him: 30 min. - Group discussion about communication obstacles including ideas and behaviors: 20 min. - Evaluating and finishing the group discussion (what have we learn today, summarizing the meeting): 10 min.
Third meeting	Communication and effective communication (2) (developing communication skills between children)	- Training on improving the non-verbal communication skills - Training on effective communication Tools: clock to	- Welcoming the children and reminding them with the important rules: 5 min. - Activity without talking, dividing the group into two sub-groups, each group will write on the cards terms and expressions about their achievement during the last year, then the card will be turned to the other side and one of the second group members will choose a card and will act it without talking and the other group will have to guess what it means: 30 min. - Discussion about the importance of the non-verbal communication and its uses: 15 min. - Individually, write the main characteristics of the person you like

		monitor time, pens, cards and papers	to talk to about your secrets in the school: 15 min. - Discussion about the best ways of communication between each other, with the family, the teachers and the friends: 20 min. - Evaluation and ending the group discussion (what have we learnt today, summarizing the discussion): 10 min.
Fourth meeting	Feelings acceptance (1) (introduce children to their feelings and the possibility to develop its uses)	- Merge the groups and connect the current session with the previous one. - Identifying the places of feelings in the body and understanding it. - Expression the self and the feelings in a positive way. - Understanding the relation between the body and the mind. - Accepting others' feelings and feeling of responsibility for each individual. - Accepting others' feelings and feeling of responsibility for each individual. (Exercise during the week). Tools: Clock to monitor the time, roll chart and pens.	- Body scan activity, there'll be a big body drawing on a big paper or the roll chart and each student will stick their different feelings (stress, anxiety, fear, love, longing ….) on the drawing and they will hand the drawings on the wall, then they'll discuss and compare it with their peers: 30 min. - Educative power point presentation about the body and mind relation and the body autonomic nervous system reaction: 15 min. - Role play in small groups to express oneself in positive way, in a format of "I feel…. When…: 25 min. - Training on using words to express feelings, desires and needs in different bilateral groups. How do we deal with it and sharing the suggestions: (I love/ I don't love, I want/I don't want, I understand/ I don't understand, I need/ I don't need) and appoint a homework to apply it during the week (the 3 most things that makes me angry, how do I deal with it and 3 things that comfort me): 10min. - Evaluation and ending the group discussion (what have we learnt today and summarizing the meeting): 10 min.
Fifth meeting	Feelings acceptance (2) (introduce children to their feelings and the possibility to develop its uses)	- Create a suitable atmosphere for children to enable them to start the session's activity through interaction and integration. - Know the different feelings like fear, anger, happiness, sadness and how to express it. - Be more open to the difficult feelings and how to deal with it.	- Welcoming and asking about the agreed-on exercise to try to apply it in practically in life: 10 min. - Feelings and squares exercise: feelings would be written on the flip chart papers, each feeling like (sadness, anger, fear and happiness) on a separate paper, with a big hand writing and it should be stuck to the ground. After dividing them into 2 groups children will be asked to stand on the square that represents their feelings now and to read the feeling inside the square and talk about the situation that caused this feeling (if they would like to share it). Afterwards, each child would act up his feelings (sadness, anger, fear, happiness) through body and facial movements, until the activity would finish with the children feeling happy: 30 min. - Writing, acting roles or drawing about the situation that happened with them lately, what have they done and to whom they went. All the children behaviors will be written on the flip chart and divided the behaviors into positive and negative behaviors: 20 min. - Relaxing exercise with deep breathing as a tool to deal with difficult feelings and asking each student to teach this exercise to one person during the week as a homework: 20 min.

		- Find alternatives for the children to turn to when they need. Tools: A clock to monitor time, papers and pens and flip chart.	- Evaluating and closing up the group discussion (what have we learnt today and meeting summary): 10 min.
Sixth meeting	Dealing with bullying (introducing the student to alternatives for violence and dealing with bullies).	- Discussing with the group the concept of bullying and its types. - Dealing with cases of verbal, physical and psychological violence. Tools: Clock to monitor time, papers, pens, laptop and a projector.	- After welcoming, we ask about the previous exercise, whom they've taught and how were its results. - In small groups (separate in girls group only and boys group only) work on role playing to act out the situation of bullying that the students face and how the victims deal with this topic: 40 min. - Psychoeducation and teaching the victims skills to defend themselves and teach them to whom they could go if they were either in school or out of it when they face bullying. - Watch a movie about children bullying and discussing it: https://youtu.be/epsdWvw5--I: 40 min. - Evaluating and closing up the group discussion (what have we learnt today and meeting summary): 10 min.
Seventh meeting	Solving simple daily problems and taking decisions.	- Discuss the problem concept with the group. - Discuss the steps to solve the problem. - Discuss the concept of decision taking. - Discuss the factors that affect decision making. Tools: clock to monitor the time.	- Welcoming and brainstorming about the problem concept: 10 min. - Warm-up exercise about how to deal with the problems through role playing within groups. Each group will choose a situation from their real life that they have faced about a problem, how they helped themselves, the reasons behind the decision making and ask the attendance to intervene through enhancing the script to solve the problem based on the problem-solving steps: 40 min. - Present the attached problem-solving wheel and brainstorming about how to use it and taking the right decision to intervene with examples about how and when the alternative could be used, then add all the alternatives that the students bring: 35 min. - Homework: solve a problem that happened through the week. - Evaluating and closing up the group discussion (what have we learnt today and meeting summary): 10 min.
Eighth meeting	Dealing with big problems.	- Distinguish between the big problem and the small problem and how to intervene. - Dealing with daily stressors and support the colleagues. - Discussing the steps and ways of decision making.	- Welcoming and discussing the homework, who faced a problem and was able to solve it, who didn't face a problem and who couldn't solve it. - Start with small groups using the papers and pens to distinguish between big and small problems with writing or drawing examples on each type, the way to decide on problem solving for each type based on the wheel of problem solving and how will the results be: 30 min. - Group discussion about the experiences of the students through answering the following questions: 1. to whom the student will ask help from? Was the person beneficial? Why? 2. Who went with the student when he went asking for help? 3. What can we do to help a person who faced violence and is afraid to tell anyone about what happened to him/her? 5. Was there a moment that passed when you felt that you'll face big hurt, if you spoke about it, what can you do? 30 min. - Role playing about the ways to deal with daily stressors (present the experiences and feelings), then educational presentation about big

			stressors as an introduction to the topic of crises. What can be done in case we faced big stressors or we saw someone who needs support and help: 30 min.
		Tools: clock to monitor the time, A3 papers and colors.	- Homework: solve a personal problem, or helping in solving a problem. - Evaluating and closing up the group discussion (what have we learnt today and meeting summary): 10 min.
Ninth meeting	Dealing with crises and traumas.	- Expressing difficult situations and dealing with it. - Empower children through the things that they can control and not allowing difficult situations from limiting their development. - Hopeful thinking about the future. Tools: Clock to monitor the time, papers, colors and balloons.	- Welcoming and homework discussion about solving the problem or helping in solving it and how were their feelings: 15 min. - Small group discussion, children are asked to close their eyes and remember difficult situation they've lived and the important things they have lost and it changed in their life through these situations, then draw it or write about it: What was a dear thing you lost during your life? What have changed in your life after this loss or change? What do you want to protect more during the upcoming times? The group support is asked though giving alternatives from their life experiences and what they've learnt in previous meetings: 45 min. - The balloons activity, each child is asked to choose a balloon, blow the balloon and imagine it as if it is the thing that he/she wants to protect it with his life. Then children are asked to fly the balloon and make sure it won't fall to the maximum time possible. At the end each child will take his/her balloon and would write on it a letter or draw to whom s/he wants: 30 min. - Evaluating and ending the group discussion (what have we learnt today, summarizing the meeting): 10 min.
Tenth meeting	Participating and cooperating with others and social support. (Reinforce the role distribution concept and the tasks in the group), (How to give and get social support from others, colleagues, teachers and parents).	- Expressing how to respect the roles that others are doing. - Identify group work, plan it and execute it in a group. - Discussions the group work process or working within a group. Tools: Clock to monitor the time, journals, cards, glue, pens and colors.	- After welcoming, starting the cutting activity: work is done in small groups, roles are distributed through the children themselves in the group (who will monitor the time, who will write, who will do the artwork and who will read). Then distributing some books and journals to the group and the group will asked to cut some photos from the journals to design a logo that represents their group. Then stick these photos to the cardboard paper and writing a title for each: 35 min. - Discussing the cards that was prepared by each group. Later the bigger groups will be presenting the group work and how their experience was in cooperative work and discussing the roles of others in supporting the group spirit: 15 min. - The activity of my other half, writing statements (each statement is written in a big handwriting) then cutting the paper in the middle of the statement, like (in unity .. strength/ one hand … /doesn't clap… a friend during …. Hard times…) later, the statements will be cut and distributed to the students who cut it so that each one will get one randomly. Who finds the end of the statement and knows how it's written would say (we found our other half) and then they would hang it on the wall: 10 min. - 5 minutes will be given to each group to discuss the spirit of cooperation, whom to cooperate with and how to ask for help: 20 min. - Homework: asking for help or giving help to someone. - Evaluating and ending the group discussion (what have we learnt today, summarizing the meeting): 10 min.
Eleventh meeting	I take responsibility.	- Group discussion about the responsibilities of group work.	- Welcoming and sharing with the students the homework (to whom they offered help or from whom they requested it and how were the result: 10 min. - The activity of I take responsibility, it will be in small groups, and each group will discuss a situation and will find solutions through writing and drawings. It starts with an introduction to children: "we

| | | - The group members express their responsibilities toward each other.

- Reinforce the self and supply it with positive energy.

Tools:
Clock to monitor the time, papers, pens and colors. | will talk today about intelligent kids like you who would always choose to take responsibility in all they want to do. We will talk about children who need your help to find the right behavior that will make them responsible and you will help them.
- The first group is asked to read or explain the situation: "At night Ahmad was studying for an exam that he had for the next day, electricity went off. He has two choices to give up and say I can't study without electricity and the choice of being responsible and think of other ways to study. Help Ahmad in choosing to take responsibility and to study for the exam."
After listening to the children answers and the other group interventions, the following should be added if children didn't mention it: "He asks from his parents to give him a flashlight or any other resource present in the house to give light, he tells his parents gently that he wants to study and listens if they have ideas that he could apply, he remembers the lesson that the teacher explained and revise it in his mind, he talks with his older siblings or parents about the topic of the lesson and has more information.
After that the situation (2) is read: "Farah went to school and she had a pencil case with a pen, rubber, pencil sharpener and a ruler. Farah's friend Mariam tried to fiercely pull the ruler and it broke. In the same day the teacher gave an exercise that they need to do straight lines using the ruler. She was between two choices, to give up and say that her ruler broke and she can't draw straight lines and the choice of taking responsibility and doing the exercise that was asked by the teacher. Help Farah to choose taking responsibility and do the exercise".
After listening to the children's answers and other groups' interventions, the following should be added: "she asks from her colleagues who have extra rulers to help her do straight lines and she agrees with her colleague to use the ruler after she finishes from it."
- Reading situation (3): "Yaser has a violent friend who shouts and he uses inappropriate words when he talks to him. He's having two choices; the first to give up, shouts back at his friend and uses inappropriate words and the second is to take responsibility and thinks in other ways to talk to his friend without talking in a bad way. Help Ahmad to choose taking responsibility and talk politely at all cases."
- After listening to the children answers the following should be added if it wasn't mentioned by the kids: "Deciding to do the right thing always and to be polite is the right work, he knows he's an intelligent child who says only beautiful things, he talks about good things because this will help his friend to choose good words more, he reminds himself that he's a polite boy and he behaves politely.
- Later situation (4) is added: "Shaima' is a child who likes cleanliness and tidiness but her siblings in the house don't care about it like her, usually she helps her parents in the house chores. She's in between the decision of giving up to the situation and saying that as far as my siblings don't care I will not care and the choice of being responsible and think of ways to keep the house clean and neat as much as possible. Help Shaima' taking responsibility to clean and arrange the house."
- After listening to the children answers the following should be added if it wasn't mentioned by the kids: making sure that she puts her clothes and things neatly at all cases, she keeps her room or her side of the room clean and arranged always, she helps in the house chores and gently and with love she encourages her siblings to clean and arrange: 45 min.
- Education and discussion about some specific situations to take responsibility either individually or as a group.
- Papers and colors will be distributed to the children, kids will be |

			asked to express through drawing and it will be explained to them as follows: "each one of you will choose times to carry the responsibility. At a time when you want to finish some work and unexpected things happened. Express yourself when you will be responsible in your daily life to reach for a beautiful dream." After finishing each child will step forward in front of the group holding his drawing up so that everyone can see it and would talk about what he tried to express in this drawing: 25 min. - Homework: Do something that makes you take responsibility. - Evaluating and ending the group discussion (what have we learnt today, summarizing the meeting): 10 min.
Twelfth meeting	Evaluating negative concepts and turning it into positive ones.	- Using examples from the daily lifestyle of the group and dealing with it in a positive way. - Reminding them that the sessions will end soon. Tools: Clock to monitor the time, papers, pens, watercolor and white paper plates.	- Welcoming and reminding the group that the session will end soon: 5 min. - Working in small groups: each group takes a paper and writes on it a situation or they draw a drawing that expresses the situations, then they discuss it and change automatic negative thoughts into positive thoughts. All thoughts are written on a cardboard and divided into negative and positive thoughts and feelings too. - Situation (1): While you were standing in the playground a friend passed you by and ignored you. - Negative and positive thoughts (explanation). - Feelings and physical sensations that were aroused as a result of this situation and the resulting behavior. - Situation (2): I have to recite a poem tomorrow at school. - Negative and positive thoughts (explanation). - Feelings and physical sensations that were aroused as a result of this situation and the resulting behavior. - Situation (3): My parents tell my brother that they love him but they don't tell me this. - Negative and positive thoughts (explanation). - Feelings and physical sensations that were aroused as a result of this situation and the resulting behavior. - Situation (4): One of the teachers asked my peers to participate in a school activity but didn't ask me. - Negative and positive thoughts (explanation). - Feelings and physical sensations that were aroused as a result of this situation and the resulting behavior. 40 min - The activity of development scale. In groups, the plates, papers, pens and colors will be distributed to the children with the following explanation: "Each child has a beautiful dream and he can make it true through thinking and working," Children will be asked to draw their dream on the plate that they have. After finishing from drawing children will stand in a circle, carrying their plates and will explain about their dreams in the group: 20 min. - Group discussion about the positive thoughts and its effect on life while listening to real examples from the life of the students and what they've learnt: 20 min. - Evaluating and ending the group discussion (what have we learnt today, summarizing the meeting): 10 min.
Thirteenth meeting	Self confidence	- Training on accepting and respecting oneself. - Discussing the importance of self-confidence and facing changing situations and events in life.	- Welcoming and revising the homework and telling the students that this will be the last session: 10 min. - Warm up exercise, what can I see in the box: children are asked to look individually inside the box that has a mirror and to express what they've seen inside, what they think, what's their opinions, thoughts and feeling toward what they saw (more than 3 things they liked, what upsets them and how they can make it better): 30 min. - Watching a movie about self-confidence and discussing it: https://youtu.be/ghHnhw6XcmI: 20 min - Individually, each child draws or writes about a situation when he felt confident and who supported him during this situation, then he/she

		- Expressing their points of strengths and weaknesses. Tools: Clock to monitor the time, a box with a mirror inside of it, papers, pens, colors, film screening.	present it to the group confidently: 20 min. - Evaluating and ending the group discussion (what have we learnt today, summarizing the meeting): 10 min.
Fourteenth meeting	Evaluation and closing up (calming children's feelings and closing up the session in a safe atmosphere)	- Filling up the post-questionnaire. - Evaluating how much the participants benefited from the group therapy. - Sharing the feelings about termination after termination. Tools: papers, pens, colors, recorder.	- Welcoming the students, filling up the post questionnaire with the help of the teachers: 40 min. - Evaluating the group meetings and its effectiveness and expressing their feelings about termination and separation, evaluating the researcher. The exercise of holding hands in a circle with music to pass on positive energy through pressuring on the held hand and passing it on from one hand to another (pressure gently without pain) among the group members as if they're one body with deep breath: 40 min. - Activity of taking out papers from a small basket that has the students name on it. The name of the student picked up will be written or drew to him/her by the one who took the paper, to keep it for memory and then give it to the other student: 10 min.

برنامج التدخل:

سيقوم الطلبة الذين وقع عليهم الاختيار بالمشاركة بأربعة عشرة جلسة بواقع جلستان أسبوعياً لكل مجموعة. أما المجموعة الضابطة لن تتعرض لأي تدخل. وسوف يتم شرح كل فعالية للطلبة بالتفصيل. خطة التدخل سوف تكون كالآتي:

اللقاء	المواضيع والأهداف	خطة التدخل والأدوات	الأنشطة والفعاليات
اللقاء الأول	بناء المجموعة وضع القوانين تحديد الأولويات	• تعارف، وكسر حواجز. • وضع القوانين ومناقشتها. • وضع الأجندة وتحديد الأولويات. • تمرين للإغلاق الأدوات: ساعة لضبط الوقت، وكرة، وأقلام، ولوحة كرتون.	• رمي الكرة من شخص لشخص وذكر الاسم ومعناه: 30 دقيقة • نقاش جماعي حول القوانين التي ستجعل اللقاءات فعالة ومريحة: 20 دقيقة. • كتابة القوانين على لوحة وتعليقها: 10 دقائق. • نقاش جماعي حول الأجندة، كتابتها جميعها وعمل تصويت على الأولويات: 20 دقيقة.
اللقاء الثاني	الاتصال والتواصل الفعال (1) (تنمية مهارات الاتصال والتواصل بين الأطفال).	• فعالية افتتاحية وإحماء حول الاتصال والتواصل. • تواصل الطلبة مع بعضهم واحد لواحد لتدريبهم على الإصغاء. • مناقشة العوامل التي تؤثر على التواصل من أفكار وسلوكيات. • التدرب على التواصل الإيجابي. الأدوات: ساعة لضبط الوقت، وكرة صوف كبيرة.	• لعبة الشبكة بكرة الصوف، أحد الطلاب يمسك طرف خيط الصوف، يتم ذكر اسم أحد الطلبة وعلى الطالب الذي يمسك الكرة أن ينقلها إلى هذا الطالب بحيث يمسك هو بطرف الخيط، وهكذا تستمر اللعبة، وبعد أن أمسك جميع الطلاب بطرف الخيط نحصل على شبكة من المربعات في داخل الدائرة وعندها يُطلب من الطلاب التقدم خطوة إلى الأمام وخطوة أخرى حتى تصل الخيوط إلى الأرض وعلى كل طالب الدخول في واحدة من المربعات: 20 دقيقة. • نقاش حول فائدة التمرين السابق والمعاني منه: 10 دقائق. • مجموعات مكونة من طالبين يجلسوا بشكل متقابل ويتحدث كل مشارك عن نفسه لمدة 2 دقيقة دون أن يقاطعه شريكه، بعدها تنضم المجموعة المكونة من المشاركين إلى بقية المجموعات التي أنهت مقابلتها ليقوم المشارك بالحديث عن زميله و الإدلاء بالمعلومات التي قام شريكه بإبلاغه بها: 30 دقيقة. • نقاش جماعي حول معيقات الاتصال والتواصل من أفكار وسلوكيات: 20 دقيقة. • تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء الثالث	الاتصال والتواصل الفعال (2) (تنمية مهارات الاتصال والتواصل بين الأطفال).	• التدرب على تطوير مهارات الاتصال غير اللفظي. • التدرب على التواصل الفعَّال.	• الترحيب بالأطفال، والتذكير بأهم القوانين : 5 دقائق • فعالية بدون كلام، حيث يتم تقسيم المجموعة إلى فريقين، يقوم كل فريق بكتابة بعض المصطلحات و العبارات الخاصة بإنجازاتهم خلال السنة الدراسية على بطاقات، يتم بعدها قلب البطاقات و يقوم أحد أعضاء الفريق الأول بالطلب من أعضاء الفريق الثاني اختيار إحدى البطاقات المقلوبة و يقوم بتمثيلها دون كلام وعلى الفريق الثاني أن يعرف الدلالة من التمثيل: 30 دقيقة. • نقاش أهمية الاتصال والتواصل غير اللفظي واستخداماته: 15 دقيقة.

اللقاء	العنوان/الهدف	الأهداف	الأنشطة والأدوات
		الأدوات: ساعة لضبط الوقت، وأقلام وبطاقات، وأوراق.	• بشكل فردي، كتابة أهم صفات الشخص الذي تحب ان تحدثه عن أسرارك في المدرسة، ومن العائلة: 15 دقيقة. • نقاش حول أفضل الطرق للتواصل مع بعض، مع الأهل، مع المعلمين، مع الأصدقاء 20 دقيقة. • تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء الرابع	تقبل المشاعر (1) تعرف الأطفال على مشاعرهم وإمكانية تطوير استخدامها	⬜ دمج المجموعة وربط الجلسة السابقة بالحالية. ⬜ التعبير عن مناطق المشاعر بالجسم وفهمها. • التعبير عن النفس والمشاعر بطريقة ايجابية. • فهم علاقة الجسم بالعقل. • تقبل مشاعر الآخرين وإحساس كل فرد بالمسؤولية. • تقبل مشاعر الآخرين وإحساس كل فرد بالمسؤولية (تمرين خلال الأسبوع). الأدوات: ساعة لضبط الوقت، لفائف ورق Roll chart، وأقلام.	• فعالية Body scan حيث يكون هناك رسمه كبيرة للجسم على ورقة كبيرةRoll chart ويقوم الطلبة بإلصاق مشاعرهم المختلفة (توتر، قلق، خوف، حب، اشتياق...) على الرسم، وتعليق الرسومات على الجدار، ونقاشها، ومقارنتها مع زملائهم: 30 دقيقة. • شرح(power point) تثقيفي حول علاقة العقل بالجسم Body reaction autonomic nervous system: 15 دقيقة. • لعب أدوار بمجموعات صغيرة للتعبير عن النفس بطريقة ايجابية، بصيغة "أنا أشعر.... عندما.... 25 دقيقة. • بمجموعات ثنائية التدرب على استخدام كلمات للتعبير عن المشاعر، والرغبات، والحاجات. كيف نتعامل معها والمشاركة بالاقتراحات: (أنا أحب/ لا أحب، أريد/ لا أريد، أفهم/ لا أفهم، أحتاج، لا أحتاج)، وتعيين واجب بيتي لتطبيقها خلال الأسبوع (أكثر 3 أشياء تغضبني وكيف أتعامل معها، أكثر 3 أشياء تريحني): 10 دقائق. • تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء الخامس	تقبل المشاعر (2) (تعرف الأطفال على مشاعرهم وإمكانية تطوير استخدامها).	• تهيئة جو مناسب للأطفال لإمكانية بدء فعاليات الجلسة بنوع من التفاعل والاندماج. • التعرف على المشاعر المختلفة كالخوف، والغضب، والسعادة، والحزن ، وكيفية التعبير عنها. • الانفتاح أكثر على المشاعر الصعبة وكيفية التعامل معها. • إيجاد بدائل يلجأ لها الأطفال عند الحاجة. الأدوات: ساعة لضبط الوقت، وأقلام وأوراق، وflip chart.	• الترحيب والسؤال عن التمرين المتفق عليه لمحاولة تطبيقه بالحياة العملية: 10 دقائق. • تمرين مشاعر ومربعات، حيث يتم كتابة المشاعر على أوراق ال flip chart كل شعور على ورقة بخط كبير مثل (الحزن والغضب والخوف والسعادة) ويقوم بإلصاقها على الأرض، ويطلب من الأطفال المشاركة بتقسيم المجموعة إلى مجموعتين ليقوموا بالوقوف في المربع الذي يعبر عن مشاعرهم الآن وقراءة الشعور الموجود في المربع والحديث عن الموقف الذي تسبب بهذا الشعور (في حال رغبتهم بالمشاركة) وبعد ذلك يقوم الطفل بتمثيل مشاعر (الحزن والغضب والخوف والسعادة) من خلال حركات الجسم والوجه.وهكذا مع باقي الأطفال، حيث يجب الإنهاء مع الأطفال بشعور السعادة: 30 دقيقة. • كتابة، أو تمثيل أدوار، أو رسم، عن شعور لموقف حدث معهم مؤخراً، ماذا فعلوا، لمن لجئوا. يتم تسجيل جميع سلوكيات الأطفال لهذه المشاعر على Flip chart وتقسيمها لسلوكيات ايجابية وسلبية: 20 دقيقة. • تمرين استرخاء مع تنفس عميق كآلية للتعامل مع المشاعر الصعبة والطلب من كل طالب/ة تعليم هذا التمرين لشخص واحد خلال الأسبوع كواجب بيتي: 20 دقيقة. • تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.

اللقاء السادس	التعامل مع التنمر تعريف الطلبة على بدائل للعنف والتعامل مع التنمر.	□ مناقشة المجموعة بمفهوم التنمر وأنواعه. □ التعامل في حالات العنف اللفظي والجسدي والنفسي. الأدوات: ساعة لضبط الوقت، وأوراق وأقلام، Laptop &projector.	• بعد الترحيب، السؤال عن التمرين السابق، لمن قاموا بتعليمه وكيف كانت النتائج. • لعب أدوار بمجموعات صغيرة مقسمة إلى (مجموعة أولاد فقط، ومجموعة بنات فقط، مجموعة أولاد وبنات) لتمثيل مواقف تنمر مختلفة يتعرض لها الطلبة وكيف يتعامل الضحية مع الموضوع 40: دقيقة. • تثقيف نفسي وتعليم الضحية مهارات جديدة للدفاع عن النفس، ولمن يلجأ الأطفال سواء كانوا في المدرسة أو خارجها عند التعرض للتنمر. • وحضور فيلم عن التنمر للأطفال ونقاشه: https://youtu.be/epsdWvw5--I 40 دقيقة. • تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء السابع	حل المشكلات اليومية البسيطة واتخاذ القرارات	• مناقشة المجموعة بمفهوم المشكلة. • مناقشة المجموعة بخطوات حل المشكلة. • مناقشة المجموعة بمفهوم اتخاذ القرارات. • مناقشة المجموعة بالعوامل المؤثرة في اتخاذ القرارات. الأدوات: ساعة لضبط الوقت.	• ترحيب، وعصف ذهني حول مفهوم المشكلة: 10 دقائق. • تمرين إحماء حول كيفية التعامل مع المشاكل بلعب أدوار بمجموعات، حيث تختار كل مجموعة موقف لمشكلة من حياتهم الحقيقية تعرضوا خلالها لمشكلة وكيف قاموا بمساعدة أنفسهم ، وسبب اتخاذهم لهذا القرار، ثم الطلب من الحضور التدخل بالنص لتحسين التدخل لحل المشكلة بناء على خطوات حل المشكلة: 40 دقيقة. • عرض عجل حل المشاكل (مُرفق) وعصف ذهني حول آلية استخدامه واتخاذ القرار المناسب للتدخل مع إعطاء أمثلة عن كيفية ومتى يمكن استخدام كل بديل، وإضافة البدائل التي تخرج من الطلاب. 35 دقيقة. • واجب بيتي: حل مشكلة حصلت خلال الأسبوع. تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء الثامن	التعامل مع المشاكل الكبيرة	• التفرقة بين المشكلة الكبيرة والمشكلة الصغيرة، وآلية التدخل. • التعامل مع الضغوطات اليومية ودعم الزملاء. • مناقشة المجموعة لخطوات وأساليب اتخاذ القرارات. الأدوات: ساعة لضبط الوقت، أوراق 3A، ألوان.	• الترحيب ونقاش الواجب، من حدث معه مشكلة واستطاع حلها، ومن لم يحدث معه مشكلة، ومن لم يستطع حلها. • البدء بمجموعات صغيرة باستخدام أوراق وأقلام للتفريق بين المشكلة الكبيرة والمشكلة الصغيرة مع كتابة أو رسم أمثلة عن كل نوع وآلية قرار حل المشكلة لكل نوع اعتماداً على عجل حل المشاكل، وكيف تكون النتائج: 30 دقيقة. • نقاش بشكل جماعي عن تجارب الطلبة للأسئلة التالية: لمن يلجأ الطلبة عند طلب المساعدة؟ هل كان هذا الشخص مفيداً؟ لماذا؟ 2. من يذهب مع الطلبة عندما يلجؤوا لطلب المساعدة؟3. ما ذا يمكننا أن نفعل لمساعدة شخص تعرض للعنف، أو يخشى أن يخبر أحداً بما حدث له، أو (لها) ؟ 5. هل مرت عليك لحظة شعرت فيها أنك ستتعرض لأذى أكبر؛ إذا قمت بالتحدث؛ ما ذا يمكنك أن تفعل؟ 30 دقيقة. • لعب أدوار لكيفية التعامل مع الضغوطات اليومية (عرض تجارب ومشاعر)، ثم وعرض تثقيفي عن الضغوطات الكبيرة كمقدمة لموضوع الأزمات. وما الذي ممكن عمله بحالة تعرضنا لضغوطات كبيرة أو رؤية شخص بحاجة للدعم والمساعدة: 30 دقيقة. • واجب بيتي: حل مشكلة شخصية، أو المساعدة في حل مشكلة. تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.

اللقاء	العنوان	الأهداف	النشاطات
اللقاء التاسع	التعامل مع الأزمات والصدمات	• التعبير عن المواقف الصعبة والتعامل معها. • تمكين الأطفال من الأمور التي يستطيعون السيطرة عليها، وعدم السماح للأوضاع الصعبة التي قد يعيشونها أن تحد من تطورهم. • التفكير بالأمل للمستقبل. الأدوات: ساعة لضبط الوقت، أوراق وألوان، بالونات	• ترحيب ونقاش الواجب البيت لحل المشكلة أو المساعدة بالحل وكيف كانت مشاعرهم: 15 دقيقة. • نقاش بمجموعات صغيرة، حيث يطلب من الأطفال إغماض أعينهم وتذكر المواقف الصعبة التي يعيشونها واهم الأشياء التي فقدوها والتي تغيرت في حياتهم في هذه الظروف ورسمها أو الكتابة عنها: ما الشيء العزيز الذي فقدته في حياتك ؟ ما الذي تغير في حياتك بعد هذا الفقدان أو التغيير ؟ ما الذي ترغب في حمايته أكثر في مرات القادمة؟ يتم طلب دعم المجموعة لبعضها البعض في إعطاء بدائل من تجاربهم الحياتية وما تعلموه في اللقاءات الماضية: 45 دقيقة. • فعالية البالونات، حيث يطلب من كل طفل اختيار بالون ونفخه وتخيله الأمر الذي يريد الحفاظ عليه بحياته ويطلب من الأطفال تطير البالونات والحفاظ عليها من السقوط لأكثر وقت ممكن والإنهاء بأخذ كل طفل بالون معه والكتابة علية رسالة لمن يريد أو رسمه: 30 دقيقة. تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء العاشر	المشاركة والتعاون مع الآخرين والدعم الاجتماعي. (تعزيز مفهوم توزيع الأدوار و المهمات في الفريق)، (كيفية العطاء والحصول على الدعم الاجتماعي من الآخرين، زملاء، ومعلمين، وأهل).	• تحديد الأدوار المختلفة داخل المجموعات ودور كل فرد. • إحساس أفراد المجموعة بالمسؤولية تجاه المجموعة. • تقبل الاختلاف. • التعبير عن الاحترام للأدوار التي يقوم بها الآخرون . • تحديد عمل جماعي والتخطيط له وتنفيذه بشكل جماعي. • مناقشة آلية العمل الجماعي أو العمل ضمن الفريق. الأدوات: ساعة لضبط الوقت، ومجلات، وبطاقات، وصمغ، وأقلام، وألوان.	• بعد الترحيب البدء بفعالية المقصوصات: العمل يكون بمجموعات صغيرة، حيث يتم توزيع الأدوار من خلال الأطفال أنفسهم على الفريق(من سيضبط الوقت، من سيكتب، من سيقوم بالأمور الفنية، من سيقرأ)، ويتم توزيع بعض الكتب و المجلات على الفريق، يتم الطلب من الفريق أن يقوم بقص بعض الصور من المجلات ليقوموا بتصميم شعار يعبر عن مجموعتهم، ثم إلصاق هذه الصور على ورق مقوى مع كتابة عنوﮟ لها: 35 دقيقة. • مناقشة البطاقات السابقة مع الفريق، وبعدها يتم العودة للمجموعة الكبيرة لعرض عمل المجموعة وكيف كانت تجربتهم بالعمل التعاوني والنقاش حول دور الآخرين معنا في دعمنا لروح الفريق: 15 دقيقة. • فعالية نصفي الآخر، حيث يتم كتابة بعض العبارات (كل عبارة على ورقة بخط كبير) ثم قص الورق من نصف العبارة، مثل(في الاتحاد...قوة/ يد واحدة... لا تصفق/ الديق وقت ... الضيق/ رب أخ لك ...لم تلد أمك/ احترم رأي... الآخرين/ أحترم قوانين...اللعبة/ أنادي من أجده...وحيداً للعب/ عندما أكون وحيداً... أطلب المساعدة/) ، ثم يتم توزيع العبارات التي تم قصها على الطلبة بحيث يحصل كل طالب/ة على عبارة بشكل عشوائي. من يجد تكملة عبارته ويعرف تكوين الجملة مع النصف الآخر يقولون (وجدنا نصفنا الآخر) ويقومون بتعليق الجملة على الحائط المقرر لذلك: 10 دقيقة. • ثم يتم إعطاء مدة خمسة دقائق لكل مجموعة لنقاش روح التعاون، مع من نتعاون، وكيف نتطلب المساعدة: 20 دقيقة. • تمرين بيتي: طلب مساعدة أو تقديم مساعدة لأحد ما. • تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء الحادي عشر	أنا أتحمل المسؤولية	☐نقاش جماعي حول موضوع المسؤولية في العمل الجماعي. ☐تعبير المجموعة حول المسؤوليات تجاه بعضهم البعض. ☐تعزيز النفس وإمدادها	• الترحيب ومشاركة الطلبة بالواجب البيتي(لمن قدموا المساعدة أو ممن طلبوها وكيف كانت النتائج):10 دقائق. • فعالية أتحمل المسؤولية، حيث تكون بمجموعات مصغرة كل مجموعة تأخذ موقف تناقشه وتعبر عن الحلول بالكتابة أو الرسم، يتم البدء بمقدمة للأطفال: "سوف نتكلم اليوم عن أن الأطفال الأذكياء مثلكم يختارون دائماً تحمل المسؤولية في كل ما يريدون القيام به. سنتكلم عن أطفال يحتاجون مساعدتكم ليختاروا التصرف الصحيح الذي يتحملون

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		بالطاقة الإيجابية.	فيه المسؤولية وأنتم ستساعدونهم. • يتم طلب قراءة أو شرح الموقف من المجموعة (1): "في ليلة كان أحمد يدرس لامتحان، عليه تقديمه غداً حين انطفأت الكهرباء. فهو بين خيار أن يستسلم للوضع ويقول لا أستطيع أن أدرس لعدم وجود كهرباء، وبين الخيار لتحمل المسؤولية والتفكير في طرق أخرى يدرس فيها. ساعدوا أحمد في اختيار تحمل المسؤولية والدراسة للامتحان". بعد الاستماع لإجابات الأطفال ومداخلات المجموعات الأخرى، يتم إضافة التالي في حال لم يذكره الأطفال: "يطلب من أبويه إعطاءه مصباحاً يدوياً أو أي مصدر للإضاءة موجوداً في المنزل، يقول لأبويه بلطف بأنه يود أن يدرس، ويستمع إذا كان لديهم فكرة ممكن تطبيقها، يتذكر الدرس الذي شرحته المعلمة ويراجعه في ذهنه، يتكلم مع إخوته الأكبر أو والديه عن موضوع الدرس لتكون لديه معلومات أكثر.
	الأدوات: ساعة لضبط الوقت، وأوراق، وأقلام، وألوان.		بعدها يتم قراءة الموقف (2): " ذهبت فرح إلى المدرسة وكان لديها مقلمة بها قلم، وممحاة، ومبراة، ومسطرة، حاولت مريم زميلة فرح سحب المسطرة بقوة لاستخدامها فانكسرت. وفي نفس اليوم أعطتهم المعلمة تمريناً يحتاجون فيه لعمل خطوط مستقيمة بالمسطرة. وهي بين خيار أن تستسلم للوضع تغضب وتقول مريم كسرت مسطرتي ولن أستطيع رسم الخطوط المستقيمة، وبين الخيار لتحمل المسؤولية وعمل التمرين الذي طلبته المعلمة. ساعدوا فرح في اختيار تحمل المسؤولية وعمل التمرين". بعد الاستماع إلى إجابات الأطفال ومداخلات المجموعات الأخرى، يتم إضافة التالي في حال لم يتم ذكره: "تطلب من زميلاتها إذا كان لديهن مسطرة إضافية تستطيع استعارتها، تستخدم القلم بدل المسطرة لعمل الخطوط المستقيمة، تتفق مع زميلتها بأن تستخدم مسطرتها بعد أن تنتهي منها.
			• " بعدها يتم قراءة الموقف (3): "لدى ياسر صديق عنيف يتكلم بصراخ، ويستخدم كلمات غير لائقة عندما يتحدث معه. فهو بين خيار أن يستسلم للوضع ويقول سأصرخ على صديقي واستخدم كلمات غير لائقة مثل تلك التي يستخدمها حين يتحدث معي، وسأكون عنيفاً معه، وبين الخيار لتحمل المسؤولية ويفكر في طرق أخرى للحديث مع صديقه بدون أن يتكلم بشكل غير جيد. ساعدوا أحمد في اختيار تحمل المسؤولية والكلام بأدب في كل الأحوال". بعد الاستماع لإجابات الأطفال يتم إضافة التالي في حال لم يذكره الأطفال: "يقرر بأنه يقوم بالعمل الصحيح دائماً وأن يكون مؤدباً هو العمل الصحيح، يعرف بأنه طفل ذكي لا يتكلم إلا بما هو جميل، يتكلم بالشيء الصحيح لأن هذا يساعد صديقه أكثر بأن يختار كلمات جيدة، يذكر نفسه بأنه طفل مؤدب ولا يصدر منه إلا ما هو مؤدب.
			• بعدها يتم إضافة الموقف (4): "شيماء طفلة تحب النظافة والترتيب ولكن إخوتها في البيت لا يهتمون بالنظافة والترتيب مثلها، وهي عادة تساعد والديها في أعمال البيت. فهي بين خيار أن تستسلم للوضع وتقول مادام أنّ إخوتي لا يهتمون لن أهتم أنا أيضاً، وبين الخيار لتحمل المسؤولية وتفكر في طرق تبقي المنزل نظيفاً ومرتباً بقدر الإمكان. ساعدوا شيماء في اختيار تحمل المسؤولية للنظافة والترتيب". بعد الاستماع لإجابات الطلبة يتم إضافة التالي في حال لم يذكره الأطفال: "تتأكد بأن تضع ملابسها وحاجياتها مرتبة في كل الحالات، تجعل غرفتها أو الزاوية المخصصة لها نظيفة ومرتبة دائماً، تساعد في ترتيب المنزل، تشجع أخوتها للنظافة والترتيب بمحبة ولطف.
		45 دقيقة	• تثقيف ونقاش حول مواقف معينة لتحمل المسؤولية بشكل فردي، أو

			جماعي.	

يتم توزيع أوراق وأقلام ملونة على الأطفال. ، يتم الطلب من الأطفال التعبير بالرسم والتوضيح لهم بقول: "كل منكم سيختار أوقاتاً تحمل المسؤولية. في أي وقت تحصل أشياء غير متوقعة عندما كان نريد أن ينجز عملاً ما. عبروا عن أنفسكم وأنتم تتحملون المسؤولية في حياتكم اليومية لتصلوا لحلمكم الجميل"، وبعد الانتهاء يتقدم كل واحد ويقف أمام المجموعة ويرفع رسمته ليراها الجميع ومن ثمّ يقول ما كان يريد التعبير عنه في الرسم: 25 دقيقة.

واجب بيتي: عمل شي ما تتحملون به المسؤولية.

● تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.

| اللقاء الثاني عشر | تقييم المفاهيم السلبية وتحويلها الى ايجابية | تقييم المفاهيم السلبية ومعالجتها الى ايجابية | □التطرق لأمثلة من أسلوب حياة المجموعة ومعالجتها بالصورة الايجابية.
التذكير باقتراب موعد انتهاء الجلسات.

الأدوات: ساعة لضبط الوقت،أوراق، أقلام، ألوان مائية، صحون ورقية دائرية سادة. | ● ترحيب وتذكير باقتراب موعد انتهاء الجلسات: 5دقائق.
● العمل بمجموعات صغيرة: كل مجموعة تأخذ ورقة كُتب عليها موقف أو رسمه تعبر عن المواقف، تتناقش به وتحول الأفكار التلقائية السلبية إلى إيجابية. يتم تسجيل جميع الأفكار الناتجة على لوحة وتقسيمها إلى سلبي وايجابي، وكذلك تسجيل الأفكار والمشاعر.
موقف رقم (1): بينما أنت تقف/ين في الساحة مرّ بجانبك صديق/ة تجاهلك.
الأفكار (التفسير) السلبية مقابل الإيجابية.
المشاعر الناتجة عن ذلك، الأحاسيس الجسدية الناتجة عن ذلك، السلوك الناتج.
موقف رقم (2): علي تسميع أو إلقاء قصيدة أمام المدرسة غداً.
الأفكار (التفسير) السلبية مقابل الإيجابية.
المشاعر الناتجة عن ذلك، الأحاسيس الجسدية الناتجة عن ذلك، السلوك الناتج.
موقف رقم (3): والديّ يقولون لأخي أنهم يحبوه لكنهم لا يقولون لي ذلك.
الأفكار (التفسير) السلبية مقابل الإيجابية.
المشاعر الناتجة عن ذلك، الأحاسيس الجسدية الناتجة عن ذلك، السلوك الناتج.
موقف رقم (4): طلبت إحدى المعلمات من زملائي المشاركة في نشاط مدرسي ولم تطلب منِّي.
الأفكار (التفسير) السلبية مقابل الإيجابية.
المشاعر الناتجة عن ذلك، الأحاسيس الجسدية الناتجة عن ذلك، السلوك الناتج. 40 دقيقة
● فعالية سلم التطور، بشكل جماعي يتم توزيع الصحون الورقية والأقلام، والألوان على الأطفال مع التوضيح: "كل طفل لديه حلم جميل وهو يستطيع تحقيقه بالتفكير والعمل"، يتم الطلب من الأطفال رسم حلمهم الجميل على الصحن الورقي الذي بين أيديهم. بعد الانتهاء من الرسم يقف الأطفال على شكل دائرة وحمل الصحن الورقي بأيديهم ويشرحوا عن حلمهم للمجموعة: 20 دقيقة.
● نقاش جماعي حول الأفكار الايجابية وتأثرها على الحياة مع الاستماع إلى أمثلة واقعية من حياة الطلبة ومما تعلموه.: 20 دقيقة.
● تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق. |

اللقاء الثالث عشر	الثالث	الثقة بالنفس	☐التدرب على تقبل وتقدير الذات. ☐مناقشة أهمية الثقة بالنفس في مواجهة المواقف والأحداث المتغيرة في الحياة. ☐التعبير عن نقاط القوة والضعف في ذاتهم الأدوات: ساعة لضبط الوقت، صندوق به مرآة، وأوراق، وأقلام، وألوان، عرض فيلم.	• ترحيب ومراجعة الواجب ألبيتي والمشاركة، والتنويه للطلبة بأن هذا مهم ومفيد لهم: 10 دقائق • تمرين إحماء ماذا أرى في الصندوق: يتم الطلب من الأطفال بشكل فردي النظر داخل صندوق حيث يكون به مرآة والطلب منهم التعبير عما رأوا داخله، ما رأيهم وأفكارهم بما رأوا، مشاعرهم تجاه ما رأوا (أكثر 3أمور يحبوها بما يروا، وأكثر أمر يزعجهم بما يروا، وكيف يجعلوا الأمر أفضل): 30 دقيقة. • مشاهدة فيلم للأطفال عن الثقة بالنفس ونقاشة: https://youtu.be/ghHnhw6XcmI 20 دقيقة. • بشكل فردي كل طفل يرسم أو يكتب عن موقف شعر به بالثقة ومن كان داعماً له بهذا الموقف ثم عرضه للمجموعة بثقة: 20 دقيقة. • تقييم وإنهاء بنقاش جماعي (ماذا تعلمنا من اليوم، وتلخيص للقاء): 10 دقائق.
اللقاء الرابع عشر	الرابع	إنهاء وتقييم (تهدئة مشاعر الأطفال وإغلاق الجلسة بجو آمن)	☐تعبئة الاستبيان ألبعدي تقييم مدى استفادة المشتركين/ات من المجموعة العلاجية. ☐مشاركة مشاعر الإنهاء وما بعد الإنهاء. الأدوات: أوراق، وأقلام، وألوان، ومسجل.	• الترحيب بالطلبة، تعبئة الاستبيان ألبعدي بمساعدة المعلمات: 40 دقيقة • تقييم بشكل جماعي اللقاءات وفعاليتها ومشاعر الإنهاء والانفصال وما بعد الإنهاء، تقييم دور الباحثة، تمرين مسك الأيدي بشكل دائري مع موسيقى لتمرير الطاقة الإيجابية بالضغط على اليد الممسوكة بحيث يتم تمرير الضغط على الأيدي (بشكل خفيف دون ألم) بين أفراد المجموعة كجسم واحد مع نفس عميق:40 دقيقة. • فعالية سحب من سلة بها أوراق صغيرة عليها أسماء جميع الطلبة ، الاسم الذي يسحبه كل طالب يكتب أو يرسم له شيء للذكرى ويعطيها لصاحب الاسم: 10 دقائق.

Annex (D)

Research ethics committee approval

Al-Quds University
Jerusalem
Deanship of Scientific Research

بسم الله الرحمن الرحيم

جامعة القدس
القدس
عمادة البحث العلمي

Research Ethics Committee
Committee's Decision Letter

Date: November 3, 2018
Ref No: 45/REC/2018

Dear Dr. Najah Al-Khatib, Adele Yousef Jaraiseh,

Thank you for submitting your application for research ethics approval. After reviewing your application entitled **"The effectiveness of psychosocial support and problem solving program on the resilience of the elementary students at the Friends Girls School."** the Research Ethics Committee confirms that it is in accordance with the research ethics guidelines at Al-Quds University.
Please inform us if there will be any changes in your research methodology, subjects, plan and

we would appreciate receiving a copy of your final research report.

Thank you again and wish you productive research that serves the best interest of your subjects.
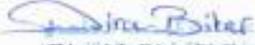
Dina M. Bitar PhD
Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President
Cc. Members of the committee
Cc. file