

Pilot Project – Evaluation of the Healing Trauma and Combating Hatred programme

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Abstract

This study evaluated students' subjective experience of the Healing Trauma Combating Hatred programme in order to discern how best to develop the programme for future delivery. Participants were 24 Palestinian students aged 7 to 18 years from Gaza schools. Students were randomly allocated to three focus groups with eight students stratified for gender from a population of over 4000 students who received the programme. Two experienced facilitators led the groups. A systematic thematic analysis approach was used to analyse the results. Students' responses indicated that students unanimously enjoyed the programme and that gains were diverse in nature, i.e. understanding of traumatic experiences, experiencing physical and emotional safety, capacity to share difficult experiences, emotional regulation, problem-solving, survival skills, communication skills, peer cooperation/support and the growth of hope for the future. Benefits were also reported in counsellors' responsiveness. The impact of the programme was explained in terms of addressing many of the symptoms of developmental trauma disorder and resilience building for children experiencing extended periods of conflict. The programme needs to include more playful activities and ensure the content is developmentally appropriate. Students requested that the programme be extended. The limitations of a small sample size and focus group methodology were highlighted with recommendations for future outcome evaluation.

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Introduction

Gaza has a population of 1.5 million with the sixth highest population density in the world, and a very young demographic with eighteen percent aged under 5 years (274 000 children). Gaza is an ongoing humanitarian disaster for both children and adults. At a macro level the infrastructure is crumbling with nearly eighty percent in deep poverty (UNRWA, 2009) with a correspondingly high infant mortality rate of 28.8 per thousand (Shaheen, 2008); a disintegrating health system under increasing demands with a shortage of drugs (UNRWA, 2009); poor sanitation; inadequate and limited water and inconsistent electricity and fuel supplies along with poor and intermittent access to foreign aid. In addition there have been high numbers of children who are and have been in detention, some of who have been tortured. Many children have lived their whole lives in refugee camps. Partly connected to the violence of the occupation is a high level of domestic violence within families (Al-Krenawi et al 2007). Further Gazans' experience the negative psychological impact of the geographical, political and religious separation between Gaza and the West Bank. This includes a restrictive way of life for women, pessimism for the future and family instability (Said, 2007).

In terms of the most recent conflict UNICEF (2009) figures on the 19th day of bombardment reported that 311 children had been killed and nearly four and a half thousand children were physically injured. Many homes had been destroyed or damaged and thousands of families had been displaced. Over thirty five thousand were reported to be seeking shelter. Since the bombardment ended no houses have been rebuilt with the erection of makeshift dwellings being made from mud bricks. Concerns continue to increase regarding land mines and unexploded ordinances. For many children there are no safe places and no way of fleeing the conflict because of the stone and metal boundaries around Gaza. In short the child population in Gaza, around 840,000 children, live under extreme stress and trauma-inducing conditions. Any understanding of the impact and resolution of trauma for children in Gaza therefore needs to be set within the context of violent occupation and the wider societal public health concerns.

Children in Gaza have experienced a wide range of cumulative traumatic experiences since 1948. Directly and indirectly children have experienced and witnessed beatings and the breaking of limbs, the use of tear gas, F16 bombings during the night and in daytime, house demolitions, spy drones in the sky, sniper firing often resulting in spinal injuries and military incursions (Thabet et al 2006). Over forty percent of children have lost at least one relative since the Intifada in 2000 (Horton, 2007). For children in Gaza the protective shield of childhood is fractured on a day by day basis.

Prevalence of symptoms

A growing number of studies over the past two decades indicate that not surprisingly, there is a high prevalence of mental disturbance in the Gazan population especially depression, anxiety and post-traumatic stress disorder (Mohit and Murthly, 2004). In

relation to children Thabet and Vostanis (1998) found in a sample of 237 nine to thirteen year olds, over a fifth self-reported significant levels of anxiety. Even more so their teachers identified just fewer than half the student population as a cause for concern. Older students, girls, students from low socio-economic backgrounds and those living in inner city areas or refugee camps were more at risk of displaying mental health problems.

A number of studies have looked specifically at the levels of PTSD in children. In a sample of 245 children Tamar and Solomon (2005) discovered that 37.1% of students aged sixth to ninth grade reported severe to very severe PTSD symptoms. Thabet and others reported an even higher prevalence of PTSD (65.5%). Again children from lower socio-economic families were more at risk but no sex difference was found. A wide range of other mental health concerns were also discovered. A third of children had emotional problems and a similar proportion displayed hyperactivity. Peer relationship difficulties were pervasive occurring within nearly seventy percent of the population. Teachers also reported problems in concentration and attainment. (Thabet et al 2006). Abdeen et al (2008), in evidencing the usefulness of school-based screening of PTSD with a Gaza subsample of 724 students, grades 9—11, also found somatic symptoms.

In addition to the physical expression of trauma and stress Horton (2007) reported very high levels of bedwetting and nightmares in children less than 11 years of age, i.e. around ninety percent. About fifty percent reported they were worried about their parents not being able to provide the basics of food, water, shelter and safety for them. For some children this leads to a questioning of parental authority. Other children respond to the ongoing situation of stress by identifying and indeed participating in violent resistance. For some children psychological identification and actions of resistance, rather than involvement in violence per se leads to increases in self esteem (Hein et al, 1993). In exploring the reasons for children's involvement in daily violent activity a range of reasons have been put forward. These have included the length of the occupation, the extent of detention, the death of family and friends and the concept of martyrdom, the restricted opportunities to develop in other ways and the desire for liberation (Abdullah, 2010).

Child trauma recovery programmes in Gaza

Internationally there has been a lack of robust evaluation of programmes which address children's wellbeing in situations of violent conflict and even fewer studies look at the maintenance and long term gains of programmes (Peltonen & Punamäki, 2009). Noonan et al (2009) recently reaffirmed that there continues to be a need to explore what works about programmes and Barron and Topping (2008) in exploring the delivery of violence prevention programmes highlighted the omission of children's own self-reports of their subjective experience.

Within Gaza, despite the chaotic and dangerous context a number of trauma recovery programmes covering a variety of approaches (Children and War Recovery Manual, Psycho-drama programmes, Cognitive Behavioural Therapy, Psycho-educative psychotherapy, Exposure therapy, trauma psycho-social programmes, cooperative games and dance) have been delivered in schools and in the community. Typically evaluation has been omitted as an aspect of programme delivery. Despite the exceptionally small amount of evaluation studies and the limited quality of studies

that have been conducted in Gaza findings suggests a range of different types of psycho-social programmes may help children cope better with their traumatic experiences (Thabet et al, 2008a,b; Palosaari et al, 2010). In addition to the unpredictable and devastating nature of the conflict, the limited societal awareness of the impact of trauma, the acceptance of new psycho-social concepts and the lack of access to training are just some of the reasons for the slow development and evaluation of psycho-social programmes in Gaza (Abdullah, 2010).

Current project

Given the early developmental nature of the Healing Trauma and Combating Hatred programme focus group methodology was selected as an initial and cost-effective way to measure children's experience of the programme, i.e. outcome evaluation could have stifled the development of a promising programme at this stage (Kreuger 1988; Race et al 1994). Focus group methodology has been effectively used previously in ascertaining children's views, beliefs and provides a developmentally and culturally appropriate experience to enable children to share their experiences, thoughts and feelings about the programme, both process and outcomes (Charlesworth and Rodwell, 1997). The evaluation was exploratory in nature; process based and sought to inform the future development of the project. This component of the evaluation complements the formative and summative evaluation conducted by CARE with the school counsellors.

Specifically, the focus group evaluation sought to:

1. Understand children's experience of the programme.
2. Discern children's thoughts and feelings during and after the programme.
3. Discover children's perceptions of their main learning.
4. Discover children strategies for assessing dangerous situations
5. Explore the immediate impact of the programme in children's lives in school, at home and in the community and
6. Uncover any negative consequences from programme participation.

The One to One Children's fund provided the funding for the delivery of the programme in Gaza and partial funding for the evaluation.

Methods

The programme

The first of three phases of delivering the Healing Trauma and Combating Hatred programme into Gaza schools began in September 2009. CARE developed the programme, provided the training for school counsellors and evaluated the impact of training. The aims of the programme included:

1. The healing of trauma and the building of resilience for students.
2. The raising of awareness in the educational system as to the devastating impact of collective trauma narratives on a population and
3. In the long term the fostering of a new generation of citizens who are able to overcome collective trauma and develop into leaders of a vibrant Palestinian civil society.

Students received at least 5 sessions of the programme. The methods used within the programme included information giving and the normalising of traumatic experience, discussion, story telling and the use of narrative, student self-expression, role-play, relaxation techniques and the opportunity to vent feelings. Students were taught in groups of ten. Students were selected for participation in the programme groups through a variety method, i.e. students who were displaying signs of traumatic stress were identified by school counsellors, school principals or by their parents.

Participant Sample

Participants for the evaluation were selected through random sampling and stratified sampling to ensure equal numbers of males and females from a possible student population of over 4000 aged 4 to 18 years whom received the Healing Trauma Combating Hatred programme. Schools' participation was negotiated through direct contact by Dr Abdullah through his strategic position with the Ministry of Education and his coordination of the delivery of the programme itself. There were 24 participants randomly allocated and stratified for gender across three focus groups with an age range of seven to 18 years. The average age was 12 years 2 months (12.01, 12.01 and 12.05 for focus groups one, two and three respectively). All students were of Palestinian nationality. Participants' socio-economic status and religion was unknown. In total students were drawn from 14 schools (six, four and four schools in focus group one, two and three respectively). All schools were UN single sex schools. Appendix 1 shows the number and grade of pupils across the three focus groups. Prior to conducting the evaluation the University of Dundee and CARE ethics procedures were followed (see Appendices 2 to 5).

Focus group sessions

Groups were run by two group facilitators. Both were CARE research assistants providing independence from the school counsellors. One facilitated questions while the other recorded students utterances. The second facilitator also ensured the lead facilitator covered all the questions and followed the protocols of running the groups. For consistency, the same two facilitators led all 3 groups. Facilitators were skilled and competent with facilitating groups in this age group. Sessions were held in school counsellors' offices or classrooms ensuring confidentiality and privacy for the groups.

Focus groups of eight students enabled an emotionally safe small group experience to be provided for students where an overload of information was avoided. All students were enabled to have their turn to speak. Sessions were conducted 4 weeks after the end of the programme delivery. Such a timescale enabled students to recollect their programme experience while giving time for experiencing the impact of programme in their lives in the short term. Sessions were 30 to 40 minutes long. This length of time was within the students' capacity to concentrate and provided sufficient time for the topics to be covered to be discussed at length if necessary. It was planned for the focus group sessions to be digitally recorded for transcription. However because of an intervention by Hamas recording was stopped 'due to security' reasons. Research assistants therefore recorded verbatim children's utterances and made a note of any significant non-verbal behaviour.

Structure and questions

The groups followed a set structure, i.e.

1. The purpose of the group was explained
2. Permission was requested to record students' responses verbatim
3. Facilitators and students were introduced to each other
4. The 6 questions were asked

What liked/disliked about the programme?

How feel during and after the programme?

What learned from the programme?

What is your strategy for dealing with dangerous situations?

What difference noticed in school, at home, in the community?

Any negative consequences of having taken part in the group?

5. Facilitators summarised group responses and thanked participants for their contribution. For reasons of consistency across the three groups facilitators were advised to be minimal in prompts following questions. Any prompts by facilitators were recorded.

Analysis of data

Each focus group transcription was translated into English by an experienced interpreter/translator. All three translations were further analysed for accuracy by the interpreter/translator with most experience. This enabled consistency of translation. Translated transcriptions were co-analysed by a UK and Palestinian researcher in order to accommodate any cultural nuances/meanings. Both were educational psychologists.

To aid analysis each student's full contribution was taken from the overall transcript and redrafted into tabular form. This was so the researchers could see at a glance each students' contribution within each groups' response to each question. Each student was assigned a number (1 to 3) for their focus group and assigned a letter (a-h) to record and track their contributions individually. An adapted 6 step systematic thematic analysis approach was used (Braun and Clarke, 2006) which added the rank ordering of initial codes and identified themes as part of the mapping process as well as making a comparison of analysis of the data with current theoretical understandings within the trauma literature (i.e. familiarisation of data, generating initial codes, searching for themes, rank ordering initial codes and reviewing themes, naming themes and connections to theoretical understanding and report writing). Across the three focus groups initial coding was first identified from analysing and identifying the patterns from each of the students' responses to each question. Themes were postulated from the initial codes, each initial coding was then rank ordered by frequency of statements within each theme and mapped for connectedness in meaning. This latter step sought to discern the degree of fit between the themes, initial coding and student statements with contemporary theoretical understandings in traumatic experience.

Results

Question 1a: What students liked about the program? (See table 1a).

Across all three focus groups, in total 11 initial codes were identified from 41 statements. These codings in order of frequency of statements were: 13 Enjoyable

interactive experiences (6 drawing); 8 Psycho-education (trauma); 6 Talking about experiences and feelings; 5 Social problem-solving; 4 Building cooperation; 3 Emotional safety; 3 Inclusion, 3 Skills for hyper-arousal, 3 Emotional regulation; 2 Building students internal capacity and 2 Counsellor qualities. The selective theme in which all these codings fitted into was identified as ‘Therapeutic experience’.

Insert Table 1a

Question 1b: What students said they disliked about the programme? (see table 1b)

Across all 3 focus groups, in total 8 initial codes were identified from 31 statements. These codings in order of frequency of statements were: 10 Nothing; 7 Insufficient time; 4 Subject relevance; 3 Lack of repetition; 2 Re-experiencing; 2 Difficult topics; 1 Limited playful activities; 1 Lack of gifts; 1 Wanting closer counsellor relationship. The selective theme in which all these codings fitted into was identified as ‘Aspects of program delivery’.

Table 1b: What did students say they disliked about the program?

No	Raw Data	Initial Coding
1	More time (1a/f/h) No repetition of the program (2a/2c/ 2d) Limited time (2h)	Insufficient time
2	Subjects that are too simple (1b) Some subjects not clear (1h/2f) Subjects related to my personal life (1b)	Subject relevance
3	Remembering traumatic events (1c) Repeat painful memories about painful memories faced (1g)	Re-experiencing trauma
4	Nothing (1d/2b/2e/3a/3b/3c/3e/3f/3g/3h)	Nothing
5	I don't like to talk about death (1g) I don't like to hear things about the isolation/ <i>occupation</i> (1e)	Difficult topics
6	Lack of playing and activity classes (3d)	Limited playful activities
7	There were no gifts (3d)	Lack of gifts
8	I want to improve my belonging love by counsellor (1a)	Wanting closer counsellor relationship

*1a-h = group one, student a to h; 2a-h = group two, student a to h; 3a-h = group 3, student a to h

Question 2a: How students felt before the program? (see table 2a)

Across all 3 focus groups, in total 9 initial codes were identified from 32 statements. These codings in order of frequency of statements were: 14 Experiencing negative feelings (9 fear; 4 anxiety, 2 tension, 2 aggression; 2 sad/tearful; 1 shame; 1 annoyed); 4 Seeking information to allay feelings; 4 No response; 3 Seeking understanding; 3 Negative impact of feelings; 2 Not understanding feelings; 2 Fear from harm; 1 Perceived counsellor gender bias and 1 Trauma symptoms. . The selective theme in which all these codings fitted into was identified as ‘Emotionally dys-regulated & lacking in understanding’.

Table 2a: How did students say they felt before the program?

No.	Raw data	Initial coding
1	I was in need for someone who can hear and understand me (1a) I was feeling I need to present specific subjects, especially that I heard it by TV and radio and I wasn't understood	Seeking understanding

	them (1b) Phobia from unknown things (2e)	
3	I was feeling afraid (1c) I was afraid (1f/2h) Scared (1d) Annoying (1e) I was feeling afraid (1g) I felt afraid, tense, anxious and aggressive (2a) I felt anxious, tearful (2b) I felt acute fear and sadness (2c) Anxious, aggression and (2d) I felt afraid Feel tense, fear, tension, stress, anxiety (3a) Feelings of shame (3b) Anxious (3c)	Experiencing negative feelings
	and I could not stop myself (2b) no desire to talk about war events (2d) nightmares, school problems (3a)	Negative impact of feelings
4	I did not understand subjects that we feel (1h) I was not able to understand things about what we feel (2f)	Not understanding feelings
5	<i>I was feeling afraid</i> and I need to know things I don't know (1c) <i>Scared</i> from unbeknown things (1d) <i>Annoying</i> and do not understanding some things (1e) <i>I felt afraid</i> and there are things I want to know (2g)	Seeking information and understanding to allay feelings
6	<i>I was afraid</i> from the abuse and I love the counsellor who is not using abuse (1f) I love the counsellor who makes good with us and <i>I was afraid</i> from punishment (2h)	Fear from harm

Question 2b: How did students feel after the program? (see table 2b)

Across all 3 focus groups, in total 12 initial codes were identified from 35 statements. These codings in order of frequency of statements were: 13 Emotional gains; 4 Understanding; 4 Expressing experiences and feelings; 3 Problem solving; 2 Social relationships; 3 Positive change in counsellor; 1 Resilience; 1 Being heard; 1 General improvement; 1 Negative consequence; 1 Decrease in symptoms and 1 New experiences. The selective theme in which all these codings fitted into was identified as 'Emotionally regulated with a sense of agency'.

Insert table 2b

Question 3: What students learned from the program? (see table 3)

Across all 3 focus groups, in total 14 initial codes were identified from 75 statements. These codings in order of frequency of statements were: 13 Problem-solving; 12 Emotional regulation; 11 Cooperation; 5 Communication skills; 4 Self-expression; 3 Encourage faith; 3 Future hope; 2 Moral development; 2 Positive self regard; 2 Physical safety; 1 New experiences; 1 Counsellor behaviour; 1 Appreciation of helpers; 1 Secrets and safety. The selective theme in which all these codings fitted into was identified as 'Pervasive personal and social development'.

Insert table 3

Question 4: Strategies for dealing with dangerous situations? (see table 4). Across all 3 focus groups, in total 14 initial codes were identified from 51 statements. These codings in order of frequency of statements were: 14 Avoiding dangers; 6 Being

attentive; 6 Problem-solving communication & non-violent responding; 5 Waking quickly; 5 Emotional dys-regulation strategies; 4 Managing emotions and problem-solving; 2 Peer support; 2 Making emergency calls; 2 Appropriate behaviour; 2 Prepared for future dangers; 1 Protection from suspects; 1 range of skills for traumatic situations and 1 Commitment to use strategies. The selective theme in which all these codings fitted into was identified as ‘Anticipatory and de-escalatory strategies’.

Insert table 4

Question 5a: Differences noticed at school? (see table 5a)

Across all 3 focus groups, in total 16 initial codes were identified from 37 statements. These codings in order of frequency of statements were: 7 Problem-solving; 6 Self control from fear and anger; 3 Supportive school strategies; 3 Love of school; 3 Educational attainments; 3 Peer support; 2 Developing life skills; 2 Counsellor relationship; 1 Less conflict; 1 Hopeful perspective; 1 Enjoyable activities with peers & expressing feelings; 1 Change in lives; 1 Behaviour change; 1 Focused training for staff; 1 Parental involvement and 1 Access to relevant papers. The selective theme in which all these codings fitted into was identified as ‘Growthful school experience’.

Table 5a: What behavioural differences did students say they noticed at school?

No	Raw data	Initial coding
1	Less trouble (1a)	Less conflict
2	When we use dialogue violence decreases (1a) We behave properly and solve things in a conscious way (1b) The ability to solve problems more than home (1d) I can solve problems more than home (2e) There are educational ways to solve problems , treat behavioural things and others (1c) Solving problems in pedagogical way and guiding behaviours and others (1g) The increase of solving problems in school (1e)	Problem-solving
3	There is someone who cares about my feelings (1f) At school they use venting with me, dialogue and do not beat (1g) The teacher and the counsellors help (3g)	Supportive school strategies
4	Clear behavioural change that I can control myself (2a) I am controlling myself when I am crying (2b) Ability to control anger (2d) What we got is helping us control our fear and stop it (2f) They help us to stop fear quickly (2h) Helping us to end frightening situations (1h)	Self control from fear and anger
5	Respect and help others (2a) Love for share and dare? (2c) We learned how to support each other in such educational problems affected by trauma and the war in Gaza (3b)	Peer support
6	Be optimistic (2a)	Hopeful perspective
7	Improving my educational level (2a) I have motivation inside school (2c) Motivation to learn and hear (2d)	Educational attainment
8	We love school because we learn lot of things that can help us in life (3e) We learn life skills (3c)	Developing life skills
9	The focus was on the psychological aspect and giving chance to draw, having fun, doing plays, group games, work as a team, and to have special classes for having fun and	Enjoyable activities with peers & expressing feelings

	expressing feelings without education. (3a)	
10	The program affects school by making change in our lives (3d)	Change in lives
11	Changing some of negative behaviours (3d)	Behaviour change
12	The positive things: the counsellor made meetings for parents (3d)	Parental involvement
13	<i>The counsellor</i> called mental health professors, and some associations to do workshops for teachers and students about violence, the behavioural problems and trauma (3d)	Focused training for staff
14	<i>We love school because the counsellor is closer to us now (3h)</i> <i>I love my school because I love the counsellor and I wish if we can continue for more hours to play with our friends because that not allowed at home (3g)</i> <i>We love school because we learn lot of things that can help us in life (3e)</i>	Love of school
15	We love school because the counsellor is closer to us now (3h) I love my school because I love the counsellor and I wish if we can continue for more hours to play with our friends because that not allowed at home (3g)	Counsellor relationship
16	<i>The counsellor</i> separated related papers	Access to relevant papers?

*italics = repeat statement

Question 5b: Differences noticed in society (see table 5b)

Across all 3 focus groups, in total 8 initial codes were identified from 19 statements. These codings in order of frequency of statements were: 5 Friendship; 4 Suffering and society; 4 Descriptions of negative behaviour; 2 Awareness of neighbourhood dangers; 1 No change; 1 Less shame personally; 1 Personal optimism and 1 Support services. The selective theme in which all these codings fitted into was identified as 'Increasing social connectedness within fractured society'.

Table 5b: What behavioural differences did students say they noticed in Society?

No	Raw data	Initial coding
1	Problems are more in society (1a) Full of problems (1f) Society is divided (3c) It is only with peers and relatives and there is nothing can decrease our real suffering (3a)	Suffering and society
2	In the street I talk without shame (1b)	Less shame personally
3	Home and society, there is differences between them because there is no training, the use of habits and norms and do not depend on change (1b)	No change
4	Bad words and others (1c) Bad words (1g) Friends make troubles (1h) Bad words and others (2g)	Descriptions of negative behaviour
5	I have friendship relations now (2b) Have friends (2c) I have close relationships (2d) I have groups of friends (1e) We love the place where we live because we have friends (3e)	Friendship
6	Feeling optimistic and satisfaction (2c)	Personal optimism
7	(We need awareness) neighbours children (2e) Neighbour children problems (3h)	Awareness of neighbourhood dangers
8	There are social and psychological associations that help us (3g)	Support services

Question 5c: Differences noticed at home? (see table 5c)

Across all 3 focus groups, in total 11 initial codes were identified from 21 statements. These codings in order of frequency of statements were: 4 Parental violence; 4 More parental attention; 2 Understanding family; 2 Improved family relationships; 2 Awareness; 2 More at ease; 1 More affectionate; 1 Recognising family emotionality; 1 Improved parenting; 1 Lack of parental control and 1 No difference. The selective theme in which all these codings fitted into was identified as ‘Coping in adverse family circumstances’.

Table 5c: What behavioural differences did students say they noticed at home?

No	Raw data	Initial coding
1	The family behaves emotionally in the home (1a)	Recognising family emotionality
2	Home and society, there are differences between them because there is no training, the use of habits and norms and do not depend on change (1b) – <i>repeat statement</i>	No difference
3	At home the use of violence (1c) (compared to school) in addition violence increases and strange parents behaviour (1d) When violence increases ... and parents behaving badly (2e) Violence at home (2g)	Parental violence
4	While there is an ignorance at home by the busy father and the under educated mother that she can't control home (3c)	Lack of parental control
5	At home we need to be aware as we can (1h) We need awareness (2e)	Awareness
6	Silent and loving (1f)	Self more affectionate
7	Better handling (1g)	Improved parenting
8	I have friendship relations now and I care about family(2b) I have close relationships (2d)	Improved family relationships
9	I have the ability to understand my family (2c) We need to understand things as we can (2h)	Understanding of family
10	Parents started to give from their time trying to find places to do activities that remove our tension. (3a) Parents started to come to school to ask about us (3h) Parents help us (3g) We love home because parents started to come to school to ask about us (3h)	More parental attention
11	Go home to relax, play with sisters and brothers and do homework's 3(e) I forget my troubles (1e)	More at ease

Pattern of gains across the first five questions

When open codings were rank ordered for frequency of statements across all six questions, the most frequently mentioned gains by students were as follows:

Question 6 Negative consequences? (see table 6)

Across all 3 focus groups, in total 13 initial codes were identified from 42 statements. These codings in order of frequency of statements were: 8 Not enough games; 8 Short program duration; 6 No negative impact; 3 Not enough reflection time; 3 Lack of home support; 3 Resources (staffing & tools); 2 Need for counselling schedule; 2 Limited student awareness; 1 Gratitude; 1 Lack of follow-up; 1 Re-triggered trauma; 1 Requesting peer support and 1 Counsellor talk more widely. The selective theme in

which all these codings fitted into was identified as ‘Aspects of program delivery and follow-up’.

Table 6: Students reports of any negative consequences as a result of experiencing the program

No	Raw data	Initial coding
1	Lack of awareness of all students (1a) Not enough student awareness (2b)	Limited student awareness
2	Limited programs (1a/3a) Lack of meetings (1d/e) Lack of time (1d/1e) Lack of interesting games (1g) The negative reflections are not continuing giving psychological support for long time (3a)	Short program duration
3	Lack of number of guides in schools (1d) Lack of counsellors in school (1e) There are invisible things like the lack of tools that help the counsellor (3b)	Resources (staffing and tools)
4	We need counselling schedule (1b) Need counselling schedule - special class (2b)	Need for counselling schedule
5	We need new topics like arts and paintings (1c) There is no drama (1f/h) I want to play (1f) Lack of useful stories (1g/h) We need new topics such as posters and drama (2g) We need to vent by games (2h)	Not enough games
6	I feel I need the counsellor to talk widely (1e)	Counsellor talk more widely
7	I want to show ... others I need them (1f)	Requesting peer support
8	I felt not enough reflecting in the program (2a) Not enough reflecting in the program (2c) Not enough reflecting in the program – we need more (2d)	Not enough reflection time
9	Crying when I remember some events – nightmares – acute fear (1f)	Re-triggered trauma
10	Lack of follow-up from the counsellor after the program (3a)	Lack of follow-up
11	The program works in school not completed at home with parents (3a) Generalising experience and benefit (1b) I wish if the counsellor help us at home (3f)	Lack of home support
12	The program has no large negative results (3b) All things in the program are positive (3c) Everything is positive (3d/3e) There are no negative things in the program (3g/h)	No negative impact
13	We are happy to have such opportunity (3h)	Gratitude

Discussion

As a group students’ reported that they enjoyed the experience of being part of the Healing Trauma Combating Hatred programme. Students’ communicated a diversity of factors that could be characterised as ‘good therapeutic experience’, i.e. a context of safety appears to have been established where students’ felt included and empowered to share their traumatic experiences and feelings. Students’ valued gaining an understanding of what was a normal reaction to trauma as well as being helped to regulate emotion, especially anxiety. The programme seems to have grown students’ understanding of cooperating and supporting each other along with their

confidence in solving problems. Interestingly students' noticed changes in their school counsellors such as fairness and responsiveness and some following the programme wished to build a closer emotional relationship with their counsellor.

Although fewer than half found nothing they disliked about the programme there was a clear pattern to other students' responses in relation to how the programme was delivered. These included curricular relevance to students' individual circumstances, sufficient repetition of content, especially with difficult topics, and more opportunities for fun activities. As anticipated a caution with such programmes was that for some students traumatic experiences can be re-triggered by the material.

Prior to the programme many students' reported being emotionally dys-regulated and not understanding what was happening to them. Students' reported a variety of disturbing emotions such as fear, anxiety, aggression, sadness and shame. Following participation in the programme students' responses were very different and could be characterised by students' reporting a better understanding of their experiences and feelings and their ability to express these, a growing sense of control over their emotions, a reduction in trauma related symptoms and gains in their capacity to engage in social relationships and problem solving. In short students were reporting themselves to be more resilient.

Across questions there was a high degree of commonality in terms of student gains thus affirming students' responses. Lessons learned from the programme for students included their ability to problem-solve, express and manage their emotions, communicate and cooperate with others. Importantly the programme seems to have led to an increase in deeper levels of understanding. These included experiencing a sense of safety, discovering hope for the future, a bolstering of theirs and others faith, growth in self esteem and moral development. In other words students seemed to have experienced pervasive personal and social development.

Students were asked how they responded to dangerous situations. Within the evaluative design there was no way to know whether students responses had changed or not as a result of the programme, Students' responses however could be summarised as anticipatory and de-escalatory in the face of danger. It would appear that students were at least reporting their awareness of being attentive to the signs of danger, their intention to avoid dangerous people and situations and their commitment to managing their emotions and resolve conflict with communication and problem-solving strategies rather than violence. Perhaps not surprisingly given the jetfighter night raids students displayed a high level of awareness of waking quickly. A small number of students reflected on how their own behaviour could cause difficulties and how this needed to change.

Responses indicated that students' recognised that the Healing Trauma Combating Hatred programme led to benefits in school. Students' experienced a greater love of school and felt more supported by school and peers. There was more problem-solving and less conflict and more generally students' experienced the development of life skills with a more hopeful perspective. Indications are that the program may also be helpful in encouraging parental involvement in student support.

Although there were some benefits mentioned with regards to the programmes impact on students experience in society, most responses indicated that students felt that they had little control over what happened beyond the school gates. In addition students' indicated they experienced suffering for what was happening in their society. This is perhaps an accurate perception given the context. Students however reported that increases in friendship, being more optimistic, no longer feeling shame and being aware of support services were beneficial gains for them in being in the community. Some students' reported they were more aware of the dangers in their community. It may be that one of the benefits of the program is the sense of social connectedness it creates for some students within a fractured society.

Students' responses indicated that many of them were coping with adverse family situations at home often involving violence. The degree to which students' felt any control over this was perhaps appropriately limited given the issue of adult power within the home setting. Students did however report some benefits including getting more attention from parents, being more aware especially of family emotionality and understanding their family more, better family relationships and potentially improved parenting. Some students' reported feeling more at ease in the home and more affectionate towards their family.

Often evaluations of programmes omit exploring whether programmes have negative consequences for participants. When students were asked this question about the Healing Trauma Combating Hatred programme there were clear themes which emerged which were closely connected to students' responses to question two, i.e. what did students dislike about the programme. In response to the former question students' responses indicated that certain aspects of the delivery were negative for them. Students clearly felt the programme was too short needing more fun activities and extended scheduling. Connected to this may be students' expressed need for more reflection time and students' need for follow up and peer support. For just under a third there were no negative consequences. Some students spontaneously expressed their appreciation and gratitude for the programme. One student reported re-experiencing trauma as a result of the content. Students who were triggered by the material received individualised support from their school counsellors.

Theoretical orientation

As part of the analysis of the data consideration was given to the matching of students' reported benefitted experience with contemporary theory within the field of trauma. The initial and selective coding was considered to go well beyond the narrow dimensions of PTSD fitting better with addressing some of the symptoms of Bessel van der Kolk's (2005) proposed Developmental Trauma Disorder (DTD) as well as Resiliency theory. With regards to DTD indications are that the program has the potential to address students' foreshortened sense of the future, the feeling of nowhere in the world being safe, not being able to trust, inferring hostility from peers where there is none, blocked empathy and being violent and harming others. The focus groups produced no data to make a judgement on whether the programme addressed students self-harming behaviour, problems with sex and sexuality and the risk of being re-victimised in adult life.

Resiliency theory is a complex topic particularly in relation to children and war (Punamäki, 2006). Resiliency can be defined as the ability to adapt, overcome

hardships and trauma and continue to develop despite adversity (Rutter, 1985; Masten and Coatsworth, 1998; Werner, 1993), in other words the ability to bounce back from adversity. From students' statements and the clustering to initial codes and selective themes it appears that the program has the capacity to contribute to building students' resilience in a variety of ways. Principally the programme is teaching children to address three core aspects of resiliency (Daniel and Wassell, 2002). Firstly to feel secure within them-selves and within the context of their peer group, secondly to gain a sense of competence and confidence in social problem solving and to a lesser reported extent to grow their sense of competence and confidence academically.

Methodological limitations

It is important to consider the limitations of the method used in this evaluation. While focus groups are effective in discovering students subjective experiences of programmes the generalisability of such findings are exploratory and tentative. Limitations include a small sample size which may not be representativeness of the wider student population; students' responses also cannot be seen as independent of each other as within groups' students influence each others contributions to varying degrees (there was no report of whether there were dominant members skewing responses). Students' responses therefore need to be interpreted as a whole group response to the programme. Groups and students contributions are also open to influence by the group facilitators. It is also possible that bias was introduced through facilitators recording of the sessions as recording verbatim accurately is difficult to do and may be error prone. Although the translations were double checked for accuracy another layer of potential bias was through the nature of interpretation/translation of the groups transcripts.

Finally the subjective dimension of thematic analysis is both its strength and weakness. The analysis and coding was conducted by two educational psychologists and although one was British and the other Palestinian there may have been an overly educational and community oriented interpretation of students' statements. Of surprise was the lack of difference in conceptualising trauma in both the East and West. This may have been connected to the commonality of professional knowledge base. Likewise the utilisation of theoretical comparison on the one hand may have helped to focus the meaning of the data but may also have constrained other potential insights from a more broad based analysis.

Conclusion

Indications are that the Healing Trauma Combating Hatred programme may be a highly effective programme. Students' responses were predominantly positive and suggested a very wide range of gains and benefits – more akin to addressing Bessel van der Kolk's developmental trauma disorder than simple PTSD. Further students' responses are also in line with more resilience building models for children who are in situations of ongoing stress and trauma. Many students clearly benefitted from the programme and evaluative responses were sufficiently concrete to identify changes to the delivery of the programme for the future.

Recommendations for future programme implementation

1. The number of sessions within the programme needs to be extended and scheduled into students' school day.

2. More game type activities for learning and more time for reflection should be built into the delivery of the curriculum.
3. The programme should check with students that peer support is in fact occurring for all students.
4. Active parental involvement should be incorporated into programme delivery. Parent training sessions may need to be designed, delivered and evaluated.
5. Counsellors need to remain alert to students being triggered by the material and responsive in providing timely support.
6. Follow-up and booster sessions should be considered as part of the programme.
7. The programme should be reviewed to assess the extent to which the symptoms within developmental trauma disorder are addressed.
8. Training for counsellors should be extended within Gaza. In addition counsellors continuing professional development in order to continue to deliver the programme should be planned for.
9. Consideration should be given to training counsellors in the programme for delivery across the West Bank

Recommendations for future evaluation

1. The next level of evaluation should focus on programme fidelity and programme outcomes both in the short and long term.
2. A measure of cost-effectiveness should be built in to discern the minimum cost for the maximum benefit
3. A more robust research evaluation should be utilised incorporating pre and post-test measures within an intervention/comparison group design.
4. A larger more representative sample size should be utilised.
5. The findings of the evaluation should be disseminated through peer reviewed journal publication and the delivery of conference papers by the co-authors.

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Appendices

Appendix 1: Focus group and grade

Grade & group	2 nd 7-8y	3 rd 8-9y	4 th 9-10y	5 th 10-11y	6 th 11-12y	9 th Freshman 14-15y	11 th Junior 16-17y	12 th Senior 17-18y	Totals
1	1	1	1		1	2		2	8
2	1	1	1		1	2		2	8
3			1	1	2	2	1	1	8
Total	2	2	3	1	4	6	1	5	24

Appendix 2: Ethics procedures

Information was provided for participants and their parents or those who had legal guardianship of the young people. Consent required active permission giving by both the parents and the young people through signing a consent form. Prior to considering involvement in the focus group young people and parents were given a verbal briefing session by the school counsellor and written information to facilitate their choice of informed consent. Following the evaluation all young people and parents will receive a summary of the outcomes of the findings. Ethics protocols were completed through the University of Dundee and CARE. Any children identified as struggling were invited to receive individualised support. Number.....

There were a number of ethical considerations to this project. Firstly, participation in a focus group where the focus is on students' experience of a programme which seeks to heal traumatic experiences could potentially trigger anxiety or traumatic symptoms for young people. As such both research assistants were experienced in stabilising trauma symptoms in both the individual and group settings. Questions were specifically left open-ended to avoid triggering such responses. Research assistants were experienced in establishing emotional safety within a group setting in the first place. Further research assistants explicitly checked with the young people how they are feeling both during and after the group. Teachers, school counsellors and parents were asked to check how their students/child was feeling. School counsellors were be ready to provide support if this occurred.

Secondly, it was possible that the focus groups may have led to the further identification of students requiring therapeutic input for their traumatic symptoms (consequences of political &/or domestic violence) not picked up within the class lesson settings. A partnership was established with EMDR HAP (Eye Movement Desensitisation Reprocessing Humanitarian Assistance Programme – the world leaders in responding to trauma and disasters) to provide EMDR (evidence based approach to trauma recommended by the National Institute of Clinical Excellence) for individual students where necessary. This was an expected outcome from the programme itself.

Thirdly, it was always possible that there could have been a small number of disclosures of abuse as a result of the programmes which may have emerged within the more intimate context of the focus group. Research assistants were aware of this possibility and responded to any disclosure in a supportive way and by following Ministry of Education guidelines in Gaza.

Appendix 3: Informed Consent form

TITLE OF PROJECT:

Pilot Project - Evaluation of the Healing Trauma and Combating Hatred programme
As you know the Healing Trauma and Combating Hatred programme is being delivered by school counsellors throughout Gaza schools trained by the Centre for Applied Research in Education (CARE). The University of Dundee has been asked to evaluate children's experience of the delivery of the programme.

The evaluation will involve three groups of eight children who will be asked to share their experiences of receiving the programme. Each group will experience one session lasting half an hour. During the session children will be asked to share their thoughts and feelings on how they experienced the programme both during and after the lessons, what they learned and how the programme could be improved for the future. The focus groups will be held 2 weeks after the completing of the programme lessons and facilitated by two CARE research assistants. The focus groups will be held in your child's school. The session will be audio recorded.

All recorded information from the groups will be anonymous and securely held at the Centre for Applied Research in Education Ramallah. The tapes will be sent to the University of Dundee to be analysed, where the tapes will again be securely held in locked cabinets. All tapes will be held for three years and then destroyed. At a later stage an academic paper will be written outlining the findings of the evaluation. A summary paper of the findings will be provided to all young people, schools and parents.

By signing below you are agreeing that you have read and understood the Participant Information Sheet and that you agree to take part in this research study.

Participant's (Young Person's) signature Date
.....

Parent/Carer's signature

Printed name of person obtaining consent

Signature of person obtaining consent

NOTE: The Consent Form should normally be separate from the Participant Information Sheet so that the participant has something they can keep.

Appendix 4: Participant Information Sheet (parents)

TITLE OF PROJECT

Pilot Project - Pilot Project - Evaluation of the Healing Trauma and Combating Hatred programme

INVITATION TO TAKE PART IN A RESEARCH STUDY

My name is Dr Ian Barron. I am a qualified Educational Psychologist and lecturer in the School of Education, Social Work and Community Education at the University of Dundee, Scotland. I have been asked by Dr Ghassan Abdullah at the Centre for Applied Research in Education, Ramallah and the One to One Children Fund,

England to evaluate the delivery of the Healing Trauma and Combating Hatred programme which is currently being delivered across Gaza schools.

PURPOSE OF THE RESEARCH STUDY

The evaluation seeks to assess children's experience of the Healing Trauma and Combating Hatred programme and to learn from these experiences in order to inform future development of the programme in Gaza schools.

This evaluation will involve your son/daughter being in a group with seven other pupils where their thoughts and feeling about the programme will be shared with each other. The evaluation session will last 30 minutes and will be facilitated by two experience CARE research assistants. The session will be audio recorded. Students will be asked what they liked best/least about the lessons, what they learned, and what could improve the lessons. The session will be held 2 weeks after the programme lessons have finished. Students will therefore be asked what impact the lessons have had within this time.

TIME COMMITMENT

The evaluation session will be built into the school day and will occur within a classroom within the school.

TERMINATION OF PARTICIPATION

Your son/daughter may decide to stop being a part of the evaluation at any time without explanation.

RISKS

There is a long history of using focus groups as a method of evaluation in and other studies have applied this method with children. There have ben no reported negative effects. It is possible that a little anxiety may be generated by simply attending and/or participating in the focus group. You are simply requested to ask how your child is feeling after the session and support your child if necessary. If you are concerned please approach your school counsellor for support.

For a small number involvement in the evaluation will lead to the identification of individual therapeutic needs. With you and your child's permission a referral can be made to EMDR HAP (Eye Movement Desensitisation Processing Humanitarian Assistance Program) for individual support. EMDR is an evidenced base approach to resolving trauma.

Finally if a young person shares that they have been harmed the school counsellor will provide individual support and if appropriate follow school procedures for children's safety.

COST, REIMBURSEMENT AND COMPENSATION

There are no costs for you or your child in being involved in the evaluation.

CONFIDENTIALITY/ANONYMITY

We do not collect any personal information about you or your child and session are recorded anonymously. No one will be able to link the data provided to you or your son/daughter's identity and name. The audio recorded information will kept in a

locked cupboard at CARE and will be destroyed after three years from the beginning of the project. At a later stage an academic paper will be written outlining the findings of the evaluation. A summary paper of the findings will be provided to all young people and parents.

FOR FURTHER INFORMATION ABOUT THIS RESEARCH STUDY

1. Dr Ghassan Abdullah is available to answer any questions you may have. You can contact him at CARE, P.O.Box 17421 Jerusalem. Tel. 00972505408034
2. Dr Ian Barron will be glad to answer your questions about this study at any time, email i.g.z.barron@dundee.ac.uk.

The University Research Ethics Committee of the University of Dundee has reviewed and approved this research study.

Appendix 5: Participant Information Sheet (students)

TITLE OF PROJECT

Pilot Project - Pilot Project - Evaluation of the Healing Trauma and Combating Hatred programme

INVITATION TO TAKE PART IN A RESEARCH STUDY

My name is Dr Ian Barron. I am a qualified Educational Psychologist and lecturer in the School of Education, Social Work and Community Education at the University of Dundee, Scotland. I have been asked by Dr Ghassan Abdullah at the Centre for Applied Research in Education, Ramallah and the One to One Children Fund, England to evaluate the delivery of the Healing Trauma and Combating Hatred programme which is currently being delivered in Gaza schools.

PURPOSE OF THE RESEARCH STUDY

The evaluation seeks to assess your experience of the Healing Trauma and Combating Hatred programme and to learn from your experiences in order to inform future development of the programme in Gaza schools.

This evaluation will involve you being in a group with seven other pupils where your thoughts and feeling about the programme will be shared with each other. The evaluation session will last 30 minutes and will be facilitated by two experienced CARE research assistants. The session will be audio recorded. You will be asked what you liked best/least about the lessons, what you learned, and what you think could improve the lessons. The session will be held 2 weeks after the programme lessons have finished. You will be asked what impact the lessons have had for you (if any) within this time.

TIME COMMITMENT

The evaluation session will be built into the school day and will occur within a classroom within the school. Only the other students will hear your thoughts and feeling about the programme and you will hear theirs.

TERMINATION OF PARTICIPATION

You may decide to stop being a part of the evaluation at any time without having to tell us why.

RISKS

Focus groups are often used for evaluations and there have not been reported negative effects for students. It is possible that you or other students may feel a little anxiety by simply attending and/or participating in the focus group. If this happens to you simply let the research assistant know at the time, or tell your teacher, school counsellor or parent/carer later.

For a small number involvement in the evaluation will lead to the identification of individual therapeutic needs. With your permission a referral could be made for individual support.

Finally if you share that you have been harmed the research assistant, teacher or school counsellor will provide individual support and if appropriate follow school procedures for children's safety.

COST, REIMBURSEMENT AND COMPENSATION

There are no costs for you in being involved in the evaluation.

CONFIDENTIALITY/ANONYMITY

We do not collect any personal information about you and the session is recorded anonymously. No one will be able to link the data provided to your name. The audio recorded information will be kept in a locked cupboard at CARE and will be destroyed after three years from the beginning of the project. At a later stage an academic paper will be written outlining the findings of the evaluation. A summary paper of the findings will be provided to all young people and parents.

FOR FURTHER INFORMATION ABOUT THIS RESEARCH STUDY

1. Dr Ghassan Abdullah is available to answer any questions you may have. You can contact him at CARE, P.O.Box 17421 Jerusalem. Tel. 00972505408034
2. Dr Ian Barron will be glad to answer your questions about this study at any time, email i.g.z.barron@dundee.ac.uk.

The University Research Ethics Committee of the University of Dundee has reviewed and approved this research study.

Table 1a: What the students liked about the program

No.	Raw Data	Initial Coding
1	Learned have strong will and capacity(1a) Counsellor supported our capacity (1d)	Building internal capacity
2	Learned concepts (1a) What is trauma (1e) Learned norms (1a) Counsellor talked about trauma (1a) The counsellor talked about trauma and fear so we have finished all our private matters (1c) The counsellor talked about trauma, fear and expressed our internal things (2g) Utterance inside the meeting about war actions that I experienced (2b) Counsellor gave attention to our problems (3c)	Counsellor validating and normalising traumatic reactions and experiences through psycho-education
3	Throw away violence (1a) She (counsellor) stimulated us to cooperate (1a) He built to love of cooperation (1d) How to deal with things as a team (2c)	Building cooperation
4	Don't be afraid from Jews (1e) I started feeling safe without fear (1d) I feel safe and not afraid (2e)	Experiencing emotional safety
5	I got relaxed (2a) Relaxation (2d/3b)	Skills for hyper-arousal
6	We drew and played (1e/g) Drama and drawing (1h/2f) Drawing, some activities (2a) Drawing and some fun activities (2c/d) Activities, stories, drawing, plays, psychodrama, writing and writing stories (3a) Plays songs school activities and safe umbrella (3f) Play, draw and gifts (3h)	Enjoyable interactive activities
7	She makes us equal Without interruption or separation (1f) None separation and interruption in the team (2h)	Inclusion
8	Psychological support (3b) Counsellor helped us by using various activities decreasing the psychological effects after the Gaza war (3d) Decrease the tension after Gaza's war (3g)	Emotional regulation

9	Stimulating dialogue (1a) Used substantive dialogue not with violence (1b) I quietly talked about violence (1b) Emotional venting (3b) Counsellor helped us vent all the things and the actions in our lives (3c) Help us to talk (3h)	Talking about experiences and feelings
10	New skills to solve problems after trauma (3b) Showed the pros and cons of some of the things (1b) Solving conflicts and how to do with <i>peers</i> (1d) Helps with behavioural problems (3b) Counsellor gave us needed advice to prevent from mistakes (3e)	Social problem-solving
11	We loved the counsellor because he played with us (3e) I love the counsellor who helps, explain the mistakes and plays with us ... (3f)	Counsellor qualities

*1a-h = group one, student a to h; 2a-h = group two, student a to h; 3a-h = group 3, student a to h

Table 2b: How did students say they felt *after* the program?

No	Raw data	Initial coding
1	The ability to solve problems increased (1a) to solve problems by several activities and educational games (3d) – <i>repeat statement</i> how to protect ourselves, solve problems, help each other out and work as a team (3f) – <i>repeat statement</i>	Gains in problem solving
2	Knowing some needed subjects (1b) I started to know things and know people matters (1e) Understand my peers (1h) and understanding other students (2e)	Gains in understanding
3	I am relaxed (1b) I felt relax In active way between the counsellor and the female students (1c) I am happy and relaxed (1g) I started to feel comfort (1h) Feel safe optimistic and calm (2a) I have the ability to control myself – do venting by using words and drawing (2b) I have motive with safe and trust feelings (2c) Feeling better and I can express (2d) I started feeling comfort (2e) I felt comfort by the way that the counsellor deal with students (2f) High self-confident (3a) We felt relaxed (3b) We feel relaxed now (3c)	Emotional gains
	...because the counsellor heard our problems (3c)	Being heard (relaxed)
4	I felt hyperactive, increase of need to know the fear source and know other students feelings (1d)	Negative consequences
5	Things became better (1f) Everything came better (2h)	General improvement
6	I started liking counselling (1f) I start loving counselling (2h)	Gains in perception of counselling
7	We feel we have the ability to talk about ourselves (3a) To vent huge unconscious powers that we have (3a) The counsellor made us sing, play and tell stories about what we saw in the war (3e) The counsellor helped us to talk that made us relax , she allowed us to play, draw and she gave us gifts (3h)	Gains in expressing experiences and feelings and how the counsellor did this

8	Ability to face stressful events (3a)	Gains in resilience
9	Building relationships and friendships with each other (3a) Solve problems, help each other out and work as a team (3f) – <i>repeat statement 2</i>	Relational-social gains
10	The symptoms decrease (3b)	Symptoms decrease
11	Gave us activities we never had before (3c)	New experiences
12	There is a change of the counsellor work. The counsellor now works to advise and help us to solve problems by several activities and educational games (3d) The counsellor became more active and taught us how to protect ourselves, solve problems, help each other out and work as a team (3f) We feel all of us the same (before felt counsellor preferred girls) (3g)	Recognising positive changes in the counsellor

Grammatical corrections – no change in meaning e.g. playing to play, signing to sing / Compartmentalise / Join up – relaxed because heard and new experiences

Table 3: What did students say they learned from the program?

No	Raw data	Initial coding
1	To know how to solve problems (1a) To learn how to solve problems (1c) To deal quietly and objectively with problems (1c) Renew and acting with new materials (1b) Dialogue, do not solve problems by my own (1e) To solve problems in various ways (1e) To solve problems quietly, to deal quietly without interruption, to do conversation with others (1f) To ask a counsellor when we feel afraid (1g) Dealing quietly and objectively with troubles (2g) Solving problems easily, good handling, not interrupting, talk with others (2h) Skills and methods making us able to solve problems (3b) We learned a lot of norms and skills and the ability to decide something (3c) To understand problems (1a)	Problem-solving and communication cognition
2	Active listening (1c/2g) <i>Dialogue (1e)</i> Communication skills (3c) Using objective language without provocation, without gaffes (1b)	Communication skills
3	To cooperate with peers (1d) To cooperate with peers (1e) <i>To deal quietly without interruption, to do conversation with others (1f)</i> To calm and cooperate with others (2a) – <i>repeat statement</i> I learned how to cooperate (2b) Cooperate as a team (2d) Cooperate with peers (2e) How to help the other (3a) Working as a team (3a) The ability to <i>establish</i> good social relationships (3a) Hearing others (3c)	Cooperation
4	Not to tell anybody we don't know secrets (1g)	Secrets and safety
5	To give religious awareness support (1h) Support religious awakening of person (2f) To read Qur'an and pray (3e)	Encourage faith

6	<p>Do not feel afraid (1h)</p> <p>To be able to control myself (2a)</p> <p>Use relaxation sessions when I feel nervous (2a)</p> <p>To calm and cooperate with others (2a)</p> <p>Decrease anxious, crying and to be glad (2b)</p> <p>How to control myself (2c)</p> <p>Control anger (2d)</p> <p>Ability to face stress (3a)</p> <p>Do relaxation without help (3b)</p> <p>How to be strong when Israel bombs come (3e)</p> <p>Decrease the feeling of fear from the Israelis because we are stronger than them (3g)</p> <p>Learned to play without fear or hesitation (3h)</p>	Emotional regulation
7	<p>Power of expression about inner things (2c)</p> <p>To express feelings (3a)</p> <p>To talk honestly about our feelings and what is going on around us (3f)</p> <p>Talking about trauma and the psychological effect (3g)</p>	Self-expression
8	<p>Continuing of education (2b)</p> <p>Thinking about education (2d)</p> <p>Do not fear being older (2f)</p>	Future hope
9	<p>Self-estimation (3c)</p> <p>It increased my self esteem (2c)</p>	Positive self regard
10	We have learned many things like free drawing, plays , games and journeys (3d)	New experiences
11	<p>How to protect ourselves and go for safe place (3e)</p> <p>How to protect ourselves when an Israeli attack comes (3g)</p>	Physical safety
12	The counsellor do personal and group meetings for more help in problem solving and talking about trauma (3g)	Counsellor behaviour
13	We love school and others who are trying to help us (3h)	Appreciation of helpers
14	<p>Do not lie and being selfish (3f)</p> <p>Do not steal or lie (1g)</p> <p>Initiate care and compassion (1a)</p>	Moral development

Table 4: What strategies did students say they learned to deal with dangerous situations? (Mistranslation)

No	Raw data	Initial coding
1	Using dialogue (1a) Talking with others (1c) Using effective dialogue (2a) Talking with others (2g) Do not use violence (1a/2a)	Problem-solving communication & non-violent responding
2	To be careful when needed (1a) To be careful, protective (1b) Do not deal easy until we know the aim (1b) Behave cautious from bad friends (1e) To be careful when we face something (1g) Cautious, do not touch suspected things (1h)	Being attentive
3	Not to get into things that are not related to me (1a) To keep far away from fearful things (1c/1d) Keep far away from problem causes (1c) To avoid things that cause troubles (1d) To keep far from suspected things (1e) To avoid crowds and fear things (1f) Avoid people/suspects (1f) Keep far away from things that cause problems (1g) To avoid things that cause fear (1h) Avoid things that cause problems, avoid fearful things (2e) Protecting self and avoid problems (2g) Avoiding fearful things (2g) Not touch suspected things and keep far from fearful things (2f) Avoiding crowds and be careful from scary things (2h)	Avoiding dangers
4	To protect self by waking up and avoiding (1c) Waking up on need (1d) Awaking up to need – interfere with correct time (2e) Waking up extra careful and avoidant (2f) Waking up (3c)	Waking quickly
5	To behave on the right time and place (1d) To behave honestly (1e)	Appropriate behaviour

6	Training in how to protect ourselves from suspects (1f)	Protection from suspects
7	Calling police (1f) Call police and avoid being closer from others (2h)	Making emergency calls
8	To help in solving my friends problems (1g) <i>Learned</i> how to help others in bad conditions like a war (3c)	Peer support
9	Trust feelings and positive by solving problems (2a) When I feel anxious I do relaxation - positive suggestions when problem solving (2b) Not feeling afraid and control – positive suggestion when problem solving (2c) Self-esteem – not be afraid and make relaxation exercises (2d)	Managing emotions and problem-solving
10	The counsellor gave us many skills that we can use in traumatic events such as solving problems that surprised us in our lives (3b)	Range of skills for traumatic situations
11	There are lot of things that we can use in our lives such as to be ready for the future (3c) We need to know suspect things (2h)	Prepared for future dangers
12	Things that match what we are concerning about : the sports and games, stories as a kind of self-expressing, cooperative games, using art as a hobby and venting (3a) We have learned many things like free drawing, plays, games and journeys (3d) We can use the games and the activities that were given by the counsellor (3f) We can do a lot of activities like drawing, plays and journals (3g) We do many games and programs that the counsellor gave to us (3h)	Emotional dys-regulation
13	We are working on everything that we learned from teachers and counsellors (3e)	Commitment to use strategies