

The Impact of the Classroom/Community/Camp-Based Intervention (CBI[®]) Program on Palestinian Children

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Dedicated
To All Palestinian Children

June 2004

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This assessment was made possible through support provided by the U.S. Agency for International Development's Mission to the West Bank and Gaza (USAID/WBG), under the terms of Award No. 294-A-00-01-00115-00. The opinions expressed herein are those of the authors and do not necessarily reflect the view of the U.S. Agency for International Development.

Table of Contents

	<u>Page</u>
Executive Summary	4
I. Introduction	7
II. Research Plan, Instrumentation, Methodological Approach	11
III. Profile of Palestinian Children in Sample	17
IV. CBI Impact on Young Children (6-11 Years): Intervention versus Waitlisted Group	23
V. CBI Impact on Adolescents (12-16 Years): Intervention versus Waitlisted Group	40
VI. Gender Differences in CBI Impact	55
VII. Conclusions	71
Annexes	78

EXECUTIVE SUMMARY

- This report presents the findings of an extensive impact assessment that was undertaken to measure the impact of the Classroom-Based Intervention (CBI[®]) Program implemented in the West Bank and Gaza. The CBI program, designed and developed by the Boston Center for Trauma Psychology, is a psychosocial integration and recovery program for children, adolescents and their adult caregivers who are exposed to psychological trauma. Through highly structured expressive-behavioral group activities, CBI is designed to (1) reduce potentially harmful traumatic stress reactions, such as fear and depressed moods, and (2) to increase children's ability to solve problems, maintain pro-social attitudes, and sustain self-esteem as well as hope for the future.
- The CBI program was introduced in the West Bank and Gaza in 2003 by Save the Children USA (SC USA) as a core component of their Community Psychosocial Support Program (CPSP), funded by the USAID Mission to the West Bank and Gaza (USAID/WBG). The program was introduced in response to the reported increase in stress and trauma amongst Palestinian children and youth following the escalation of the conflict situation in Spring 2002. Feelings of danger or insecurity, as well as pessimism regarding the future, were found to be wide-spread amongst children and youth. Teachers reported a decrease in academic performance and parents reported overwhelmingly that one or more of their children exhibited traumatic stress symptoms such as bedwetting, increased aggressiveness or withdrawal.
- The CBI program, though not the only psychosocial support program available, gained community-wide acceptance quickly. It was endorsed by the Ministry of Education at the outset of the academic year beginning in September 2003. A few months later the United Nations Relief and Works Agency for Palestinian refugees (UNRWA) also introduced it in its schools. Community organizations and summer camps provided yet another venue. In little over a year after the CBI launch, over 1,400 school counselors and other social workers were trained in CBI techniques and over 100,000 children completed the full 15-session program. This has made CBI in the West Bank and Gaza the largest scale psychosocial support program known to date in development assistance.
- From the start, the feedback received by SC USA and USAID/WBG was very encouraging. Children stated time and time again that CBI helped them feel better, happier, more confident. Families reported that they found their children more optimistic and more cooperative at home. Teachers reported that students were more focused after CBI, more ready to learn, and less aggressive overall. However, it was decided early on that anecdotal information did not suffice and that an evidence-based study was required to measure impact and to ensure continued proper service provision to the Palestinian youth. A randomized and controlled impact study was thus undertaken on an unprecedented scale in academic literature, involving 664 children and 11 different assessment instruments. Analysis focused not only on assessing the impact of the CBI program on young Palestinian children (6-11 years) and adolescents (12-16 years), but also examined gender differences in CBI impact for both age groups.

Key Findings

- **The CBI Program produced a number of distinctive positive psychological changes in young Palestinian boys and girls (aged 6-11 years) as well as in adolescent girls (aged 12-16 years) participating in the study** (see page 67-69). These positive psychological changes contributed to an increase in the children's sense of psychosocial re-integration, allowing them to function "normally" with respect to family, school and play. In other words, CBI succeeded in maintaining coping strengths and resiliency among these children. It is crucial to note that these important gains occurred in the most extreme of environments for children: i.e. while the conflict situation is continuing.
- **Regarding the positive impact on young children (6-11 years)** (see page 38-39), the CBI program appears to be specifically effective in:
 - 1) Assisting younger children to communicate more effectively with their peers;
 - 2) Preventing younger children from increasingly blaming themselves for negative events, losing interpersonal trust, and suffering from perceived lack of credibility;
 - 3) Decreasing younger children's emotional and behavioral difficulties such as hyperactivity, emotional arousal symptoms, and disruptive behaviors;
 - 4) Increasing younger children's pro-social behavior such as taking other people's feelings into consideration, helping others, and caring for others;
 - 5) Improving younger children's reactions to good or bad events, such as strengthening their belief in personal responsibility and sense of control in the case of good events and lessening their tendency to blame themselves in the case of negative events; and
 - 6) Increasing younger children's hope and their belief in their capabilities to achieve their goals.
- Within this overall picture of CBI's positive impact on young children, interesting gender differences were observed. As a general rule, it can be stated that, while CBI benefits both young boys and girls (6-12 years old), the young boys benefit more. For example, if CBI is shown to be effective in decreasing younger children's emotional and behavioral difficulties, the impact is much stronger on the boys than on the girls. The most striking exception to this general rule is the Hope Scale: CBI is equally effective in maintaining or increasing hope in young boys and girls.
- **Regarding the positive impact on adolescent girls (12-16 years)** (see page 69), CBI appears to be specifically effective in:
 - 1) Assisting female adolescents in strengthening their relations and communication with parents, siblings and relatives;
 - 2) Assisting female adolescents in maintaining their negotiation skills with their peers and in developing social support;

3) Increasing self-reliance and optimism amongst female adolescents as well as increasing their use of relaxation strategies as a coping mechanism;

4) Increasing positive self-esteem and satisfaction with self amongst female adolescents.

- **While distinctive positive psychological changes were found among young boys (aged 6-11), no important gains from CBI were observed amongst adolescent boys, aged 12-16 years** (see page 69). In fact, a few negative effects were found, including an increased sense of impact of difficult circumstances, and an increased tendency to avoid cognition of and/or feelings about difficult life experiences. Several factors appear to come into play. First, it should not be forgotten, again, that the intervention takes place against a background of continuing violence and trauma and that older boys do not have the same level of protection against witnessing or being involved in the ongoing violence as do their younger counterparts (CBI is effective in reducing worry levels in young boys). Against this background, it is perhaps unrealistic to expect that specific maladaptive coping strategies will abate with a 15-session psychosocial intervention only. In addition, based on information that has already been gained from structured interviews and focus groups with male adolescents who participated in the assessment, various other factors come into play. Specifically, three major dynamics are worthy of consideration: the actual mechanics of how the CBI is conducted (such as number of youth in a class and the amount of space available to run CBI sessions), the structure and actual content of some of the CBI sessions, and last but not least the socio-cultural and emotional developmental stage of the Palestinian male adolescents, especially once they reach the age of 15 years.

Conclusions

- All of the above findings provide a solid basis and a wealth of useful information for the continued roll-out of CBI intervention in the West Bank and Gaza, with appropriate adjustments. Modifications are most required for the group of male adolescents, especially the 15 to 16 year olds. Discussions to that extent have already started. Some of the modifications, especially regarding the mechanics of CBI sessions, will undoubtedly also benefit CBI implementation with young children and adolescent girls, making it even more effective.
- In the end, the assessment appears to support the general view that it is crucial to reach children when they are young, in order to sustain their existing resilience, strengthen their coping capabilities, and bolster as much as possible that one crucial factor, namely hope for the future. Reinforcing and increasing hope in the young children's lives tends to sustain already existing resiliency factors and may be used as a vehicle to preserve their trust in a positive future.

I. INTRODUCTION

The subject report presents the findings of an extensive impact assessment that has been undertaken to measure the impact of the Classroom Based Intervention (CBI®) Program. The CBI Program, designed and developed by the Boston Center for Trauma Psychology, is a psychosocial integration and recovery program for children, adolescents and their adult caregivers¹ who are exposed to psychological trauma. The program was introduced in the West Bank and Gaza in 2003 by Save the Children USA (SC USA) as a core component of their Community Psychosocial Support Program (CPSP), funded by USAID/WBG.

1. The CBI Program in the West Bank and Gaza

Following the escalation of violence in the Israeli-Palestinian conflict in Spring 2002, reports about increased trauma in the West Bank and Gaza multiplied. The USAID-financed Psychosocial Assessment of Palestinian Children² documented that the feeling of danger was widespread: 93% of children reported living in fear for their own safety and that of their family. The feeling was echoed by the parents, of which 88% no longer considered their own house as a true safe haven. There was also little optimism about the future: 85% of children were pessimistic about the future in general. Other reports on the impact of the *Intifada* on children corroborated the increase in anxiety disorders and anti-social behavior on the one hand, and the loss in attention span and drop in academic performance on the other³.

In response, Save the Children USA proposed to USAID/WBG to introduce more advanced psychosocial support activities than had been provided so far. One program in particular seemed relevant: the Classroom Based Intervention Program, which had been previously implemented in Turkey, Afghanistan and the United States.

The CBI is a 5-week 15-session classroom- or camp-based group intervention, involving a series of highly structured expressive-behavioral activities. The aim of these activities is to significantly reduce traumatic stress reactions, anxiety, fear and depressed moods, by allowing and guiding children to do what they do best: playing, learning and creative problem solving. The CBI structural design is derived from both old and new evidence-based research in the Classical Conditioning, Anxiety Disorders, Depression and Post Traumatic Stress Disorder (PTSD) literature. Prior studies indicate that the reduction of acute traumatic stress reactions coupled with the consistent reduction of arousal symptoms may significantly decrease the negative effects of extremely difficult or life threatening experiences.

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1. Although the subject study focuses on the impact of CBI on children and adolescents, it should not be forgotten that the adult caregivers are also primary CBI targets of psychosocial integration in that the participation of their children in the CBI program is expected to raise their awareness of the children's psychosocial support needs.
 2. Dr. Cairo Arafat, Psychosocial Assessment of Palestinian Children, issued July 2003, based on Summer-Fall 2002 findings.
 3. E.g. Birzeit University Institute of Community and Public Health Information Briefs, March-April 2002; United Nations Technical Assessment Mission, October 2002; UNRWA Emergency Appeal 2003.

The ultimate goal of the CBI is to bring about (1) immediate short-term reduction in potentially harmful traumatic stress reactions as well as (2) longer-term preventive effects such as increasing a child's ability to problem solve, engage in social perspective taking⁴ and sustain increased self-esteem and positive self and social concept. The expected results include (1) a significant *decrease* in aggressive behaviors, sleep disturbances, concentration difficulties, and intrusive recall of the traumatic events, and (2) an *increase* in the sense of safety, self-esteem, hope, self-control, and willingness to sustain meaningful peer and adult relationships. In other words, CBI was not developed to prevent PTSD or other major behavioral health disorders but rather CBI aims to identify existing coping resources among children and youth facing difficult circumstances, and to sustain the utilization of those resources in the service of psychological and psychosocial recovery over time.

Upon receiving USAID/WBG approval in August 2002 to expand the CPSP program and introduce a CBI component, Save the Children USA and the Boston Center for Trauma Psychology organized a "Train the Trainers" session for 67 Palestinian social workers and other public service professionals in October 2002. A pilot project was launched in December 2002, which provided valuable information to adjust the CBI Manual to the local context. Hence, the Palestinian CBI program goals include: (1) providing a psychosocial and psycho-educational venue for children and youth during their academic day where they might safely explore adaptive coping strategies to utilize in the face of extremely difficult circumstances, e.g., exposure to military operations, destruction, death and injury, and (2) providing a systematic set of activities that secure and accelerate emotional and cognitive stabilization of traumatized Palestinian youth and destigmatize the seeking of external behavioral health supports.

Training of social workers, school counselors, and other psychosocial support personnel started in Spring 2003 and the roll-out of CBI sessions proper began soon thereafter. While not the only psychosocial program available, the CBI program gained community-wide acceptance quickly. It was endorsed by the Ministry of Education at the outset of the academic year beginning September 2003. A few months later the United Nations Relief and Works Agency for Palestinian refugees (UNRWA) also introduced it in its schools. Community organizations and summer camps provided yet another venue. In little over a year after the CBI launch, over 1,400 school counselors and other social workers were trained in CBI techniques and over 100,000 children completed the full 15-session program.

The feedback received by SC USA and USAID/WBG was from the start very encouraging. Field coordinators reported time and time again that children told them explicitly that CBI helps them feel better and gives them an increased sense of trust and security. Families reported that they found their children to be happier, more cooperative at home and more enthusiastic about homework. Teachers reported that students were more focused after CBI, more ready to learn, less aggressive and less violent overall. The National Committee for Summer Camps repeatedly lauded the CBI program in its evaluation report of the 2003 summer camps and decreed that all summer camps should introduce CBI as one of the activity modules in 2004. Though welcome, USAID and SC USA decided early on not to solely rely on anecdotal information, and to conduct an evidence-based evaluation of the impact of the Program.

4. This essentially refers to a child's capability to understand or take on somebody else's perspective.

2. An Experimental Impact Study

An evidence-based evaluation of the impact of the Program was considered important not only to sustain programmatic support by the Palestinian Ministry of Education, SC USA, and USAID (by demonstrating efficacy over time), but also to ensure proper service delivery to the Palestinian children and youth. Against this background, Dr. Vivian Khamis, Associate Professor of Psychology at the Bethlehem University and Principal Investigator, began designing, in close coordination with Dr. Robert Macy of the Boston Center for Trauma Psychology, a randomized controlled study in order to evaluate the efficacy of the specific psychosocial intervention. The study was designed as a randomized controlled trial (RCT) in order to produce reliable and re-testable results, by (1) randomizing and matching the entire sample to control for effects produced by selection bias, and by (2) controlling for independent variables that might bias or confound the final interpretation of results, such as the scheduling of Time 1 (pre-CBI intervention) and Time 2 (post-CBI intervention) assessments.

Capitalizing on the strengths of the experimental design, the study was set up to measure three target variables:

- (1) Intervention: - CBI Intervention Group versus Control or Waitlisted Group
- (2) Age: - Young Children (6-11 years) versus Adolescents (12-16 years)
- (3) Gender: - Boys versus Girls

Regarding the first target variable, the evaluation carefully assessed children and adolescents who were randomly assigned to one of two groups: either a “CBI Intervention Group” or a “Waitlisted Control Group”. Children and adolescents assigned to either of these groups were matched for age, gender, school status and geographic location. The intervention group included children and adolescents who went through the 5-week CBI program, whereas the waitlisted group was comprised of children who did not go through the CBI program but who were provided with the CBI intervention as soon as the final evaluation data were collected.

In addition, it was important to consider the variable of age because psychological and psychosocial assessment instruments are differentially designed and constructed based on the developmental stages of a child’s cognitive and emotional capacities. It would be unrealistic and inaccurate to assume that a 6 year old and a 14 year old can be assessed with the same type of instrument or that their cognitive and emotional capacities would be impacted in the same way by the same intervention. Finally, the variable of gender was included based on the assumption that outcome variability in terms of CBI impact may be explained by gender difference.

The assessment found significant differences between children who had partaken in the CBI program and children who had been waitlisted. Overall, the impact was stronger on young children than on adolescents (12-16 years old) but gender played a role. Amongst the young children, young boys benefited more than the girls who also benefited; amongst the older age group, adolescent girls benefited from CBI while the program did not yield statistically significant positive impact with the adolescent boys. These findings are presented in detail in Chapters IV, V, and VI. The Methodological Approach and the Sample Characteristics are outlined in Chapter II and III respectively.

II. RESEARCH PLAN, INSTRUMENTATION, AND METHODOLOGICAL APPROACH

1. Overall Research Plan

The overall research plan for the study consisted of a *pre-intervention assessment* for both the intervention and waitlisted control groups (time 1), followed by the 15-session CBI intervention for children and youth in the intervention group, followed in turn by a post-intervention assessment for both the intervention and waitlisted groups (time 2).

Accordingly, the statistical analyses for the CBI were conducted at the end of the pre-intervention period (time 1) and at the end of the post-intervention period (time 2). In addition to paired *t*-tests, pure difference score analyses were conducted to investigate whether or not there were significant differences between the intervention groups and the waitlisted groups, which controlled for the influence of time over the impact of the CBI (*see below - point 7*).

In other words, in order to verify whether or not, and if so to what extent, the CBI program was effective, it was decided to essentially adopt two approaches:

- (1) *the use of a comparable waitlisted group (control group)*: the change (or status-quo) in profile of the intervention group between time 1 and time 2 was compared with the change (or status-quo) in profile of the waitlisted group. The use of a waitlisted group strengthens the argument that changes in the CBI intervention group may be due to the impact of the CBI program proper.
- (2) *the comparison of the “pure difference scores” for both groups*: through this method, it is possible to demonstrate conclusively that any change (or status-quo) in the profile of the intervention group, as opposed to the waitlisted group, is the result of participation in the CBI program. The change cannot easily be attributed to other factors, including the effects of time on changes in psychological and psychosocial indicators.

2. Instrumentation

The matrix below presents an overview of all the instruments used in the experimental impact study⁵.

5. The decision to use different assessment instruments is due to the fact that no one instrument can accurately and successfully measure coping abilities alone.

Target Indicators	Elementary School (6-11 years) Measures	Middle School (12-16 years) Measures
Sample Profiling Instruments		
Demographic and Background Information	Demographic Data Questionnaire	Demographic Data Questionnaire
Political Stress Factors	Family Inventory of Political Stressors (FIPS)	Family Inventory of Political Stressors (FIPS)
CBI Impact Measuring Instruments		
Pro-Social Strengths	Child and Adolescent Strengths Assessment (CASA)	Child and Adolescent Strengths Assessment (CASA)
Coping Style/Utilization of Social and Spiritual Supports	Youth Coping Inventory (YCI)	Adolescent Coping for Problem Experience (A-COPE)
Sense of Hope; Future/Goal Orientation	Children's Hope Scale	Children's Hope Scale
Mental Health Variables (Arousal; Emotional and Behavior Difficulties; etc)	Strengths and Difficulties Questionnaire - Child Form (SDQ-Child)	Strengths and Difficulties Questionnaire - Child Form (SDQ-Child)
Mental Health Variable (Anxiety)	PENN State Worry Questionnaire for Children	PENN State Worry Questionnaire for Children
PTSD-Like Symptoms	Impact of Event Scale (IES)	Impact of Event Scale (IES)
Causal Attribution of Events (Locus of Control/ Depression)	Children's Attributional Style Questionnaire (CASQ)	
Perception of One Self and Attribution of Meaning to Events	Children's Attribution and Perceptions Scale (CAPS)	
Self-Esteem		Rosenberg's Self-Esteem Scale

A more detailed description of each of the instruments and the references are attached in Annex A. The respective questionnaires are attached in Annex B. It should be noted that all instruments were carefully selected in order to test the CBI hypotheses and program impact targets, or in other words, to test the effectiveness of the CBI program in reducing traumatic stress reactions in children aged 6 to 16 years old. In this sense, each CBI assessment instrument is equally relevant and important. Secondly, all instruments used were culturally appropriate. Although all instruments, except one, were originally designed by "Western" experts⁶, the instruments study "universal issues" and, where necessary, questions were adjusted to the local context. In some cases, the principal investigator also contacted the original developers of the instruments to provide further guidance. Thirdly, the questions

6. The only measure of non-Western origin used in this assessment is the 'Family Inventory of Political Stressors' (FIPS), developed by the Assessment's principal investigator, Dr. Vivian Khamis of the Bethlehem University, West Bank. The FIPS was published in the *Journal of Social Science and Medicine* in 1998 (Khamis, 1998).

were carefully translated from English into Arabic by a professional translator, and then back translated, to ensure accuracy and appropriateness⁷. Finally, the validity of the content and the reliability of all CBI assessment instruments were established through a pilot study (see below).

3. Pilot Study

A pilot study was undertaken in July 2003 based on a sample of 150 children and their mothers from the Bethlehem governorate. The design for sample selection was based on three primary stratified variables: age (6-11 years, 12-16 years), gender, and residential patterns (city, village, refugee camp). The purpose of the pilot study was to obtain data on the factorial composition of the instruments and their inter-correlations, to determine the internal consistency of each instrument, and to obtain data on the difficulty and discrimination of each instrument. Following data collection, each of the two interviewers was asked to evaluate the items and materials, to list any problems in conducting the interviews, and to summarize the participants' reactions to each instrument. The interviewers were also asked to provide information about specific concerns (e.g. ease of interviewing, reaction of the interviewees, and content of the questionnaire) and to suggest ways to improve the final draft of the instrumentation.

The reliability of interviewing between the two field workers who collected data for the pilot study was estimated by means of coefficients of agreements: number of agreements divided by number of agreements + number of disagreements. The extent to which the interviewers agreed with respect to each scale or inventory items is related both to inter-informant agreement (reliability) and to the predictability of function in one domain from that in another (criterion-related validity). Such cross-informant consistency of CBI assessment tools is important at a practical as well as conceptual level. The range of inter-informant agreement for the pilot study was .89 to 1.00 with children aged 6-11 years and .82 to 1.00 with children aged 12-16 years.

4. Selection and Training of Field Workers

Based on the experience gained from the pilot study, ten CBI data field workers were selected from the West Bank and Gaza Strip according to the following criteria: they were required (1) to have experience in data collection and specifically in administering psychosocial scales; (2) to have a bachelor degree or post graduate studies in psychology or social work or the equivalent; (3) to agree to interview children in schools or parents at home if so specified, and (4) to agree to be supervised in the field by senior field coordinators and to have their field data double-checked by research staff. The list of field workers is attached in Annex C.

7. Overall, the back translation (from Arabic back into English) of each scale or inventory closely reflected the content of the original.

Two 3-day training workshops for the CBI data field workers were conducted in the West Bank and Gaza Strip. The principal investigator and her senior field coordinators carried out each workshop during three consecutive days. The field workers were given guidelines for assessment, a CBI kit, and a preliminary interviewer's manual. Each interviewer was required to submit 3 practice record booklets from trial interviews conducted with children and their primary caregivers, mainly the mother. The practice record booklet was thoroughly reviewed and discussed with the trainers.

5. Sample Selection and Procedure

A stratified random sample design was used to select a sample of 840 school age children from schools in order to participate in the CBI evaluation. The design for sample selection was based on five primary stratified variables: gender, age, grade level, geographic region, school, and intervention group versus waitlisted group. Permission to conduct the study was obtained from the Ministry of Education.⁸ School census data from SC USA were used to allocate schools from various districts in the West Bank (South, North, Central) and Gaza. Individual schools were selected at random from a list that was provided by SC USA taking into consideration the stratified variables (see Annex C). All children in each geographic region and in each grade level were randomly selected and were asked to participate in the study (see Annex D). Informed consent was obtained from children and parents and no one declined to participate. Children, youth and parents were given a full explanation of the study, were assured of the anonymity of their responses, and were ensured confidentiality of all information collected. The final sample size of the pre-intervention assessment (time 1) totaled 840 children, of whom 496 in the group of 6 to 11 years of age (247 male + 249 female children) and 344 in the group of 12 to 16 years of age (174 male + 170 female adolescents). Due to closures and other factors, the final sample size of the post-intervention assessment (time 2) totaled 664 children, of whom 406 from the group of 6 to 11 years old (202 male + 204 female children) and 258 from the group of 12-16 years old (174 male + 84 female adolescents).

6. Data Collection

Data collection for the baseline study was conducted between the 22nd of September and the 2nd of October 2003 (7-10 days prior to the commencement of the CBI implementation). Post-intervention data collection took place between November 10 and November 18, 2003 (within 10 days after the CBI implementation). The data entry was conducted simultaneously with the data collection. The data collection in the Gaza Strip was under the supervision of Dr. Samir Quta and in the West Bank under the supervision of Ms. Sawsan Bader. Dr. Jumana Odeh was the liaison person who supervised the data collection and facilitated the fieldwork in the Gaza Strip and the West Bank. Completion of the interview took approximately an hour with the child and 15 minutes with the parent. Questionnaire items were read to the child and the parent in order to address the concern about the developmental age of the child and the ability of parents from low socio-economic status families to read and respond to the measurement instruments appropriately.

8. While it was initially intended to conduct the impact study not only in public schools but also in UNRWA schools, a delay in implementation in the UNRWA refugee camps prevented the inclusion of refugee schools in the study sample.

7. Statistical Analysis

According to the overall research plan, the statistical analyses were conducted at two discreet points in time: the pre-intervention measurement (time 1) and the post-intervention measurement (time 2).

At the pre-intervention measurement or time 1, all CBI assessment instruments were administered *both* to children who were going to receive the intervention, the “intervention group”, and to children who were not going to receive the intervention, the “waitlisted group” and then *t*-tests were conducted on the outcomes for both groups in order to validate the comparability of the two samples (intervention group and waitlisted group). This was done in an attempt to further substantiate the validity of inter-group comparisons for the post-CBI assessment (comparing differences among the same variables between the intervention group and the waitlisted group at time 2). It is postulated that having no differences between the two groups pre-intervention reduces the number of potential alternate explanations for a given post-intervention effect.

At the post-intervention level, paired *t*-test analyses were conducted for the intervention group and waitlisted group separately (intra-group comparisons: comparing differences among the same variables within one group over time). This was done in order to assess if there were significant changes, within one group, between the pre-intervention assessment and the post-intervention assessment on each of the various outcome measures that are studied in this evaluation.

Additional *t*-tests were conducted to investigate if there were significant differences between the intervention group and the waitlisted group on the pure difference scores for each measurement separately. The pure difference scores were computed by taking the difference between the pre-intervention scores and the post-intervention scores for each measurement separately. This procedure added insight to the type and direction of change in each group and controlled for the potential positive or negative effects of time on the CBI intervention between the pre-intervention assessment (time 1) and the post-intervention assessment (time 2).

On a final note, it is worth pointing out the following considerations regarding “statistically significant impact findings”: first, in order to obtain a “statistically significant difference” between an intervention group and a control group, the impact of the intervention (in this case, the CBI program) must be quite sizeable (“significant”). In reality, social workers, parents or others may notice a difference, long before *t*-tests pick up a statistically significant difference. Furthermore, statistically significant differences may vary in magnitude: from $p < .05$ to $p < .0001$ or from one star (*) to four (****). In the case of one star, impact can be demonstrated as “present and undeniable”; in the case of three to four stars, as in many instances in the subject study, the demonstration of impact can be considered “overwhelming”. The importance of finding “statistically significant impact” - even of the magnitude of one star - cannot be overstated.

III. PROFILE OF PALESTINIAN CHILDREN IN SAMPLE

The profile below is based on the analysis undertaken at pre-intervention stage. Extensive research was done, using the full range of selected instruments. Tests were run not only to identify the profile of the children in the intervention group versus the waitlisted group, but also to control for effects of age (young children versus adolescents), gender (boys versus girls), and region (West Bank versus Gaza).

The main aim of the analysis at the pre-intervention stage was to determine to what extent the intervention group and the waitlisted group in the two age categories (6-11 years and 12-16 years) were comparable (or not) *before* CBI intervention took place. This is a necessary step to help determine to what extent differences between the intervention group and the waitlisted group *after* CBI intervention are due to the CBI intervention itself, rather than to other factors (such as differences at the outset in terms of exposure levels or psychological profile). This chapter presents the findings regarding the comparability of the intervention group and the waitlisted group in the two age categories (6-11 years and 12-16 years).

1. Sample Characteristics of Children of 6-11 Years

1.1. Profile in Numbers (Time 1 and Time 2)

The pre-intervention or baseline study sample (time 1) included 496 Palestinian school age children of whom 247 were boys and 249 girls. They ranged in age from 6 to 11 years ($M = 8.79$, $SD = 1.74$); their grade level ranged from grade 1 to grade 6 ($M = 3.63$, $SD = 1.69$), and their grade point average varied from 46 to 99 ($M = 79.21$, $SD = 12.61$). The children were from the West Bank (67.8%) and Gaza Strip (32.2%), representing various residential patterns (see Table 1). Of these children, 78.6 % of their fathers and 5.8% of their mothers were employed. Of the sample, 95.8 percent were from intact families, predominantly Moslems. The mean educational level of parents was secondary school. The mean size of the family was 7.97 and the monthly income of the participants families' ranged from 50 to 9000 NIS ($M = 1504.09$, $SD = 1034.70$).

The post-intervention study sample (time 2) included 406 Palestinian school age children, of whom 202 were boys and 204 girls. They ranged in age from 6 to 11 years ($M = 9.26$, $SD = 1.53$); their grade level ranged from grade 1 to grade 6 ($M = 4.10$, $SD = 1.49$), and their grade point average varied from 46 to 99 ($M = 78.73$, $SD = 12.68$). The children were from the West Bank (82.8%) and Gaza Strip (17.2%), representing various residential patterns. Of these children, only 79.1 % of their fathers and 6.7% of their mothers were employed. Of the sample, 96.3% were from intact families, predominantly Moslems. The mean educational level of parents was secondary school. The mean size of the family was 7.95 and the monthly income of the participants families' ranged from 50 to 9000 NIS ($M = 1514.83$, $SD = 1063.75$).

Table 1: Numbers and percentages of intervention and waitlisted children (6-11 years), as surveyed 7 to 10 days prior to commencement of the CBI intervention, representing the residential pattern (n=496)

Residential Pattern	N	%
Bethlehem	86	17.3
Hebron	166	33.5
Nablus	84	17.0
Gaza	80	16.1
Khan Younis	80	16.1

1.2. Comparability between Intervention and Waitlisted Groups in Terms of Exposure to Political Stressors (Time 1)

T-tests were run to determine whether there were significant mean differences between the intervention and waitlisted group in terms of exposure to political stress factors, such as exposure to arrests, military confrontations, injuries and alike. The instrument used to measure the exposure was the Family Inventory of Political Stressors (FIPS). The test results indicated that there were no statistically significant differences between the two groups. Further analyses were conducted using Chi Square in order to investigate if there were any differences between the two groups on each stressor. The results revealed that there were no statistically significant differences between the two groups. Therefore we can postulate that the waitlisted and the intervention samples are comparable. Since political stressors are among the contributing factors to many of the variables that are studied in this evaluation (e.g., anxiety, hyperactivity, and emotional symptoms), having no significant differences between the two groups at the outset reduces the number of potential alternate explanations for a given post-intervention effect.

1.3. Comparability between Intervention and Waitlisted Groups in Terms of Coping Mechanisms (Time 1)

T-tests were run to determine whether there were significant differences between the intervention and waitlisted groups in terms of coping mechanisms used to deal with adverse circumstances. The results indicated no significant statistical differences between the two groups as measured by six out of eight instruments: i.e. Child and Adolescent Strengths Assessment (except for 1 out of 6 sub-scales⁹); Strengths and Difficulties Questionnaire-Child; Children’s Hope Scale; Penn State Worry Questionnaire for Children; Impact of Event Scale; and Children’s Attributional Style Questionnaire. This means among other things that children in both groups had comparable strengths in terms of good relations with peers, or comparable psychological strengths such as a sense of humor. The groups were also comparable in terms of coping difficulties and/or emotional and behavioral difficulties, such

9. The Child and Adolescent Strengths Assessment (CASA) rates a child’s strengths on 6 dimensions: family; school/vocational; psychological; peer; morality/spirituality; and extracurricular strengths. The waitlisted children scored higher in terms of family strengths. Statistical difference: $p < .001$.

as how they work out problems with their families and friends. Finally, the groups were comparable in terms of tendencies to worry or to avoid problems or conflict.

Only two instruments indicated a significant statistical difference between both groups, namely the Youth Coping Index (YCI) and the Children’s Attribution and Perceptions Scale (CAPS). As illustrated by the below tables, children in the waitlisted group displayed a greater tendency to engage in behaviors that promote personal and spiritual development as well as positive appraisal and problem solving. At the same time, the waitlisted children reflected a lower sense of credibility and interpersonal trust (as measured by CAPS).

Table 2: Means and standard deviations for children aged 6-11 years on the total YCI Index by group (n=496).

Group	Spiritual and Personal Development			Positive Appraisal and Problem Solving			Incendiary Communication and Tension Management			Youth Coping Index (Composite Score)		
	<i>M</i>	<i>SD</i>	<i>T</i>	<i>M</i>	<i>SD</i>	<i>T</i>	<i>M</i>	<i>SD</i>	<i>T</i>	<i>M</i>	<i>SD</i>	<i>T</i>
Intervention	42.27	8.28	3.12***	32.80	6.63	3.32***	17.09	4.89	1.23	92.23	15.44	3.55****
Waitlisted	39.90	8.19		30.74	7.02		16.50	5.60		87.02	16.51	

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

Table 3: Means and standard deviations for children aged 6-11 years on CAPS by group (n=496).

CAPS (Composite Score)			
Group	<i>M</i>	<i>SD</i>	<i>T</i>
Intervention	42.34	9.83	2.44**
Waitlisted	39.94	11.93	

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

Despite the abovementioned differences, it can be concluded that, prior to the introduction of CBI, the intervention group and waitlisted group of young children are generally comparable in terms of the mechanisms they use to cope with the difficult circumstances under which they are growing up. Given the social nature of the assessment and the fact that it involves human beings, it is close to impossible to have total and perfect similarity between both groups. The inter-group comparability in terms of coping mechanisms in addition to the comparability in terms of exposure to trauma further reduces the number of potential alternate explanations for a given post-intervention effect.

2. Sample Characteristics of Children of 12-16 Years

2.1. Profile in Numbers (Time 1 and Time 2)

Adolescents in the baseline study (time 1) were 347 Palestinian school age children, of whom 177 were males and 170 were females. They ranged in age from 11 to 16 years ($M = 13.82$, $SD = 1.48$); their grade level ranged from grade 7 to grade 10 ($M = 8.41$, $SD = 1.11$), and their grade point average varied from 50 to 99 ($M = 74.53$, $SD = 12.73$). The children

were from the West Bank (74%) and Gaza Strip (26%), representing various residential patterns. Of these children, 2.6% were working, whereas 60.5 % of their fathers and 5.8% of their mothers were employed. Of the sample, 89% were from intact families, predominantly Moslems (97.1%). The mean educational level of parents was secondary school. The mean size of the family was 9.33 and the family's monthly income ranged from 100 to 7000 NIS ($M = 1303.80$, $SD = 1066.38$).

Adolescents in the post-intervention study (time 2) were 258 Palestinian school age adolescents, of whom 174 were males and 84 were females. They ranged in age from 12 to 16 years ($M = 14.12$, $SD = 1.53$); their grade level ranged from grade 7 to grade 10 ($M = 8.56$, $SD = 1.26$), and their grade point average varied from 50 to 98 ($M = 72.05$, $SD = 1.26$). The children were from the West Bank (65.1 %) and Gaza Strip (34.9%), representing various residential patterns. Of these children, 58.9 % of their fathers and 5.8% of their mothers were employed. Of the sample, 88.4% were from intact families, predominantly Moslems. The mean educational level of parents was secondary school. The mean size of the family was 8.91 and the family's monthly income ranged from 100 to 5000 NIS ($M = 1249.43$, $SD = 964.81$).

Table 4: Numbers and percentages of intervention and waitlisted adolescents (12-16 years), as surveyed 7 to 10 days prior to commencement of the CBI intervention, representing the residential pattern (n=347).

Residential Pattern	N	%
Bethlehem	168	48.4
Ramallah (Qualandia)	89	25.6
Rafah	90	26

2.2. Comparability between Intervention and Waitlisted Groups in Terms of Exposure to Political Stressors (Time 1)

T-tests were used to determine whether there were mean differences between the intervention and waitlisted group on the Family Inventory of Political Stressors (FIPS). The results indicated that there were no statistically significant differences between the two groups. Further analyses were conducted using Chi Square in order to investigate if there were any differences between the two groups on each stressor. The results revealed no statistically significant differences between the two groups, validating their comparability. Since political stressors are among the contributing factors to many of the variables that are studied in this evaluation (e.g., anxiety, hyperactivity, and emotional symptoms), having no significant differences between the two groups at the outset reduces the number of potential alternate explanations for a given post-intervention effect.

2.3. Comparability between Intervention and Waitlisted Groups in Terms of Coping Mechanisms (Time 1)

T-tests were run to determine whether there were significant differences between the intervention and waitlisted groups in terms of coping mechanisms to deal with the adverse circumstances under which they are growing up. The results indicated no significant statistical differences

between the two groups as measured by six out of seven instruments: i.e. Child and Adolescent Strengths Assessment; Children's Hope Scale; Penn State Worry Questionnaire for Children; Impact of Event Scale; Rosenberg's Self-Esteem Scale, and Strengths and Difficulties Questionnaire - composite score.¹⁰ As to the one instrument where a statistically significant difference was found (the Adolescent Coping for Problem Experiences or A-COPE), it concerned only one out of twelve subscales, namely avoiding problems. Children in the intervention group scored significantly higher than their counterparts in the waitlisted group, indicating a greater tendency towards behaviors such as avoiding persons or issues which cause problems (statistical significance: $p < .01$).

As was the case with the young children, it can be concluded that, overall, the intervention group and waitlisted group of adolescents, prior to the introduction of CBI, are comparable in terms of the mechanisms they use to cope with the difficult circumstances under which they are growing up. The inter-group comparability in terms of coping mechanisms in addition to the comparability in terms of exposure to trauma further reduces the number of potential alternate explanations for a given post-intervention effect.

10. There was a statistically significant difference regarding 1 out of 5 subscales, indicating that the children in the intervention group displayed more peer problems than their counterparts in the waitlisted group.

IV. CBI IMPACT ON YOUNG CHILDREN (6-11 YEARS): INTERVENTION VERSUS WAITLISTED GROUP

1. Child and Adolescent Strengths Assessment (CASA)

1.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated no significant differences between the pre-intervention and post-intervention scores on the six dimensions of CASA.

Table 5: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on CASA (n=244).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (244)		Post- Intervention (244)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Family Strengths	10.14	2.36	10.20	2.23	-.31
School/Vocational Strengths	10.08	3.58	10.40	3.70	-1.26
Psychological Strengths	6.58	2.59	6.61	2.20	-.15
Peer Strengths	4.80	1.42	4.95	1.27	-1.37
Morality/Spirituality	4.86	2.12	4.95	2.02	-.60
Extracurricular Strengths	4.09	2.36	3.99	2.10	.60

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

1.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results indicated statistically significant differences on family strengths, psychological strengths, peer strengths, and morality/spirituality strengths. Waitlisted children experienced a decrease in positive familial relations and communication with parents and relatives. Their psychological strengths also decreased, including their sense of humor and their ability to adapt to stressful circumstances, enjoy positive experiences, and trust others. Waitlisted children also experienced a decrease in their warm relationships with peers. Of interest to note, these same children developed increased values and morals, an increased expression of religious/spiritual beliefs, and they participated in religious groups or attended religious services more often than at time 1.

Table 6: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on CASA (n = 162).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (162)		Post- Intervention (162)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Family Strengths	10.37	2.34	9.94	2.26	1.94*
School/Vocational Strengths	9.99	3.65	9.82	3.40	.61
Psychological Strengths	6.63	2.34	6.11	2.34	2.12*
Peer Strengths	4.62	1.67	4.29	1.72	2.04*
Morality/Spirituality	4.59	2.09	5.13	1.72	-2.76***
Extracurricular Strengths	3.61	2.11	3.98	2.25	-1.77

* p < .05 ** p < .01 *** p < .001 ****p < .0001

1.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated a statistically significant difference between both groups on one of the six CASA dimensions, namely peer strengths. The waitlisted children’s relations with their peers were more distant and conflictual after the waiting period. These children had fewer negotiation skills, as reflected by increased arguments and increased withdrawal from others when faced with the need to settle a difference of opinion or perspective.

Table 7: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on CASA by group (n=406).

Intervention versus Waitlisted Group						
CASA Dimensions	Intervention Group (244)		Waitlisted Group (162)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
Family Strengths	.05	2.89	-.43	2.84	.49	1.68
School/Vocational Strengths	.31	3.82	-.16	4.19	.48	1.18
Psychological Strengths	.02	2.82	-.51	3.05	.54	1.81
Peer Strengths	.14	1.67	-.33	2.07	.48	2.57**
Morality/Spirituality	.09	2.33	.54	2.49	-.45	-1.86
Extracurricular Strengths	-.09	2.45	.37	2.66	-.46	-1.81

* p < .05 ** p < .01 *** p < .001 ****p < .0001

2. Youth Coping Inventory (YCI)

2.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results revealed statistically significant differences between the pre-intervention and post-intervention scores on two of the three dimensions of YCI: (1) youth spiritual and personal development, and (2) incendiary communication and tension management. Children engaged less in behaviors that promote spiritual and personal development, such as going

to mosque and working on schoolwork, after they were exposed to the CBI. On the other hand, children adopted more strategies that exacerbated interpersonal tensions and conflicts, and adopted more cognitive strategies that minimized the significance of the problem (tension management). These behaviors included blaming others for what’s going wrong, getting angry, yelling at people, and letting off steam by complaining to friends. No statistically significant differences were found on the YCI “youth positive appraisal and problem-solving” dimension.

Table 8: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on YCI (n=244).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (244)		Post- Intervention (244)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Spiritual and Personal Development	42.64	8.27	41.57	7.92	2.05*
Positive Appraisal and Problem Solving	33.32	6.63	32.77	6.54	1.09
Incendiary Communication and Tension Management	17.47	4.94	19.25	5.53	-4.24****
Youth Coping Index	93.40	15.50	93.42	14.33	-.02

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

2.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-tests results revealed statistically significant differences between the pre-intervention and post-intervention scores on youth spiritual and personal development; youth positive appraisal and problem solving, and incendiary communication and tension management, but not on the total YCI scale. Children engaged less after the waiting period in behaviors that would be considered constructive activities that promote positive development and self-improvement when faced with major difficulties and crisis. These coping strategies include such behaviors as going to mosque and working on schoolwork. Also, children had fewer positive appraisal and problem solving skills when faced with difficult circumstances after the waiting period. Some of these coping styles are behaviors that have to do with trying to see the good things in difficult situations, trying to reason with the family and talk things out, and trying to keep up friendships. On the other hand, children adopted more strategies that exacerbated interpersonal tensions and conflicts, and adopted more cognitive strategies that minimize the significance of the problem than they did prior to the intervention (tension management). Many of these behaviors include blaming others for what’s going wrong, getting angry, yelling at people, and letting off steam by complaining to friends.

Table 9: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on YCI (n=162).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (162)		Post- Intervention (162)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Spiritual and Personal Development	42.26	6.55	40.55	6.97	2.94***
Positive Appraisal and Problem Solving	32.79	5.40	31.29	5.24	2.88***
Incendiary Communication and Tension Management	17.96	5.44	20.66	5.48	-4.70****
Youth Coping Index	92.78	11.53	92.20	12.27	.52

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

2.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated no statistically significant differences between the two groups on the total YCI nor on any of the subscales.

Table 10: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on YCI by group (n=406).

Intervention versus Waitlisted Group						
Subscale	Intervention Group (244)		Waitlisted Group (162)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
Spiritual and Personal Development	-1.07	8.07	-1.71	7.36	.64	.80
Positive Appraisal And Problem Solving	-.55	7.92	-1.50	6.56	.94	1.24
Incendiary Communication and Tension Management	1.77	6.52	2.69	7.27	.92	-1.32
Youth Coping Index	.02	16.59	-.58	14.12	.60	.37

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

3. Children’s Attributional Style Questionnaire-Revised (CASQ-R)

3.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated four coping patterns for which children in the intervention group had significantly higher mean scores after they were exposed to the intervention. The increase in the CASQ-R positive score and the increase in the CASQ-R overall score indicate that children in the intervention group had better attributional style after their exposure to the CBI program, and thus that they had benefited.

Higher scores on the positive composite and on the overall composite indicate an integrated and normalizing attributional style, devoid of self blame, whereby children attribute the causes of events to a multiple and mixed set of internal and external factors. It is important to note here that when a child’s causal explanation for his or her response to a stressful life event is attributed to a “behavioral characteristic” that conveys the illusion of control over external events, and that conveys personal responsibility while avoiding blame of others, better adjustment to life’s events is evident.

Table 11: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on CASQ-R (n=244).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (244)		Post- Intervention (244)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
CASQ-R positive score	7.55	1.75	7.85	1.96	-2.04*
CASQ-R negative score	3.80	1.81	3.58	1.95	1.56
CASQ-R overall score	3.73	2.90	4.26	3.20	-2.31*

* *p* < .05 ** *p* < .01 *** *p* < .001 *****p* < .0001

3.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-tests results revealed statistically significant differences between the pre-intervention and post-intervention scores on the three CASQ-R composites. Children in the waitlisted group had higher scores on the CASQ-R negative composite after the waiting time, which is related to a more depressive attributional style for bad events. In other words, the waitlisted group assumed significant personal blame for the cause of the negative events. Also, they had lower scores on the positive composite indicating a more depressive attributional style for good events. In other words, the waitlisted group assumed that some external factors having nothing to do with them caused the good event to happen. Finally, they had lower scores on the overall composite, indicating more internal, stable and global attributions for bad events, and more external, unstable, specific attributions for good events than during the pre-intervention assessment.

Table 12: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on CASQ-R (n=162).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (162)		Post- Intervention (162)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
CASQ-R positive score	7.65	1.76	7.08	2.16	2.65***
CASQ-R negative score	3.57	2.15	4.87	2.11	-5.97****
CASQ-R overall score	4.05	3.18	2.23	3.38	5.34****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

3.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated statistically significant differences between the two groups on the pure mean differences of the three CASQ-R composites. The results revealed that children in the waitlisted group evidenced more maladaptive attributional styles for negative events than their respective counterparts in the intervention group. Also, children in the waitlisted group had lower scores on the positive composite, indicating a more depressive attributional style for good events. Finally, waitlisted children had lower scores on the overall composite, indicating more internal, stable and global attributions for bad events and more external, unstable, specific attributions for good events than did children who were exposed to the CBI program.

Table 13: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on CASQ-R by group (n=406).

Intervention versus Waitlisted Group						
	Intervention Group (244)		Waitlisted Group (162)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
CASQ-R Composites						
CASQ-R positive score	.29	2.26	-.56	2.67	.86	3.46***
CASQ-R negative score	-.22	2.25	1.30	2.75	-1.52	-6.08****
CASQ-R overall score	.52	3.51	-1.82	4.27	2.34	5.96****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

4. Children’s Attribution and Perceptions Scale (CAPS)

4.1. Change in the Intervention Group who went through the CBI program

Paired *t*-test results show no significant changes between the pre-intervention and post-intervention scores except for the “feeling different from peers” subscale. Children in the intervention group reflected a greater sense of feeling different from peers after they were exposed to the intervention in comparison to how they felt during the pre-intervention assessment.

Table 14: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on CAPS (n=244).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (244)		Post- Intervention (244)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
CAPS Scale					
Feeling Different From Peers	10.68	2.99	11.50	2.78	-3.42***
Personal Attributions for Negative Events	8.58	3.30	8.75	2.78	-.71
Perceived Lack of Credibility	12.23	3.65	11.76	3.80	1.52
Lack of Interpersonal Trust	12.65	3.80	13.04	3.12	-1.44
CAPS Total	44.16	8.73	45.07	8.65	-1.34

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

4.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results revealed statistically significant differences between the pre-intervention and post-intervention scores on each of the CAPS sub-scales and on the total scale. Children not exposed to the CBI program had higher scores after the waiting time, indicating a greater sense of feeling different from peers, heightened self-blame for negative events, lower perceived credibility, and reduced interpersonal trust.

Table 15: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on CAPS (n=162).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (162)		Post-Intervention (162)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
CAPS Scale					
Feeling Different From Peers	9.75	3.75	11.09	2.67	-4.27****
Personal Attributions for Negative Events	8.65	3.37	10.51	3.21	-5.02****
Perceived Lack of Credibility	11.78	3.89	12.52	3.07	-2.13*
Lack of Interpersonal Trust	12.54	3.86	14.90	3.90	-5.12****
CAPS Total	42.80	11.57	49.01	8.00	-5.48****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

4.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated statistically significant differences on three of the four CAPS sub-scales as well as on the total scale. The higher pure mean differences scored by children in the waitlisted group reflected a heightened self-blame for negative events, lower perceived credibility, and reduced inter-personal trust, compared to their counterparts in the intervention group.

Table 16: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on CAPS by group (n=406).

Intervention versus Waitlisted Group						
	Intervention Group (244)		Waitlisted Group (162)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
CAPS Scale						
Feeling Different From Peers	.82	3.75	1.34	4.00	-.52	-1.33
Personal Attributions for Negative Events	.16	3.69	1.85	4.67	-1.68	-4.03****
Perceived Lack of Credibility	-.47	4.84	.74	4.41	-1.21	-2.55**
Lack of Interpersonal Trust	.38	4.16	2.35	5.85	-1.97	-3.95****
CAPS total	.90	10.54	6.21	14.33	-5.30	-4.27****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

5. Children’s Hope Scale (Hope)

5.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results revealed that children in the intervention group had higher levels on the total children’s hope scale and on both the pathways and agency components, after they were exposed to the psychosocial intervention. This change in children’s hope reflects increasing levels of both pathways and agency thinking about goals. Consequently, children’s beliefs in their capabilities to produce workable routes to goals (the pathways component), as well as their beliefs in their related capabilities to initiate and sustain movement toward those goals (the agency component) increased tremendously after they were exposed to the CBI program.

Table 17: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on the Children's Hope Scale (n=244).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (244)		Post- Intervention (244)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Hope Scale					
Agency	12.09	3.26	13.28	2.94	-4.53****
Pathways	11.40	3.21	12.11	3.31	-2.54**
Hope Scale Total	23.49	5.59	25.39	5.31	-4.10****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

5.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results indicated significant differences on both the pathways and agency components as well as the total children's hope scale. The change is negative, since lower hope reflects decreasing levels of both pathway and agency thinking about goals. Therefore, children in the waitlisted group experienced a decrease in their belief that they are capable of producing workable routes to goals (the pathways component), and of sustaining movement toward those goals (the agency component).

Table 18: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on the Children's Hope Scale (n=162).

Waitlisted Group: Pre- and Post Intervention Assessment Scores					
	Pre- Intervention (162)		Post- Intervention (162)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Agency	13.27	3.31	11.38	2.86	6.49****
Pathways	12.14	3.62	11.39	2.80	2.31*
Hope Scale Total	25.42	5.96	22.78	4.51	5.61****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

5.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated statistically significant differences on the total children's hope scale and its two components: the pathways and agency. Waitlisted children decreased in their hope compared to their counterparts in the intervention group who appear to have sustained significant benefits from the CBI program in relation to hope.

Their higher scores on the agency component reflect children’s perception that they can initiate and sustain action toward their desired goals, whereas their higher scores on the pathways component reflect their perceived capability to produce routes to those goals. On the other hand children in the waitlisted group reported lower levels of hope, which were reflected in their decreased scores on the agency and pathways thinking toward goals.

Table 19: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on the Children’s Hope Scale by group (n=406).

Intervention versus Waitlisted Group						
	Intervention Group (244)		Waitlisted Group (162)			
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	<i>Mean Difference</i>	<i>T</i>
Agency	1.18	4.09	-1.88	3.70	3.07	7.69****
Pathways	.71	4.37	-.74	4.08	1.45	3.37***
Hope Scale Total	1.90	7.24	-2.63	5.97	4.54	6.61****

* p < .05 ** p < .01 *** p < .001 ****p < .0001

6. PENN State Worry Questionnaire for Children (PSWQ-C)

6.1. Change in the Intervention Group who went through the CBI Program

The paired *t*-test result indicated a statistically significant change: children in the intervention group reported that they had engaged more in excessive, generalized and uncontrollable worry, after exposure to CBI.

Table 20: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on PSWQ-C (n=244).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (244)		Post- Intervention (244)		
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	<i>T</i>
PENN State Worry Questionnaire for Children	12.48	6.51	14.08	5.98	-2.86***

* p < .05 ** p < .01 *** p < .001 ****p < .0001

6.2. Change in the Waitlisted Group who did not go through the CBI Program

The paired *t*-test result indicated a statistically significant change on the PSWQ-C. Children in the waitlisted group reported that they had engaged more in excessive, generalized and uncontrollable worry after the waiting period of the intervention.

Table 21: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on PSWQ-C (n=162).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (162)		Post- Intervention (162)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
PENN State Worry Questionnaire for Children	12.62	6.51	14.66	5.16	-3.32***

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

6.3. Comparability between Intervention and Waitlisted Group on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

The *t*-test result on the pure difference scores indicated no statistically significant differences between the two groups.

Table 22: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on PSWQ-C by group (n=406).

Intervention versus Waitlisted Group						
	Intervention Group (244)		Waitlisted Group (162)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
PENN State Worry Questionnaire for Children	1.60	8.67	2.03	7.62	-.43	-.50

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

7. Impact of Event Scale (IES)

7.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated statistically significant changes between the pre- and post-intervention scores on two PTSD dimensions and on the total scale. Children had higher scores after they were exposed to the CBI program, reflecting more stressful impact of events.

Table 23: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on IES (n=244).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (244)		Post- Intervention (244)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Intrusion Scale	12.00	7.96	13.88	6.68	-2.86***
Avoidance Scale	14.66	8.73	17.32	6.48	-3.80****
IES Total	26.63	15.18	31.21	11.04	-3.83****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

7.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results indicated statistically significant changes between the pre- and post-intervention scores on one IES dimension, i.e. avoidance, and on the total IES scale.

Table 24: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on IES (n=162).

Waitlisted Group: Pre- and Post Intervention Assessment Scores					
	Pre- Intervention (162)		Post- Intervention (162)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Intrusion Scale	12.21	8.25	12.96	5.95	-1.25
Avoidance Scale	14.00	8.72	16.13	6.75	-3.18***
IES Total	26.21	15.83	28.96	10.87	-2.58**

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

7.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated no significant differences between the two groups.

Table 25: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on IES by group (n=406).

Intervention versus Waitlisted Group						
Variable	Intervention Group (244)		Waitlisted Group (162)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
Impact of Event Scale (IES)						
Intrusion Scale	1.87	10.19	.75	7.60	1.11	1.18
Avoidance Scale	2.65	10.92	2.13	8.44	.52	.51
IES Total	4.58	18.61	2.75	13.36	1.82	1.06

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

8. Strengths and Difficulties Questionnaire (SDQ - Child)

8.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated no statistically significant changes between the pre- and post-intervention scores on any of the subscales and total SDQ.

Table 26: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 6-11 years on SDQ (n=244)

Intervention Group: Pre- and Post- Intervention Assessment Scores					
Variable	Pre-Intervention (244)		Post-Intervention (244)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Hyperactivity	3.49	1.90	3.60	1.99	-.75
Emotional Symptoms	3.75	2.18	3.86	1.98	-.60
Conduct Problems	2.65	2.25	2.77	2.01	-.75
Peer Problems	3.39	1.82	3.44	1.88	-.35
Prosocial	7.35	2.03	7.25	2.03	.63
Total SDQ	13.29	5.81	13.64	5.75	-.80

* $p < .05$

** $p < .01$

*** $p < .001$

**** $p < .0001$

8.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results indicated statistically significant changes between the pre- and post-intervention scores on all subscales of SDQ and total scale. Waitlisted children reported a significant increase in inattentiveness/hyperactivity, emotional symptoms, and conduct problems, peer problems and in the overall emotional and behavioral difficulties. By the same token, they reported a significant decrease in prosocial behavior.

Table 27: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 6-11 years on SDQ (n=244)

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
Variable	Pre-Intervention (162)		Post-Intervention (162)		T
	X	SD	X	SD	
Hyperactivity	3.51	1.94	4.46	1.52	-4.79****
Emotional Symptoms	3.74	2.25	4.75	1.94	-4.39****
Conduct Problems	3.00	2.10	4.75	1.96	-4.39****
Peer Problems	3.70	1.90	4.26	1.69	-2.76***
Prosocial	7.33	2.38	6.36	2.09	4.47****
Total SDQ	14.09	5.90	17.49	4.73	-5.46****

* p < .05 ** p < .01 *** p < .001 ****p < .0001

8.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated statistically significant differences between the groups on the total SDQ and all subscales. Children in the waitlisted group exhibited a cluster of interrelated inappropriate behaviors more than their respective counterparts in the intervention group such as hyperactivity, emotional symptoms, conduct problems, and peer problems. Also, waitlisted children had lower scores on the prosocial behavior than did children in the intervention group, which indicate a persistent pattern of negative change as observed in a decrease in considering other people’s feelings, helping, sharing and caring for others.

Table 28: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 6-11 years on SDQ by group (n=406).

Intervention versus Waitlisted Group						
	Intervention Group (244)		Waitlisted Group (162)		Mean Difference	T
	X	SD	X	SD		
Hyperactivity	.11	2.37	.95	2.50	.83	3.37***
Emotional Symptoms	.10	2.75	1.00	2.87	-.89	-3.12***
Conduct Problems	.11	2.38	.91	2.81	-.80	-3.05***
Peer Problems	.05	2.33	.55	2.53	-.50	-2.03*
Prosocial	-.09	2.41	-.96	2.74	.87	3.36***
Total SDQ	.34	6.56	3.39	7.68	-3.05	-4.18****

* p < .05 ** p < .01 *** p < .001 ****p < .0001

The findings presented in this Chapter are summarized in Overview Table I CBI Impact According to Age Group (Young Children).

Overview 1 - CBI Impact According to Age Group

CBI IMPACT ON YOUNG CHILDREN (6-11 years)

CBI IMPACT			
	CBI Group: Pre- and Post- Intervention Comparison	Waitlisted Group: Pre- and Post- Intervention Comparison	CBI IMPACT
Child and Adolescent Strengths Assessment (CASA)	No statistically significant differences on any of the six dimensions.	Statistically significant differences on 4/6 dimensions [*/****]: a decrease in positive familial relations [*]; a decrease in psychological strengths (less sense of humor, less adaptability to stressful life circumstances, etc) [*]; and a decrease in good supportive relationships with peers [*]. Increased expression of religious and spiritual beliefs, and increased participation in religious services[****].	Statistically significant impact on 1/6 dimensions (peer strengths) [*]. CBI was effective in training young children to communicate more effectively with their peers. CBI children maintained their negotiation skills with their peers, kept close friends, and remained well liked by their peers.
Youth Coping Inventory (YCI)	Statistically significant difference on 2/3 dimensions, not on the total YCI scale: CBI children engaged less in spiritual and personal development [*] and there was a stronger tendency towards exacerbating interpersonal tensions and conflicts[**].	Statistically significant difference on 3/3 dimensions [****/****], not on the total YCI scale: children engaged less in spiritual and personal development [***] and there was a stronger tendency towards exacerbating interpersonal tensions and conflicts [****]. Children also had less positive appraisal and problem solving skills [****].	No statistically significant impact.
Children's Attributional Style Questionnaire-Revised (CASQ-R)	Statistically significant difference on the positive score [*] and the composite score [*,] not on the negative score. CBI children displayed a less depressed attitude in their reaction to negative events and a more positive attitude in their reactions to good events, conveying a belief of personal responsibility and control.	Statistically significant difference on the negative score [****], the positive score [****] and the composite score [****]. This essentially means that children displayed more "depressive" reactions to good or bad events, conveying among other things illusions of lack of personal responsibility and control. For example, they assumed personal blame in the case of negative events while positive events were assumed to be caused by external factors that had nothing to do with themselves.	Statistically significant impact on positive score [***], negative score [****], composite score [****]. CBI was very effective in improving young children's reactions to good or bad events, strengthening their belief in personal responsibility and sense of control in the case of good events, and lessening the tendency towards self-blame or doom-thinking in the case of negative events.

<p>Children's Attribution and Perceptions Scale (CAPS)</p>	<p>Statistically significant difference on 1/4 dimensions [****], not on the composite score. CBI children reflected a greater sense of feeling different from their peers [***]. No statistically significant difference in terms of self-blame for negative events, perceived credibility, and interpersonal trust, nor in the total score.</p>	<p>Statistically significant differences on 4/4 scores and on composite score [****]. Waitlisted children have a greater sense of feeling different from their peers [****], heightened self-blame for negative events [****], lower perceived credibility [***], and reduced interpersonal trust [****].</p>	<p>Statistically significant impact on 3/4 dimensions and on the composite score [****]: CBI was very effective in preventing young children from falling victim to heightened self-blame for negative events [****], lower perceived credibility [***], and reduced interpersonal trust [****].</p>
<p>Children's Hope Scale (Hope)</p>	<p>Statistically significant changes in the total scale [****] and 2/2 sub-components: agency [**] and pathways [****]. Children are more hopeful, based both on an increased belief in their capabilities to achieve a goal, and to initiate and sustain momentum towards that goal.</p>	<p>Statistically significant changes in the opposite direction, both regarding total scale [****] and the 2/2 sub-components: agency [****] and pathways [*]. Children are less hopeful, based on a decreased belief in their capability to achieve a goal and to initiate and sustain momentum towards the goal.</p>	<p>Statistically significant impact on total scale [****] and on 2/2 sub-components: agency [****] and pathways [***]. CBI was very effective in increasing children's hope and their belief in their capabilities to achieve their goals.</p>
<p>PENN State Worry Questionnaires for Children (PSWQ-C)</p>	<p>Statistically significant difference [****]: children were more engaged in excessive generalized and uncontrollable worry.</p>	<p>Statistically significant difference [****]: children were more engaged in excessive generalized and uncontrollable worry.</p>	<p>No statistically significant impact.</p>
<p>Impact of Event Scale (IES)</p>	<p>Statistically significant difference on composite score [****] and sub-scales: intrusion [***] and avoidance [****]: reflecting more stressful impact of events.</p>	<p>Statistically significant difference on composite score [**] and on 1/2 sub-scale: avoidance [****]: reflecting more stressful impact of events</p>	<p>No statistically significant impact.</p>
<p>Strengths and Difficulties Questionnaire (SDQ - Child)</p>	<p>No statistically significant difference on any of the 5 subscales nor on the total SDQ scale.</p>	<p>Statistically significant differences on 5/5 sub-scales and total SDQ scale [****]. Children reported a significant increase in the inattentive/hyperactivity [****], emotional symptoms [****], conduct problems [****], and peer problems [***] and a significant decrease in prosocial behavior such as consideration for other people's feelings, helping, sharing, and caring for others [****].</p>	<p>Statistically significant impact on total score [****] and on 5/5 sub-scales: hyperactivity [***], emotional symptoms [***], conduct problems [****], peer problems [***] and decrease in pro-social behavior [****]. CBI was very effective in preventing an increase in emotional and behavioral difficulties and a decrease in pro-social behavior in young children.</p>

Statistical Significance: *p<.05 **p<.01 ***p<.001 ****p<.0001

V. CBI IMPACT ON ADOLESCENTS (12-16 YEARS): INTERVENTION VERSUS WAITLISTED GROUP

1. Child and Adolescent Strengths Assessment (CASA)

1.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated statistically significant differences between the pre- and post-intervention scores on two dimensions of CASA, namely, the morality/spirituality and extracurricular strengths. Adolescents in the intervention group reported a decrease in morality and spirituality. They did not practice religious activities as they did prior to the psychosocial intervention. Their active identification with religion, attendance of religious services, and participation in religious groups also decreased after the intervention. In addition, adolescents in the intervention group had a decrease in their artistic endeavors, hobbies and in their participation in community service youth groups.

Table 29: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 12-16 years on CASA (n=136).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (136)		Post- Intervention (136)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Family Strengths	9.59	2.51	9.31	2.46	1.01
School/Vocational Strengths	10.33	3.38	10.30	3.63	.08
Psychological Strengths	6.36	2.13	6.41	2.16	-.21
Peer Strengths	4.69	1.31	4.68	1.41	.09
Morality/Spirituality	5.10	2.15	4.48	1.77	2.86***
Extracurricular Strengths	4.54	2.14	4.04	1.90	2.21*

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

1.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results indicated no statistically significant differences between the pre-intervention and post-intervention scores of waitlisted children.

Table 30: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 12-16 years on CASA (n=122).

Waitlisted Group: Pre and Post-Intervention Assessment Scores					
	Pre- Intervention (122)		Post- Intervention (122)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Family Strengths	10.49	2.13	9.84	2.48	.85
School/Vocational Strengths	10.06	3.58	9.53	3.49	1.19
Psychological Strengths	6.21	2.46	5.77	2.22	1.56
Peer Strengths	4.42	1.61	4.13	1.64	1.69
Morality/Spirituality	5.28	1.96	4.90	1.91	1.75
Extracurricular Strengths	4.36	2.01	4.14	2.05	1.04

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

1.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated no significant differences between the two groups on any of the CASA dimensions.

Table 31: Means and standard deviations of the pure difference between pre- and the post-intervention scores for children aged 12-16 years on CASA by group (n=258).

Intervention versus Waitlisted Group						
CASA Dimensions	Intervention Group (136)		Waitlisted Group (122)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
Family Strengths	-.28	3.22	-.20	2.65	-.07	-.20
School/Vocational Strengths	-.02	4.26	-.52	4.82	.49	.87
Psychological Strengths	.05	2.82	-.43	3.06	.48	1.32
Peer Strengths	-.01	1.87	-.28	1.88	.27	1.16
Morality/Spirituality	-.61	2.51	-.38	2.43	-.23	-.75
Extracurricular Strengths	-.50	2.63	-.21	2.26	-.28	-.93

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

2. The Adolescent-Coping Orientation for Problem Experiences (A-COPE)

2.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated one coping pattern for which adolescents in the intervention group had significantly lower mean scores (positive change) after they were exposed to the intervention: ventilating feelings. Adolescents' expression of frustration and tensions such as yelling, blaming others, saying mean things and complaining to friends or family, were reduced after they had been enrolled in the CBI sessions. There are three coping patterns as measured by the A-Cope for which adolescents in the intervention group had significantly lower mean scores (negative change) after they were exposed to the intervention: solving family problems, seeking professional support, and engaging in demanding activity. After CBI, adolescents were less inclined to work out difficult issues with family members and to reduce tension in the home by agreeing to parents' requests and rules. Also, adolescents were less inclined after the intervention, to get professional help from counselors or teachers about difficult problems, to engage in demanding activities such as strenuous physical activity, or to work hard on schoolwork.

Table 32: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 12-16 years on A-COPE (n=136).

Intervention Group: Pre - and Post-Intervention Assessment Scores					
Coping Pattern	Pre- Intervention (136)		Post- Intervention (136)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Ventilating feelings	20.70	2.91	19.72	3.29	2.95***
Seeking diversions	20.48	5.45	20.38	5.56	.21
Developing self-reliance and optimism	18.78	4.56	18.03	4.22	1.86
Developing social support	17.88	3.83	17.78	4.56	.26
Solving family problems	19.41	4.37	18.63	4.70	1.94*
Avoiding problems	15.02	2.70	15.14	2.53	-.42
Seeking spiritual support	8.25	2.90	8.14	2.84	.39
Investing in close friends	6.07	2.23	6.32	2.29	-1.14
Seeking professional support	4.77	1.95	4.30	1.75	2.56**
Engaging in demanding activity	12.05	3.54	11.39	3.64	2.24*
Being humorous	5.02	1.93	5.05	1.89	-.16
Relaxing	11.70	2.86	11.44	2.59	1.05

* $p < .05$

** $p < .01$

*** $p < .001$

**** $p < .0001$

2.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results revealed statistically significant differences between the pre- and post-intervention scores on developing social support, seeking spiritual support, and relaxing. Waitlisted adolescents made fewer efforts to emotionally connect with other people through reciprocal problem solving, and expression of affect (e.g., helping others solve their problems, talking to a friend about one's feelings, apologizing to others). Also, adolescents relied less on coping behaviors to reduce tension such as listening to music. In addition, adolescents had a significantly higher mean score on seeking spiritual support after the waiting period. Their coping styles focused on religious behaviors such as praying, going to mosque, or talking to a sheikh or to religious people.

Table 33: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 12-16 years on A-COPE (n=122).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (122)		Post- Intervention (122)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Coping Pattern					
Ventilating feelings	20.77	3.51	20.68	3.31	.25
Seeking diversions	19.65	4.89	19.54	5.27	.29
Developing self-reliance and optimism	18.71	4.13	18.16	4.31	1.17
Developing social support	18.45	4.16	17.31	3.95	2.79***
Solving family problems	18.95	4.02	18.25	4.82	1.66
Avoiding problems	15.90	2.43	15.70	2.53	.73
Seeking spiritual support	7.82	2.89	8.35	2.55	-2.03*
Investing in close friends	5.68	1.99	5.92	2.12	-.99
Seeking professional support	5.00	2.12	4.59	1.88	1.78
Engaging in demanding activity	11.57	3.16	11.76	3.52	-.54
Being humorous	5.04	1.99	4.89	2.03	.71
Relaxing	11.40	2.93	10.55	2.64	2.86***

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

2.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated no significant differences between groups, except for developing social support. Waitlisted adolescents didn't invest efforts to stay emotionally connected with other people compared to adolescents in the intervention group. Their relations with others in terms of problem solving and expression of affect were more reduced after the waiting period compared to their counterparts who were exposed to the CBI.

Table 34: Means and standard deviations of the pure difference between pre- and post-intervention scores for children aged 12-16 years on A-COPE by group (n=258).

Intervention versus Waitlisted Group						
	Intervention Group (136)		Waitlisted Group (122)		Mean Difference	T
	X	SD	X	SD		
Coping Pattern						
Ventilating feelings	-.97	3.85	-.09	3.96	-.88	-1.8
Seeking diversions	-.09	5.28	-.15	5.81	.05	.08
Developing self-reliance and optimism	-.70	4.6	-.54	5.1	-.20	-.33
Developing social support	-.09	4.22	-1.13	4.47	1.03	1.91*
Solving family problems	-.77	4.62	-.70	4.67	-.06	-.11
Avoiding problems	.11	3.00	-.19	2.98	.30	.82
Seeking spiritual support	-.10	3.00	.52	2.86	-.63	-1.70
Investing in close friends	.25	2.55	.23	2.63	.01	.03
Seeking professional support	-.47	2.14	-.40	2.53	-.06	-.20
Engaging in demanding activity	-.65	3.39	.19	3.83	-.84	-1.87
Being humorous	.02	2.12	-.14	2.27	.17	.64
Relaxing	-.25	2.85	-.85	3.28	.59	1.55

* p < .05 ** p < .01 *** p < .001 ****p < .0001

3. Children’s Hope Scale (Hope)

3.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results revealed that children in the intervention group had higher scores on the total children’s hope scale after they were exposed to the psychosocial intervention. However, no significant changes were found on the pathways and agency components. The overall higher hope among adolescents in the post-intervention phase reflects an increase in their belief in their capabilities to produce workable routes to goals and in their efforts to sustain those goals.

Table 35: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 12-16 years on the Children’s Hope Scale (n=136).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (136)		Post- Intervention (136)		T
	X	SD	X	SD	
Agency	12.48	2.65	12.34	2.87	.50
Pathways	12.03	2.63	11.56	2.88	.10
Hope Scale Total	21.19	3.77	23.91	5.17	-6.20****

* p < .05 ** p < .01 *** p < .001 ****p < .0001

3.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results revealed that waitlisted children had higher scores on the total children's hope scale. However, no significant changes were found on the pathways and agency components. The overall higher hope scores reflect an increase in the belief in their capabilities to produce workable routes to goals and in their efforts to sustain momentum towards those goals.

Table 36: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 12-16 years on the Children's Hope Scale (n=122).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (122)		Post- Intervention (122)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Agency	11.84	3.02	11.31	3.10	1.64
Pathways	12.78	2.50	12.17	2.89	2.42
Hope Scale Total	21.18	4.25	23.48	5.26	-4.88****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

3.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated no statistically significant differences on either the total hope scale or on the pathways and agency components.

Table 37: Means and standard deviations of the pure difference between pre- and the post-intervention scores for children aged 12-16 years on the Children's Hope Scale by group (n= 258).

Intervention versus Waitlisted Group						
Variable	Intervention Group (136)		Waitlisted Group (122)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
Agency	-.13	3.24	-.61	2.80	.47	1.25
Pathways	-.47	3.36	-.53	3.57	.06	.14
Hope Scale Total	2.71	5.09	2.29	5.18	.41	.65

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

4. PENN State Worry Questionnaire for Children (PSWQ-C)

4.1. Change in the Intervention Group who went through the CBI Program

The paired *t*-test result indicated no statistically significant change (see Table 34).

Table 38: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 12-16 years on PSWQ-C (n=136).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (136)		Post- Intervention (136)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
PENN State Worry Questionnaire for Children	12.08	5.20	12.84	5.12	-1.45

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

4.2. Change in the Waitlisted Group who did not go through the CBI Program

The paired *t*-test result indicated no statistically significant change.

Table 39: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 12-16 years on PSWQ-C (n=122).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (122)		Post- Intervention (122)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
PENN State Worry Questionnaire for Children	13.26	5.68	13.03	6.14	.41

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

4.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

The *t*-test result on the pure difference score indicated no statistically significant differences between the two groups.

Table 40: Means and standard deviations of the pure difference between pre- and the post-intervention scores for children aged 12-16 years on PSWQ-C by group (n= 258).

Intervention versus Waitlisted Group						
Variable	Intervention Group (136)		Waitlisted Group (122)		Mean Difference	T
	X	SD	X	SD		
PENN State Worry Questionnaire for Children	.75	6.08	-.23	6.18	.99	1.29

* p < .05 ** p < .01 *** p < .001 ****p < .0001

5. The Impact of Event Scale (IES)

5.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated statistically significant changes between the pre- and post-intervention scores on one IES dimension, namely avoidance, and on the total scale. These changes reflect an increased frequency of avoidance symptoms after CBI intervention.

Table 41: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 12-16 years on IES (n=136).

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (136)		Post- Intervention (136)		T
	X	SD	X	SD	
Intrusion Scale	12.47	6.34	13.15	6.69	-1.16
Avoidance Scale	16.01	6.61	17.45	7.76	-1.91*
IES Total	28.51	10.93	30.69	12.37	-2.05*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

5.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results indicated no statistically significant changes between the pre- and post-intervention scores neither on the two dimensions of IES nor on the total scale.

Table 42: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 12-16 years on IES (n=122).

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre- Intervention (122)		Post- Intervention (122)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Intrusion Scale	13.20	7.07	13.19	7.52	.01
Avoidance Scale	17.39	7.39	16.58	7.56	.98
IES Total	30.84	12.15	29.85	13.01	.79

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

5.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated statistically significant differences between groups. In fact, adolescents in the intervention group reported increased stressful impact of the event, especially in the frequencies of the avoidance symptoms, compared to adolescents in the waitlisted group.

Table 43: Means and standard deviations of the pure difference between pre- and the post-intervention scores for children aged 12-16 years on IES by group (n= 258).

Intervention versus Waitlisted Group						
	Intervention Group (136)		Waitlisted Group (122)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
Intrusion Scale	.67	6.78	-.00	8.01	.68	.74
Avoidance Scale	1.43	8.73	-.80	8.96	2.24	2.01*
IES Total	2.18	12.35	-.99	13.46	3.17	1.95*

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

6. The Rosenberg's Self Esteem Scale (RSE)

6.1. Change in the Intervention Group who went through the CBI Program

The paired *t*-test result indicated no statistically significant change.

Table 44: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 12-16 years on RSE (n=136)

Intervention Group: Pre- and Post-Intervention Assessment Scores					
	Pre-Intervention (136)		Post-Intervention (136)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Self Esteem Scale	19.88	3.50	20.26	3.55	1.15

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

6.2. Change in the Waitlisted Group who did not go through the CBI Program

The paired *t*-test result indicated no statistically significant change.

Table 45: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 12-16 years on RSE (n=122)

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
	Pre-Intervention (122)		Post-Intervention (122)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Self Esteem Scale	19.80	3.56	19.78	3.96	.04

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

6.3. Comparability between Intervention and Waitlisted Groups on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

The *t*-test result on the pure difference score revealed no statistically significant differences.

Table 46: Means and standard deviations of the pure difference between pre- and the post-intervention scores for children aged 12-16 years on RSE by group (n= 258).

Intervention versus Waitlisted Group						
	Intervention Group (136)		Waitlisted Group (122)		<i>Mean Difference</i>	<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>		
Self Esteem Scale	.37	3.80	-.01	4.09	.39	.79

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

7. Strengths and Difficulties Questionnaire (SDQ - Child)

7.1. Change in the Intervention Group who went through the CBI Program

Paired *t*-test results indicated no statistically significant changes between the pre- and post-intervention scores on any of the subscales and total SDQ.

Table 47: Means and standard deviations of pre- and post-intervention scores for the intervention group of children aged 12-16 years on SDQ (n=136)

Intervention Group: Pre- and Post-Intervention Assessment Scores					
Variable	Pre-Intervention (136)		Post-Intervention (136)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Hyperactivity	3.30	1.79	3.45	1.65	-.80
Emotional Symptoms	3.80	1.93	3.41	2.00	2.32
Conduct Problems	2.61	1.62	2.67	1.72	-.41
Peer Problems	3.54	1.79	3.33	1.59	1.10
Prosocial	7.31	1.80	7.00	2.11	1.52
Total SDQ	13.28	5.00	12.85	4.59	1.04

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

7.2. Change in the Waitlisted Group who did not go through the CBI Program

Paired *t*-test results indicated no statistically significant changes between the pre- and post-intervention scores on all subscales of SDQ - Child and on total scale, except for the hyperactivity scale. Children in the waitlisted group reported a significant decrease in the hyperactivity scale after the waiting period.

Table 48: Means and standard deviations of pre- and post-intervention scores for the waitlisted group of children aged 12-16 years on SDQ (n=122)

Waitlisted Group: Pre- and Post-Intervention Assessment Scores					
Variable	Pre-Intervention (122)		Post-Intervention (122)		<i>T</i>
	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	
Hyperactivity	4.00	1.62	3.49	1.81	2.67***
Emotional Symptoms	4.08	2.13	3.89	2.32	.89
Conduct Problems	2.78	1.88	2.58	1.75	1.02
Peer Problems	3.41	1.70	3.31	1.74	.52
Prosocial	7.29	1.77	7.04	1.79	1.36
Total SDQ	14.23	5.22	13.30	5.63	1.85

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

7.3. Comparability between Intervention and Waitlisted Group on the changing scores between Pre-Intervention and Post-Intervention Assessments: Impact of CBI

T-test results on the pure difference scores indicated statistically significant differences between groups on the hyperactivity subscale. Waitlisted adolescents decreased in hyperactivity symptoms more than their respective counterparts in the intervention group.

Table 49: Means and standard deviations of the pure difference between pre- and the post-intervention scores for children aged 12-16 years on SDQ by group (n= 258).

Intervention versus Waitlisted Group						
Variable	Intervention Group (136)		Waitlisted Group (122)		Mean Difference	T
	X	SD	X	SD		
Hyperactivity	.14	2.14	-.50	2.10	.65	2.47**
Emotional Symptoms	-.39	1.98	-.18	2.34	-.20	-.77
Conduct Problems	.05	1.65	-.19	2.13	.25	1.08
Peer Problems	-.20	2.12	-.09	1.93	-.11	-.44
Prosocial Behavior	-.30	2.30	-.24	1.99	-.05	-.21
Total SDQ	-.42	4.70	-.93	5.47	.50	.78

* p < .05 ** p < .01 *** p < .001 ****p < .0001

The findings presented in this Chapter are summarized in Overview II “CBI Impact According to Age Group (Adolescents)”.

ADOLESCENTS (12-16 years)

Strengths and Difficulties Questionnaire (SDQ - Child)	No statistically significant difference.	Statistically significant difference on 1/5 sub-scales, not on total SDQ: there was a significant decrease in inattentive/hyperactivity behavior [****].	Statistically significant impact on 1/5 subscore [**], not on total score: CBI played a role in preventing a decrease in hyperactivity in youth. Hyperactivity decreased more among waitlisted groups than among CBI kids.
Rosenberg's Self Esteem Scale (RSE)	No statistically significant difference.	No statistically significant difference.	No statistically significant difference.

Statistical Significance: *p<.05 **p<.01 ***p<.001 ****p<.0001

Overview II - CBI Impact According to Age Group

ADOLESCENTS (12-16 years)

	CBI Group: Pre and Post-Intervention Comparison	Waitlisted Group: Pre and Post-Intervention Comparison	CBI IMPACT
Child and Adolescent Strengths Assessment (CASA)	Statistically significant differences on 2/6 dimensions: a decrease in active identification with religion and participation in religious groups [***], and a decrease in extra-curricular endeavors, hobbies, and participation in community service groups [*].	No statistically significant differences on any of 6 dimensions.	No statistically significant impact.
Adolescent Coping Orientation for Problem Experience (A-COPE)	Statistically significant differences on 4/12 dimensions: a positive change is the reduction in venting feelings through yelling and blaming others [***]. On the other hand, there was negative change on 3 other dimensions: after CBI, children were less inclined to work out problems with family members [*], seek professional support [**] or engage in a demanding activity [*].	Statistically significant differences on 3/12 dimensions: adolescents were less inclined to stay emotionally connected or develop social support [***]; they were less inclined to do activities that reduce tension (such as listening to music) [***], and they were increasingly seeking spiritual support [*].	Statistically significant impact on 1/12 dimensions [*]: CBI was instrumental in helping youth make efforts to remain emotionally connected with other people.
Children's Hope Scale (Hope)	Statistically significant change on total scale [****], not on the two sub-components. Overall, youth appear more hopeful following CBI intervention.	Statistically significant change on total scale [****], not on the two sub-components. Overall, adolescents display a more hopeful attitude.	No statistically significant impact.
PENN State Worry Questionnaire for Children (PSWQ-C)	No statistically significant difference.	No statistically significant difference.	No statistically significant impact.
Impact of Event Scale (IES)	Statistically significant difference on composite scale [*] and 1/2 sub-scales: avoidance [*]: reflecting more avoidance and increased impact of events.	No statistically significant difference.	Statistically significant impact on composite scale [*] and 1/2 sub-scales: avoidance [*]: CBI played a role in increasing stressful impact of events with youth. Youth displayed a greater tendency to avoid dealing with life's traumatic events.

VI. GENDER DIFFERENCES IN CBI IMPACT

Since outcome variability in terms of CBI impact may be explained by gender difference, further analysis was conducted to examine the comparability between the intervention and waitlisted groups on the changing scores between pre-intervention assessment and post-intervention assessment for females and males separately in each age group. This was especially important for the older age group given that, as a result of attrition between the pre-intervention and post-intervention stages of the study, the post-intervention sample of adolescents was characterized by a ratio of 2:1 males to females (174 males + 84 females) - quite different from the ratio in the pre-intervention sample of 1:1 males to females (174 males + 170 females).

The pure difference between pre-intervention and post-intervention scores for all scales and their various dimensions were calculated. Then *t*-tests were used to determine whether there were statistically significant differences between the intervention and waitlisted groups. The analysis was done for both the younger age children and the older age children. Significant results are reported below.

1. Gender Differences for Children Aged 6 to 11 Years

The additional analysis demonstrated interesting gender differences within the overall picture of CBI's positive impact on young Palestinian children. For example, CBI appears to be very effective in boosting young boys' belief in personal responsibility and control, but it is not the case for the young girls. On the other hand, both boys and girls react positively to CBI in terms of maintaining hope. Overall, it can be stated that, while CBI benefits both young boys and girls, the sessions appear to have a greater impact on young boys than on young girls. The findings, which are presented in detail below, provide a basis for continued fine-tuning of CBI implementation in the West Bank and Gaza.

1. 1. CBI Impact on Young Boys (6-11 Years)

Statistically significant differences were found between the intervention and waitlisted groups on all CBI impact assessment instruments except one: the Impact of Event Scale (IES).

Child And Adolescent Strength Assessment (CASA)

Statistically significant differences were found between the intervention and the waitlisted groups on two of the six CASA dimensions, namely family strengths and peer strengths:

Boys in both the intervention and the waitlisted group reported a deterioration in their relations with parents, siblings, relatives at time 2 (post-intervention phase). The deterioration however

was more severe in the waitlisted group than in the intervention group. By the same token, a statistically significant difference was found between the boys in the intervention group and in the waitlisted group with regard to peer strengths. While the former group saw no deterioration in their relations with their peers, this was not the case for the latter group: many of the boys in the waitlisted group reported not having any relations with peers and if they did, these relations became more distant, conflictual, and/or not warm and supportive.

Table 50: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys aged 6-11 years on CASA by group (n=202).

Intervention versus Waitlisted Group						
CASA Dimensions	Intervention Group (124)		Waitlisted Group (78)		Mean Difference	T
	X	SD	X	SD		
Family Strengths	-0.45	3.18	-1.41	3.45	.95	1.99*
Peer Strengths	.03	1.78	-.67	2.15	.71	2.54*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Youth Coping Inventory (YCI)

No statistical significant difference was found between the two groups on the total YCI scale, nor on two of the three YCI sub-scales. However, a significant difference was found on one sub-scale: incendiary communication and tension management.

Boys in the waitlisted group reported a significant increase in their tendency to exacerbate interpersonal tensions and conflicts; they also showed a much stronger tendency to minimize the significance of a problem (tension management). In contrast, children in the intervention group tended to shy away from adopting such strategies after they had been exposed to the CBI program.

Table 51: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys aged 6-11 years on YCI by group (n=202).

Intervention versus Waitlisted Group						
Subscale	Intervention Group (124)		Waitlisted Group (78)		Mean Difference	T
	X	SD	X	SD		
Incendiary Communication and Tension Management	-0.59	5.96	3.88	7.94	-4.47	-4.54****

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Children's Attributional Style Questionnaire (CASQ)

Significant differences were found on all CASQ-R composites between the intervention and the waitlisted groups at the post-intervention stage, indicating a strong impact of the CBI program in terms of improving younger boys' reactions to positive or negative events. Following the intervention, CBI children displayed a more positive attitude in their reactions to good events and less depressed behavior in reaction to negative events, conveying a belief in personal responsibility and control. In contrast, young boys who had been waitlisted displayed more depressive reactions to negative events and displayed less belief in personal control and responsibility.

Table 52: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys aged 6-11 years on CASQ-R by group (n=202).

Intervention versus Waitlisted Group						
	Intervention Group (124)		Waitlisted Group (78)			
CASQ-R Composites	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	<i>Mean difference</i>	<i>T</i>
CASQ-R positive score	.64	2.15	-.97	2.45	1.61	4.85****
CASQ-R negative score	-.55	2.37	1.98	3.06	-2.54	-6.58****
CASQ-R overall score	1.18	3.52	-2.89	4.36	4.08	7.20****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

Children's Attribution and Perceptions Scale (CAPS)

The results indicated statistically significant differences between the two groups on the total CAPS as well as on all sub-scales. Children in the waitlisted group reflected a greater sense of feeling different from peers, heightened self blame for negative events, lower perceived credibility and reduced interpersonal trust after the waiting period, while this was not the case for the children who participated in the CBI.

Table 53: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys aged 6-11 years on CAPS by group (n=202).

Intervention versus Waitlisted Group						
	Intervention Group (124)		Waitlisted Group (78)			
CAPS Scale	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	<i>Mean Difference</i>	<i>T</i>
Feeling Different From Peers	.58	3.32	2.56	4.05	-1.97	-3.77****
Personal Attributions for Negative Events	-.04	3.98	3.20	5.35	-3.24	-4.90****
Perceived Credibility	-.70	5.03	1.10	4.80	-1.80	-2.52**
Interpersonal Trust	-.67	3.45	2.76	7.21	-3.44	-4.54****
CAPS total	-.82	9.60	9.59	17.14	-10.42	-5.50****

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

Children's Hope Scale (Hope)

Statistically significant differences were found between the intervention and waitlisted groups, on the total Children's Hope Scale as well as on its two components: the pathways and agency. Overall, children in the waitlisted group displayed less hope, while their counterparts in the intervention group had higher hopes after they were exposed to the CBI sessions. By the same token, the CBI children's belief in their ability to find ways towards their goals and to actually reach their goals was stronger following the intervention.

Table 54: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys aged 6-11 years on the Children's Hope Scale by group (n=202).

Intervention versus Waitlisted Group						
Variable	Intervention Group (124)		Waitlisted Group (78)		Mean Difference	T
	X	SD	X	SD		
Hope Scale						
Agency	.98	4.16	-2.2	3.73	3.18	5.58****
Pathways	.33	3.92	-1.09	4.18	1.42	2.43*
Hope Scale Total	1.31	6.86	-3.31	6.27	4.79	4.62****

* p < .05 ** p < .01 *** p < .001 ****p < .0001

PENN State Worry Questionnaire for Children (PSWQ-C)

Children in the waitlisted group reported that they had engaged more in excessive, generalized and uncontrollable worry at the post-intervention stage, compared to boys in the intervention group who reported only slightly increased worries.

Table 55: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys aged 6-11 years on PSWQ-C by group (n=202).

Intervention versus Waitlisted Group						
Variable	Intervention Group (124)		Waitlisted Group (78)		Mean Difference	T
	X	SD	X	SD		
PENN State Worry Questionnaire for Children	.62	7.54	4.11	8.66	-3.49	-2.99***

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Strengths and Difficulties Questionnaire (SDQ - Child)

Statistically significant differences between groups were found on the total SDQ and on all subscales. Waitlisted boys increasingly exhibited a cluster of interrelated inappropriate behaviors such as hyperactivity, emotional symptoms, conduct problems, and peer problems, while this was not the case for their counterparts in the intervention group. The boys in the waitlisted group also exhibited a significant decrease in pro-social characteristics such as consideration of other people's feelings, helping, sharing and caring for others, while the decrease is much less significant for the intervention group.

Table 56: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys aged 6-11 years on SDQ by group (n=202).

Intervention versus Waitlisted Group						
Variable	Intervention Group (124)		Waitlisted Group (78)		Mean Difference	T
	X	SD	X	SD		
Hyperactivity	.08	2.34	1.34	3.00	1.25	3.28***
Emotional Symptoms	.11	2.64	1.26	3.12	-1.15	-2.77***
Conduct Problems	-.05	2.58	1.28	2.96	-1.33	-3.33***
Peer Problems	.37	2.27	1.31	2.74	-.93	-2.57**
Prosocial	-.29	2.44	-1.92	2.65	1.63	4.45****
Total SDQ	.45	6.90	5.09	9.69	-4.64	-3.84****

* p < .05

** p < .01

*** p < .001

****p < .0001

1. 2. CBI Impact on Young Girls (6-11 Years)

Statistically significant differences were found between the intervention group and the waitlisted group on all CBI impact assessment instruments except the Children Attributional Style Questionnaire Revised (CASQ-R) and the Children's Attribution and Perceptions Scale (CAPS).

Child And Adolescent Strength Assessment (CASA)

A statistically significant difference was found between the intervention and the waitlisted groups on one of the six CASA dimensions: extracurricular strengths. Following the CBI intervention, CBI children reported a decline in artistic or creative interests, hobbies or participation in community service youth groups. In contrast, girls in the waitlisted group showed more extracurricular strengths after the waiting period.

Table 57: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls aged 6-11 years on CASA by group (n=204).

Intervention versus Waitlisted Group						
	Intervention Group (120)		Waitlisted Group (84)		Mean Difference	T
	X	SD	X	SD		
CASA Dimensions						
Extracurricular Strengths	-41	2.18	.30	2.51	-.72	-2.19*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Youth Coping Inventory (YCI)

Statistically significant differences were found between the intervention group and the waitlisted group on two out of three YCI dimensions as well as on the total YCI scale. Overall, it can be stated that CBI was instrumental in strengthening young girls' coping strategy (as defined by YCI). Girls exposed to the CBI program developed more positive appraisal and problem solving skills when faced with difficult circumstances, while their counterparts in the waitlisted group reflected a decrease in positive appraisal and problem solving skills after the waiting period. The skills include trying to see good in difficult situations, trying to reason with family members and to talk things through; trying to keep up friendships and so forth. On the other hand, while girls in both groups worsened in incendiary communication and tension management strategies, the tendency manifested itself more strongly in the intervention group: CBI girls adopted more strategies that exacerbated interpersonal tensions and conflicts, as well as cognitive appraisal strategies that minimize the significance of the problem compared to females in the waitlisted group. Many of these behaviors include blaming others for what's going wrong, getting angry, yelling at people, and letting of steam by complaining to friends.

Table 58: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls aged 6-11 years on YCI and subscales by group (n=204).

Intervention versus Waitlisted Group						
Subscale	Intervention Group (120)		Waitlisted Group (84)		Mean Difference	T
	X	SD	X	SD		
Positive Appraisal And Problem Solving	.44	8.66	-2.14	8.67	2.59	2.29*
Incendiary Communication and Tension Management	4.22	6.17	1.60	6.45	2.61	2.92***
Youth Coping Index	3.87	17.97	-2.95	14.25	6.82	2.87***

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Children's Hope Scale (Hope)

Statistically significant differences were found between the intervention and the waitlisted groups on the total Children's Hope Scale as well as on its two components: pathways and agency. Young girls in the intervention group had significantly higher hopes after CBI intervention, while the waitlisted young girls saw their hope decrease during that same period. The same pattern was found for the two components: following the intervention, young girls tended to reflect a stronger belief in their capability to (i) produce ways to achieve a goal as well as (ii) sustain the necessary action towards these goals, while waitlisted young girls reflected a decrease in such thinking.

Table 59: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls aged 6-11 years on the Children's Hope Scale by group (n=204).

Intervention versus Waitlisted Group						
Variable	Intervention Group (120)		Waitlisted Group (84)		Mean Difference	T
	X	SD	X	SD		
Hope Scale						
Agency	1.40	4.03	-1.59	3.66	2.99	5.42****
Pathways	1.10	4.78	-.42	3.99	1.53	2.41**
Hope Scale Total	2.50	7.58	-2.02	5.64	4.53	4.64****

* p < .05 ** p < .01 *** p < .001 ****p < .0001

PENN State Worry Questionnaire for Children (PSWQ-C)

While both the intervention and the waitlisted group reported an increase in excessive, generalized and uncontrollable worry, the young girls in the intervention group showed a stronger increase than their counterparts in the waitlisted group.

Table 60: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls aged 6-11 years on PSWQ-C by group (n=204).

Intervention versus Waitlisted Group						
Variable	Intervention Group (120)		Waitlisted Group (84)		Mean Difference	T
	X	SD	X	SD		
PENN State Worry Questionnaire for Children	2.61	9.65	.05	5.88	2.56	2.12*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Impact of Event Scale (IES)

Statistically significant changes were found on the total IES scale as well as on one of the two IES dimensions: avoidance. Both groups reflected an increase in stressful impact of events, including avoidance, but the increase was much stronger amongst young girls from the intervention group than amongst their counterparts in the waitlisted group.

Table 61: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls aged 6-11 years on IES by group (n=204).

Intervention versus Waitlisted Group						
Variable	Intervention Group (120)		Waitlisted Group (84)		Mean Difference	T
	X	SD	X	SD		
Avoidance Scale	3.67	11.67	.36	7.82	3.30	2.24*
IES Total	6.25	20.60	.47	11.39	5.78	2.31*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Strengths and Difficulties Questionnaire (SDQ - Child)

A statistically significant difference between groups was found on the total SDQ, although not on any of its five subscales. Girls in the waitlisted group exhibited an increase in interrelated inappropriate behaviors such as hyperactivity, emotional symptoms, conduct problems, and peer problems to a much greater extent than their counterparts in the intervention group.

Table 62: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls aged 6-11 years on SDQ by group (n=204).

Intervention versus Waitlisted Group						
Variable	Intervention Group (120)		Waitlisted Group (84)		Mean difference	T
	X	SD	X	SD		
Total SDQ	.23	6.21	1.92	5.00	-1.69	-2.04*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

2. Gender Differences for Children Aged 12 to 16 Years

Additional analysis generated interesting gender differences within the overall picture of CBI impact on older Palestinian children. As will be shown in detail below, while no statistically significant positive impact was found amongst the male adolescents, the picture is quite different for the Palestinian girls for whom the CBI does yield a number of significant results. Again, these findings represent a solid basis for continuous fine-tuning of CBI implementation in the West Bank and Gaza.

2. 1. CBI Impact on Adolescent Boys (12-16 Years)

No statistically significant results were found for older Palestinian boys aged 12 to 16 years on most CBI assessment instruments, including the Child and Adolescent Strength Assessment (CASA), PENN State Worry Questionnaire, Rosenberg’s Self Esteem, Children’s Hope Scale, and the Strengths and Difficulties Questionnaire (Child Form). As to the A-COPE instrument, significant impact was found on only two of the twelve dimensions. Negative impact was found using the Impact of Event Scale (IES).

Adolescent-Coping Orientation For Problem Experiences (A-COPE)

Statistically significant differences were found on two out of twelve A-COPE dimensions in total: ventilating feelings and self-reliance. Male youth in the intervention group engaged less in ventilating feelings after the intervention, compared to males in the waitlist group who actually increased in using these coping behaviors. Also, males in the intervention group decreased in their self-reliance skills and optimism after the intervention whereas males in the waitlisted group increased in these coping patterns.

Table 63: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys 12-16 years on A-COPE by group (n=174).

Intervention versus Waitlisted Group						
Coping Pattern	Intervention Group (94)		Waitlisted Group (80)		Mean Difference	T
	X	SD	X	SD		
Ventilating feelings	-1.00	4.13	.33	4.06	-1.33	-2.13*
Developing self-reliance and optimism	-1.26	4.73	.31	5.10	-1.57	2.11*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Impact of Event Scale (IES)

Statistically significant changes were found between both groups on the total IES scale, as well as on one of the two sub-scales: avoidance. Males in the intervention group had higher scores in both instances, after they were exposed to the CBI program reflecting more stressful impact of events. In contrast, the waitlisted group showed a decrease in both total stressful impact of events and in avoidance.

Table 64: Means and standard deviations of the pure difference between pre- and post-intervention scores for boys 12-16 years on IES by group (n=174).

Intervention versus Waitlisted Group						
	Intervention Group (94)		Waitlisted Group (80)		Mean Difference	T
	X	SD	X	SD		
Avoidance Scale	2.34	8.50	-1.45	8.93	3.79	2.85**
IES Total	3.29	11.54	-.94	14.33	4.23	2.14*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

2. 2. CBI Impact on Adolescent Girls (12-16 Years)

In contrast to the older boys, female youth do appear to benefit from CBI intervention. Significant impact was found on all CBI impact assessment instruments bar two: Children’s Hope Scale and Impact of Event Scale. The impact findings are detailed below.

Child And Adolescent Strength Assessments (CASA)

Statistically significant differences were found between the intervention and waitlisted group on three out of six dimensions: family strengths, peer strengths and extracurricular strengths. While female adolescents in both the intervention group and the waitlisted group showed an increase in family strengths and peer strengths, the increase was significantly stronger amongst the girls who had benefited from CBI. CBI thus appears to have been instrumental in the development of stronger positive relations with parents, siblings, and relatives as well as with their peers. Stronger relations with family are characterized by reciprocal attachment and strong communication. By the same token, strong peer relations include ability to be open to other perspectives and to offer solutions to problems that are acceptable to all parties. As to the extracurricular strengths dimension, the picture is different: female adolescents in the intervention group reflected a decrease in extracurricular activities while their counterparts in the waitlisted group reported an increase in them.

Table 65: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls 12-16 years on CASA by group (n=84).

Intervention versus Waitlisted Group						
CASA Dimensions	Intervention Group (42)		Waitlisted Group (42)		Mean Difference	T
	X	SD	X	SD		
Family Strengths	2.02	3.02	.69	2.48	1.33	2.19*
Peer Strengths	1.11	1.59	.21	2.24	.90	2.12*
Extracurricular Strengths	-.83	2.61	.35	2.23	-1.19	-2.24*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Adolescent-Coping Orientation For Problem Experiences (A-COPE)

Statistically significant differences between groups were found on three out of the twelve A-Cope dimensions: developing self-reliance, developing social support, and relaxing. Following their participation in the CBI program, female adolescents in the intervention group reflected a significant increase in self-reliance and optimism as well as in their ability to develop social support, while their counterparts in the waitlisted group decreased in these coping patterns. It can thus be argued that CBI was instrumental in helping the beneficiary female adolescents become and feel more organized, more in charge and able to take decisions, and hence more able to think positively about what is happening to themselves. By the same token, CBI enabled these female adolescents to make more efforts to remain emotionally connected to other people (e.g., through reciprocal problem solving, helping others solve their problems, talking to a friend about one's feelings, apologizing to others). As to the coping strategy of relaxing, both groups reported a decrease in the use of ways to reduce tensions, such as daydreaming or listening to music, but the decrease was much stronger amongst the waitlisted group than amongst the female youth who had benefited from CBI.

Table 66: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls 12-16 years on A-COPE by group (n=84).

Intervention versus Waitlisted Group						
Coping Pattern	Intervention Group (42)		Waitlisted Group (42)		Mean Difference	T
	X	SD	X	SD		
Developing self-reliance and optimism	.40	4.40	-2.21	4.80	2.62	2.59**
Developing social support	.33	3.96	-1.45	4.15	1.78	2.01*
Relaxing	-.45	2.86	-2.04	2.96	1.59	2.50**

* p < .05 ** p < .01 *** p < .001 ****p < .0001

PENN State Worry Questionnaire For Children (PSWQ-C)

Statistically significant group differences were found between both groups, with female adolescents from the intervention group displaying an increase in worry levels while their counterparts in the waitlisted group reflected a decrease in that regard.

Table 67: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls 12-16 years on PSWQ-C by group (n=84).

Intervention versus Waitlisted Group						
Coping Pattern	Intervention Group (42)		Waitlisted Group (42)		Mean Difference	T
	X	SD	X	SD		
The PENN State Worry Questionnaire	.09	5.80	-2.51	5.76	2.60	2.05*

* p < .05 ** p < .01 *** p < .001 ****p < .0001

Rosenberg's Self Esteem (RSE)

A statistically significant difference was found between both groups, with female adolescents in the intervention group reporting more satisfaction with self and higher self-esteem, while their counterparts in the waitlisted group reflected a decrease in that regard.

Table 68: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls 12-16 years on RSE by group (n=84).

Intervention versus Waitlisted Group						
	Intervention Group (42)		Waitlisted Group (42)			
Coping Pattern	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	<i>Mean Difference</i>	<i>T</i>
Rosenberg 's Self Esteem Scale	.33	4.46	-1.40	3.84	1.73	1.91*

* $p < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

Strengths and Difficulties Questionnaire (SDQ - Child)

A statistically significant difference was found between groups on one out of five SDQ scales: hyperactivity. No statistical significant difference was found on the total SDQ. While female youth in the waitlisted group reflected a decrease in hyperactivity, the female adolescents in the intervention group showed an increase in hyperactivity symptoms.

Table 69: Means and standard deviations of the pure difference between pre- and post-intervention scores for girls 12-16 years on SDQ by group (n=84).

Intervention versus Waitlisted Group						
	Intervention Group (42)		Waitlisted Group (42)			
Variable	<i>X</i>	<i>SD</i>	<i>X</i>	<i>SD</i>	<i>Mean Difference</i>	<i>T</i>
Hyperactivity	.47	1.91	-.42	1.92	.90	2.15*

* $P < .05$ ** $p < .01$ *** $p < .001$ **** $p < .0001$

The findings presented in this Chapter are captured in Overviews III and IV “Gender Differences in CBI Impact (Young Children/Adolescents)”.

Overview III - Gender Differences in CBI Impact

CBI IMPACT ON YOUNG CHILDREN (6-11 years)

	BOYS	GIRLS
Child and Adolescent Strengths Assessment (CASA)	Statistically significant impact on 2/6 dimensions [**]: CBI was effective in helping young boys maintain or strengthen relationships with their peers [**]. CBI also helped prevent a deterioration in younger boys' relations with their family [**].	Statistically significant impact on 1/6 dimensions extra-curricular strengths [**]: CBI prevented young girls from exploring extra-curricular activities.
Youth Coping Inventory (YCI)	Statistically significant impact on 1/3 dimensions [****], not on the total YCI scale: CBI was effective in preventing young boys from increasingly opting for incendiary communication and a way of tension management that either exaggerates or minimizes relevant issues.	Statistically significant impact on 2/3 dimensions [*/****] and on the total YCI scale[****]: CBI was effective in strengthening coping strategies in young girls. Following CBI intervention, the girls adopted more positive appraisal and problem solving skills [**] On the other hand, they also exhibited a stronger tendency towards incendiary communication and behaviors such as blaming others for what went wrong or yelling or letting off steam by complaining [****].
Children's Attributional Style Questionnaire-Revised (CASQ-R)	Statistically significant impact on the positive [****], negative [****] and composite [****] CASQ-R scores: CBI was effective in strengthening young boys' belief in personal responsibility and control, as reflected by their less depressed reactions to negative events and more positive attitudes in response to good events.	No statistically significant impact.
Children's Attribution and Perceptions Scale (CAPS)	Statistically significant impact on 4/4 dimensions [**/****], as well as on the composite score [****]. CBI was effective in preventing young boys from feeling different from their peers, blaming themselves for negative events, feeling increasingly unsure about their credibility and losing interpersonal trust.	No statistically significant impact.
Children's Hope Scale	Statistically significant impact on total Hope scale [****] and on 2/2 sub-components: agency [****] and pathways [**]: CBI was effective in making young boys more hopeful, based both on an increased belief in their capabilities to find ways to achieve a goal, and to initiate and sustain momentum towards that goal.	Statistically significant impact on total Hope scale [****] and on 2/2 sub-components: agency [****] and pathways [**]. CBI was effective in making young girls more hopeful, based both on an increased belief in their capabilities to find ways to achieve a goal, and to initiate and sustain momentum towards that goal.

CBI IMPACT ON YOUNG CHILDREN (6-11 years)

<p>PENN State Worry Questionnaire for Children (PSWQ-C)</p>	<p>Statistically significant impact [***]: CBI was effective in preventing young boys from getting increasingly engaged in excessive generalized and uncontrollable worry.</p>	<p>Statistically significant impact [*]: CBI played a role in increasing young girls' tendency to engage in excessive generalized and uncontrollable worry.</p>
<p>Impact of Event Scale (IES)</p>	<p>No statistically significant impact.</p>	<p>Statistically significant impact on composite score [*] and on 1/2 sub-scale - avoidance [*]: CBI played a role in the increase in stressful impact of events on girls and their tendency towards avoidance.</p>
<p>Strengths and Difficulties Questionnaire (SDQ-Child)</p>	<p>Statistically significant impact on all 5 subscales [*/****] and on the total SDQ scale [****]. CBI was effective in preventing an increase in hyperactivity [****], emotional symptoms [****], conduct problems [****], peer problems [**], and non-social behaviors such as lack of consideration for other people's feelings, or unwillingness to help or share or care for others [****].</p>	<p>Statistically significant impact on total SDQ scale [*] not on sub-scales. CBI was effective in preventing an increase in a cluster of inappropriate emotional and social behaviors in young girls.</p>

Statistical Significance: *p<.05 **p<.01 ***p<.001 ****p<.0001

Overview IV - Gender Differences in CBI Impact

CBI IMPACT ON ADOLESCENTS (12-16 years)

	MALE ADOLESCENTS	FEMALE ADOLESCENTS
Child and Adolescent Strengths Assessment (CASA)	No statistically significant impact.	Statistically significant impact on 3/6 dimensions: family strengths [*], peer strengths [*] and extra-curricular strengths [*]. CBI was effective in helping female youth strengthen their relations with their family and their peers. CBI also played a role in the decrease in time and/or interest in hobbies and/or community services.
Adolescent Coping Orientation for Problem Experience (A-COPE)	Statistically significant impact on 2/12 dimensions: ventilating feelings [*] and self-reliance and optimism [*]. CBI played a role in reducing the use of two problem coping mechanisms amongst male youth. Following CBI, male adolescents tended to ventilate feelings less often and show less optimism and self-reliance.	Statistically significant impact on 3/12 dimensions [**]*]: CBI was effective in helping female youth keep up their self-reliance and optimism [**]; stay emotionally connected with other people [*]; and maintain their ability to use relaxation strategies such as listening to music [**].
Children's Hope Scale	No statistically significant impact.	No statistically significant impact.
PENN State Worry Questionnaire for Children (PSWQ - C)	No statistically significant impact.	Statistically significant impact [*]. CBI played a role in maintaining excessive worry levels.
Impact of Event Scale (IES)	Statistically significant impact on composite scale [*] and on 1/2 sub-scale: avoidance [**]: CBI played a role in the increase in stressful impact of events on male youth and their tendency towards avoidance.	No statistically significant impact.
Strengths and Difficulties Questionnaire (SDQ - Child)	No statistically significant impact.	Statistically significant impact on 1/5 sub-scales [*], not on total SDQ: CBI played a role in maintaining or increasing hyperactivity amongst female youth.
Rosenberg's Self Esteem Scale (RSE)	No statistically significant impact.	Statistically significant impact [*]: CBI was effective in strengthening self-esteem amongst female youth.

Statistical Significance: *p<.05 **p<.01 ***p<.001 ****p<.0001

VII. CONCLUSIONS

In order to measure impact of the CBI intervention program in the West Bank and Gaza, a randomized and controlled impact study was undertaken on an unprecedented scale in academic literature, involving 664 children and 11 different assessment instruments.

Overall Conclusions

The CBI Program produced a number of distinctive positive psychological changes in young Palestinian boys and girls (aged 6-11 years) as well as in adolescent girls (aged 12-16 years) participating in the study. These positive psychological changes contributed to an increase in the children's sense of psychosocial re-integration, allowing them to function "normally" with respect to family, school and play. In other words, CBI played an important role in maintaining coping strengths and resiliency among these children.

It is crucial to note that these important gains occurred in the most extreme of environments for children: i.e. while the conflict situation is continuing. Indeed, it can be considered a significant accomplishment that the CBI program was successful in securing and/or accelerating to varying degrees emotional and cognitive stabilization of traumatized young children and adolescent girls in the West Bank and Gaza, despite the fact that they continued to be directly and/or indirectly exposed to the trauma of military operations, curfews and closures, destruction of houses and roads, increasing poverty and other hardships.

No important gains from CBI were observed amongst adolescent boys, aged 12-16 years. This came as a surprise to stakeholders given the numerous positive anecdotal reports received from the field and the numerous site visits during CBI implementation. Several factors appear to come into play. Interviews and focus groups with adolescent boys and their adult caregivers have been ongoing to gather information. The information gained will provide a solid basis for appropriate modifications to the Palestinian CBI Manual and training curriculum in order to successfully engage Palestinian adolescent boys and to affect positive change in their coping strategies and resiliency resources in the future.

The key findings are presented in more detail below.

CBI and Young Children in the West Bank and Gaza

Regarding the young group (children aged 6 to 11 years), there were highly significant positive changes in five of the eight assessment scales employed for this age group. Specifically, the study found that:

- > CBI intervention assisted younger children in communicating more effectively with their peers. As measured by the Child and Adolescent Strengths Assessment (CASA), CBI children were more likely to maintain friendships and maintain their negotiation skills

with their peers after the intervention. In contrast, the peer relations of waitlisted children grew more distant and conflictual. The waitlisted children had fewer negotiation skills, as reflected by an increase in arguments and an increased withdrawal from peers when faced with the need to settle differences of opinion.

- > CBI intervention was effective in preventing children from increasingly blaming themselves for negative events, having doubts about their credibility, and losing interpersonal trust. As measured by the Children's Attribution and Perceptions Scale (CAPS), waitlisted children reflected an increased tendency to blame themselves for negative events, a lowering of self-perceived credibility and efficacy, and reduced interpersonal trust, compared to their counterparts in the intervention group.
- > In addition, the CBI was very effective in decreasing younger children's emotional and behavioral difficulties, while augmenting their child social behaviors. The results on the Strengths and Difficulties Questionnaire (SDQ - Child) revealed that waitlisted children exhibited more interrelated inappropriate behaviors than their counterparts in the intervention group, including hyperactivity, emotional arousal symptoms, disruptive behaviors, conduct problems, and peer relationship disturbances. Furthermore, waitlisted children showed lesser tendency to have consideration for other people's feelings, help, share and/or care for others, in comparison with the children in the intervention group.
- > Finally, based on the Children's Attributional Style Questionnaire-Revised (CASQ-R) and the Children's Hope Scale (CHS) findings, it can be concluded that the CBI is very effective in improving children's reactions to good or bad events, strengthening their belief in personal responsibility and sense of control in the case of good events, and lessening the tendency towards self-blame or doom-thinking in the case of negative events. Concomitantly, the CBI appears also to be very effective in increasing young children's hope as well as their belief in their capabilities to achieve their goals.

Within this overall picture of CBI's positive impact on young children, interesting gender differences were observed. While CBI benefits both young boys and girls, the boys tend to benefit more. For example, CBI appears to be very effective in boosting young boys' belief in personal responsibility and control (as measured by CASQ-R), but it is not the case for the young girls. And if CBI is shown to be effective in decreasing young children's emotional and behavioral difficulties, the impact is much stronger on the young boys than on the young girls. The most striking exception to this general trend is the Hope Scale: CBI is equally effective in maintaining or increasing hope in both young boys and girls.

In contrast to the above positive impact findings, the young children as a group did not evidence positive changes on three other instruments, namely the Youth Coping Index (YCI), the Penn State Worry Questionnaire for Children (PSWQ-C) and the Impact of Events Scale (IES). Several explanations are plausible and, again, gender differences come into play.

Regarding the YCI, first and foremost, it is important to remember that it is only one of several measures sensitive to coping. YCI focuses mainly on *external*, functional activities as a way of coping, such as engaging in school work, prayer, physical exercise and expression of negative

emotions, as opposed to *internal* coping mechanisms such as developing ways of thinking about the world differently and developing personal definitions of the meaning of threatening events to reduce the impact of the threat. Factors that may come into play to explain the lack of positive outcomes with respect to increased utilization of external coping strategies include socio-demographics (extreme inter-generational poverty and chronic unemployment and single head of household status), the lack of availability of social support, and the lack of access to functional coping venues such as safe play spaces and consistent school attendance. That said, when taking into account gender differences, CBI appears to be very effective in strengthening coping strategies amongst the young girls, who among other things end up adopting more positive appraisal and problem solving skills.

With respect to the two other instruments that show no positive impact, IES and PSWQ-C, it should be remembered that the intervention takes place against a background of consistent presence and intensity of discreet traumatogenic events for children. Outcomes from the PSWQ-C and the IES were negative for *both* the intervention and waitlisted groups suggesting that ongoing negative environmental conditions (e.g., curfews and closures, incursions, construction of the Barrier) sustain excessive worrying and avoidance. Against this background, it is perhaps unrealistic to expect that specific maladaptive coping strategies such as avoidance, hyperactivity, and excessive worry, will abate with a 15-session psychosocial intervention or a short-term introduction of structured stress reduction activities only. An argument could also be made that, given the reality of constant traumatogenic exposures, the increase in worry and avoidance in young children may in fact represent an increase in safety seeking and an attempt to avoid experiencing fearful situations, or put differently, an attempt to preserve new found gains in internal soothing techniques produced by the CBI intervention.

That said, once again, gender differences come into play: while CBI appears to reinforce an anxiety-related tendency towards avoiding thoughts and feelings related to stressful life events amongst young girls, CBI is effective in reducing worry levels in young boys.

By way of general conclusion regarding CBI impact on young the children, it is important to highlight among all factors that seem to be influenced by the CBI-intervention, the factor of *Increased Hope* for both young boys and girls. Hope has crucial implications for children's coping with ongoing psychosocial stressors and life threat. The human need for hope in life is fundamental and universal. Reinforcing and increasing hope in the young children's lives tends to sustain already existing resiliency factors and may be used as a vehicle for gently changing their fear-based orientation towards life-threatening events, thus preserving their orientation to trust in a positive future. Domains of hope include the fundamental importance of having a sense of meaning or purpose in life, and the sense of the value of a life lived strenuously in difficult circumstances.

CBI and Adolescents in the West Bank and Gaza

A different picture appears when studying CBI intervention amongst Palestinian adolescents. CBI does not yield the same highly significant positive changes with the 12 to 16 year old group, as it did with the younger age group. As exhibited by the pure difference scores, not

taking into account gender differences, on six of the seven instruments employed with the older age group, the CBI did not increase positive adaptive coping strategies and in several instances appears to have increased avoidance behaviors, such as hyperactivity and hyper-arousal when presented with conflict or threat situations. The only notable exception to this rule is the finding that CBI was instrumental in helping adolescents remain emotionally connected with family, peers and other people, as measured by Adolescent Coping for Problem Experiences (A-COPE).

In order to more carefully examine potential positive and negative changes among the older age group, gender differences were examined. The interesting findings are presented below.

CBI and Adolescent Girls in the West Bank and Gaza

As a result of attrition between the pre-intervention and post-intervention stages of the study, the post-intervention sample of adolescents was characterized by a ratio of 2:1 males to females (174 males + 84 females) - quite different from the ratio in the pre-intervention sample of 1:1 males to females (174 males + 170 females). As demonstrated below, the over-representation of males in the adolescent group appears to have “washed out” the positive effects of the CBI on the female adolescent group. When the pure difference scores between the female intervention group and the female waitlisted group were examined, independent of the male groups, significant positive results were demonstrated for the female intervention group.

- > CBI intervention was effective in helping adolescent girls significantly strengthen their relationships with their family and their peers. As measured by CASA, the stronger and more positive relations of CBI female youth with their parents, siblings and relatives are characterized by increased reciprocal attachment and stronger more consistent communication. As to their relations with peers, CBI female adolescents exhibited more mature negotiation skills, demonstrated by being able to hear other perspectives and generate solutions acceptable to all parties involved. Both represent important adolescent strengths to help youth cope with difficult situations.
- > CBI intervention was effective in helping adolescent girls strengthen a number of coping strategies as measured by A-COPE: (1) CBI female youth showed significant increases in their self-reliance skills and optimism; (2) CBI female youth showed significant increases in their ability to develop social support, mainly through (i) an increase in efforts to engage in reciprocal problem solving and to express emotions regarding problems and (ii) an increase in efforts to be more organized and to manage unexpected change with positive thinking; (3) CBI female youth showed significant increases in their ability to design and utilize relaxation strategies.
- > CBI intervention appears to have assisted adolescent girls to significantly increase their self-esteem, as measured by the Rosenberg’s Self-Esteem Scale (RSE). CBI female adolescents showed significant increases in their positive self-esteem and their satisfaction with self.

In contrast, CBI intervention yielded negative results as measured by the PSWQ-C and the SDQ-Child: (1) CBI female adolescents exhibited an increase in worry about conflict situations and potential threat events and (2) they exhibited an increase in hyperactivity when faced with difficult circumstances. As was pointed out for the younger age group, it should be remembered that the intervention takes place against a background of consistent presence and intensity of discreet traumas for children. Against this background, it is perhaps unrealistic to expect that specific maladaptive coping strategies such as avoidance, hyperactivity, and excessive worry, will abate with a 15-session psychosocial intervention only. On the other hand, both the increase in worry and hyperactivity could be attributed to the above theoretical suggestion that these maladaptive coping mechanisms may represent a safety seeking or safety preservation strategy in the face of continued difficult circumstances and threat events, or put differently, an attempt to preserve new found gains produced by the CBI intervention.

CBI and Adolescent Boys in the West Bank and Gaza

The CBI program was found to yield no impact (positive or negative) on male adolescents, as measured by five out of the seven measures used: CASA, PSWQ, Rosenberg's Self Esteem, Hope Scale, and SDQ-Child. In contrast, negative significant impact was found on two measures, namely A-COPE and IES.

- > The CBI appears to have had a negative effect on the adolescent boys in the intervention group as regards the use of a number of coping mechanisms. As measured by A-COPE, CBI male youth demonstrated a decrease in their use of ventilating feelings as a coping strategy, and also exhibited a decrease in the use of their self-reliance and optimism.
- > The CBI appears to have had a negative effect on the adolescent boys in the intervention group in terms of impact of events. As measured by IES, CBI male youth exhibited significantly increased avoidance and a significantly increased sense of impact for the difficult circumstances they faced during the CBI.

Based on the information that has already been gained from structured interviews and focus groups with male adolescents who participated in the assessment, there appear to be several dynamics at work, in addition to the fact that the CBI intervention takes place against the background of continuing violence and psychosocial deterioration. Specifically, there are three dynamics worthy of consideration: the actual mechanics of how the CBI is conducted, the structure and actual content of some of the CBI sessions, and last but not least the socio-cultural and emotional developmental stage of the Palestinian male, especially once they reach the age of 15 years¹¹.

11 . The 15-to 16-year-old male groups are targeted, rather than the entire 12 to 16 year old age range due to the preliminary results of the structured interviews and focus groups with this age range during the week of May 16, 2004. During these interviews it became clear that the younger adolescent boys (12 to 14 years), at least anecdotally, did not have the reported decline in either coping strategies or the increase in arousal and avoidance, whereas the verbal reports of the older adolescent boys (15 to 16 years) during our focus groups were congruent with the assessment's findings.

- > Mechanics of CBI sessions include the (1) age, experience and leadership style of the CBI leader and co-leader, (2) the size and design of the CBI room or play space, (3) the number of participants in the CBI sessions, (4) the schedule of the CBI, namely when it takes place during the school day and (5) the number of total CBI sessions conducted within a given period of time. Initial results of focus group structured interviews with 15 to 16 year old boys who have completed the CBI indicate the following: (1) boys were disappointed with the leadership attitudes and styles of older male CBI counselors who they said tended to be too authoritarian, did not let them do the activities and in fact often lectured them for 45 minutes instead of letting them play or forced them to draw even when they did not want to draw. The boys requested younger CBI leaders who would be more understanding of their issues. (2) The boys also complained about the size of the CBI room stating that it was so small it was impossible to do the activities or if they did activities they could not all participate at once due to the limited space. (3) The boys stated that their CBI class size was too large. All three focus groups stated that their class size was at least 50 boys at once. (4) The boys commented on the implementation sequences: although they were supposed to meet three times a week, they only met twice a week and it was never for long enough to complete the session.

- > CBI session content and structure: During the focus groups, the 15 to 16 year old boys who had completed the CBI indicated the following: (1) they enjoyed the themes and activities of the first three weeks of the CBI (safety, stabilization and traumatic narrative processing) but not the activities and themes of the last two weeks of the intervention (resiliency identification and resource installation), commenting that the themes were immature, boring, repetitive, and had nothing to do with their “real” lives. When it comes to future orientation these young men strongly voiced that they want to learn about leadership, and going to university, and how to travel, and how to find employment. It is clear that the CBI session content in the last two weeks of the intervention will need to be adjusted to address these issues, perhaps especially leadership and future education.

- > Socio-cultural and emotional developmental stage of the 15 year old Palestinian male: As discovered in the structured interviews with the counselors who worked with the 15 and 16 year old boys, most Palestinian boys are allowed to act much more independently once they reach the age of 15. They may tend to “hang out” in small groups on the streets or in selected meeting places and begin to develop their own young adult male coping strategies, especially as their age allows them to more closely identify with their older male counterparts (older teens, men in their 20’s, and their fathers). As such, several factors converge that may have a negative impact on their emotional development: these young men no longer have the structured and authoritative environment provided by parental and extended family; they do not have the same level of protection against witnessing or being involved in the ongoing violence as their younger counterparts; and last but not least, they are in a position to observe the debilitating impact of the current socio-economic conditions within the West Bank and Gaza on their fathers, male mentors and leadership. Against this background, the vision created during the last five sessions of CBI - of a potentially hopeful future, in which resiliency and control play a key role - must have appeared incongruent to these boys. It may be assumed that this incongruence contributed to the increase in their anxiety, their arousal, their avoidance and their belief in a negative future orientation.

Next Steps

All of the above findings provide a solid basis and a wealth of useful information for the continued roll-out of CBI intervention in the West Bank and Gaza with appropriate adjustments. The modifications are most required for the group of male adolescents, especially the 15 to 16 year olds. Discussions to that extent have already started. Some of the modifications, especially regarding the mechanics of CBI sessions, will also undoubtedly benefit CBI implementation with the young children and the adolescent girls.

The experience of the large-scale CBI implementation in the West Bank and Gaza has also brought to light the key importance of continued technical assistance and quality assurance through supervision. It will be imperative to provide booster training to CBI interventionists and to organize monthly group meetings among the intervention coordinators to assure fidelity of the interventionists and to address ongoing technical issues that arise during CBI sessions (e.g. the large numbers of youth in a CBI class and the very small size of many classrooms where CBI sessions take place are critical operational factors that need to be addressed as soon as possible).

Finally, when all is said and done, this assessment seems to confirm through its combined findings, the general view that it is crucial to reach the children when they are young, in order to sustain their existing resilience, strengthen their coping capabilities, and bolster as much as possible that one crucial factor, namely hope for the future.

ANNEXES

ANNEX A: Instrumentation

Instrumentation for Both Children Aged 6-11 years and 12-16 years

Demographic Data Sheet

This brief questionnaire secures demographic and background information about children and their families. The children's socio-demographics include residential patterns (urban, rural, and refugee camps), gender, age, number of siblings, family size, religion, grade level, school average (GPA), and the child's employment if any. The parents' socio-demographics include level of education completed by mothers and fathers, religion, marital status, father's employment, mother's employment, and monthly household income.

Family Inventory of Political Stressors (FIPS)

The Family Inventory of Political Stressors (FIPS) was developed by Khamis (1998), to assess Intifada-related stressors that Palestinians may encounter and that may have an impact on the stability of the family unit, the psychological status, and the emotional well being of one or more family members. The FIPS focuses on several areas including curfews and closures, absence of family members, and tangible losses in terms of job or home. The FIPS in this sample has an alpha coefficient of .75 ($M = 5.68$, $SD = 2.95$).

Child and Adolescent Strengths Assessment (CASA)

The Child and Adolescent Strengths Assessment (CASA) is a 30-item inventory on which an individual familiar with a child or adolescent rates strengths on six dimensions:

1. Family (e.g., has strong positive relation with at least one parent),
2. School /vocational (e.g., excels in at least one subject),
3. Psychological (e.g., has a sense of humor),
4. Peer (e.g., has close friend(s),
5. Moral/spiritual (e.g., has developed values/ morals), and
6. Extracurricular (e.g., has artistic/creative talent).

Lynos, Uziel-Miller, Reyes & Sokol (2000) developed the CASA, and the internal consistency reliability was 0.92. In this study the CASA was completed by the mother and the interviewer reliability was 100 percent.

Strengths and Difficulties Questionnaire (SDQ - Child)

The Strengths and Difficulties Questionnaire (Child Form) is a brief behavioral screening questionnaire that asks about 25 attributes, some positive and others negative (Goodman, 1997). It can be administered to children to investigate their emotional and behavioral difficulties. The 25 items are divided between five subscales of five items each, generating scores that assess:

1. Emotional symptoms
2. Conduct problems

3. Inattention - hyperactivity
4. Peer problems, and
5. Pro-social behavior

All scales but the last are summed up to generate Total Difficulties score. The SDQ can distinguish between three groups of children, namely children with conduct-oppositional disorders, hyperactivity-inattention disorders, and anxiety-depressive disorders.

Children's Hope Scale (Hope)

Children's Hope Scale (CHS) is a six-item dispositional self-report index that was designed to investigate children's beliefs about their goal orientation as reflected in two components - agency and pathways (Snyder, Hoza, Pelham, Rapoff, Ware, Danvosky, Highberger, Rubinstein, & Stahl, 1997):

1. Agency thoughts reflect the perception that children can initiate and sustain action toward a desired goal, whereas
2. Pathway thoughts reflect the children's perceived capability to produce routes to those goals.

The CHS scale evidences internal consistency and is relatively stable over retesting. Although the agency and pathway components are factorally identifiable, the correlations between them range from approximately .50 to .70, thereby supporting the theorized positive relationships. Therefore the total scale for the CHS will be used in this study. The Cronbach alphas for the CHS scores for each age group ranged from .72 to .86.

PENN State Worry Questionnaire for Children (PSWQ - C)

The PENN State Worry Questionnaire for Children (PSWQ-C) measures the tendency of children to engage in excessive, generalized, and uncontrollable worry.

In this study the shortened 11 item PSWQ-C (Muris, Meesters, & Gobel, 2001) was used and the reliability for internal consistency was appropriate (alpha- 0.89). The PSWQ-C scores were significantly associated with all types of anxiety disorder symptoms but in particular with symptoms of generalized anxiety disorder. The PSWQ-C in the Palestinian pilot sample has an alpha coefficient of .67 (M =13.77, SD = 5.25).

Impact of Event Scale (IES)

The Impact of Event Scale (IES) was used to measure the psychological impact of events (Horowitz, Wilner, & Alvarez, 1979). The scale measures two dimensions of PTSD, besides the composite score:

1. Trauma-related intrusion, and
2. Avoidance.

The frequencies of these symptoms were coded "not at all" 0, "rarely" 1, "sometimes" 3, and "often" 5 (Zilberg et al., 1982). It was developed using a non-combat sample, and has been

shown to be psychometrically sound. The split-half reliability for the total scale was (.86), while that for test- retest reliability was .87. It has good sensitivity (.92) and adequate specificity (.62).

Instrumentation for Only Children Aged 6 -11 years

Youth Coping Inventory (YCI)

The Youth Coping Index (YCI) is a 31-item instrument that was designed to assess the degree to which youth use specific coping behaviors and strategies to manage life's stressors and strains (McCubbin, Thompson, & Elver, 1996). The YCI consists of three subscales:

1. Youth spiritual and personal development,
2. Youth positive appraisal and problem solving, and
3. Incendiary communication and tension management.

The overall internal reliability (Cronbach's alpha) for the YCI is .86 whereas it has good internal consistency for the three subscales with alphas that range from .70 to .86.

The Children's Attributional Style Questionnaire (CASQ)

The Children's Attributional Style Questionnaire (CASQ) includes 24 forced-choice items, half addressing positive outcomes and half addressing negative outcomes (Thompson, Kaslow, & Weiss, 1998). For the 12 positive events, 2 items tap the internal-external dimension, 7 items assess the stable-unstable dimension, and 3 items address the global-specific dimension. For the 12 negative events, 3 items tap the internal-external dimension, 6 items assess the stable-unstable dimension, and 3 items address the global-specific dimension. Positive, negative, and overall (positive minus negative composite) scores are divided. The lower the positive composite score, the higher the negative composite score and the lower the overall composite score the more depressive is the attributional style. The mean for the overall composite in the CASQ-R was 4.87 (SD = 3.39) at Time 1 and 4.96 (SD = 3.49) at Time 2.

Children's Attribution and Perceptions Scale (CAPS)

The Children's Attribution and Perceptions Scale (CAPS) measures sexual abuse related factors in victimized children (Mannarino, Cohen, & Berman, 1994). The instrument consists of four subscales:

1. Feeling different from peers,
2. Personal attributions for negative events,
3. Perceived credibility, and
4. Interpersonal trust.

The range of internal consistency is .64 to .73 and the criterion validity was assessed and found to be acceptable.

Instrumentation for Only Youth Aged 12-16 Years

Adolescent Coping for Problem Experience (A-COPE)

The Adolescent Coping for Problem Experience (A-COPE) was developed by McCubbin and Thompson (1991) to measure adolescent coping behaviors. The A-Cope is a 54-item instrument designed to measure the behaviors adolescents find helpful in managing problems or difficult situations. The A-COPE comprises 12 factors, although the total score can be used as an overall measure of coping. There is fair to good internal consistency with alphas that range from .50 to .75.

Rosenberg's Self Esteem Scale (RSE)

The Rosenberg's Self Esteem Scale is used here to investigate the perception of satisfaction with self (RSE; Rosenberg, 1965, 1979).

This scale has demonstrated satisfactory reliability and validity (Rosenberg, 1979). The RSE has a Guttman scale coefficient of reproducibility of .92, indicating excellent internal consistency. Two studies of two-week test-retest reliability show correlations of .85 and .88, indicating excellent stability.

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ANNEX B: Questionnaires

* DEMOGRAPHIC DATA QUESTIONNAIRE

1- Full Name of Applicant:

2-Group: a- CBI Group b-Control Group

3-Age: a- from 6-11 Years b- from 12-16 Years

4-Address (Governorate):

5-Address: a: City b- Village: c- Camp:

6-Sex: a- Male b- Female

7- Age: Years

8- Number of Brothers and Sisters:

9- Number of Home Residents:

10- Religion a- Muslim b- Christian

11- School :

12- Grade:

13- What was Your Last Average at School?

14- Father's Level of Education:

15- Mother's Level of Education:

16-Social Status for Parents: a- Married b- Divorced c- Widower

d- More than One Wife

17-Is Your Father Working? a- Yes b- No

18-If the Answer is **Yes**, What is His Profession?

19-Does Your Father Have a- Permanent Job b- Partial Job

20-Father's Place of Work: a- Israel b- West Bank c- Gaza
d- Outside the Country e- Doesn't Work

21-Is Your Mother Working?

22-If the Answer is Yes, What is Her Profession?

23-Does Your Mother Have : a- Permanent Job b- Partial Job

24-Mother's Place of Work: a- Israel b- West Bank c- Gaza
d- Outside the Country e- Doesn't Work

25-Are You Working: a- Yes b- No

26-If **yes**, What Type of Work are You doing?

27-How Much is Your Monthly Salary?

28-Family Monthly Income:

Field Researcher Name:

Date:

*** FIPS: FAMILY INVENTORY OF POLITICAL STRESSORS¹²**

1. Was a family member arrested for political reasons? Yes/No
2. Was a family member, relative, or close friend killed for political reasons? Yes/No
3. Was a family member deported? Yes/No
4. Was a family member attacked by the Israeli army or settlers? Yes/No
5. Was a family member injured by the Israeli army or settlers? Yes/No
6. Did a family member sustain long-term injury (i.e. permanent disability)? Yes/No
7. Has a family member had to move from one place to another due to military injunctions? Yes/No
8. Does a family member have a green ID which restricts his/her movement? Yes/No
9. Did a family member leave work or was fired from it for political reasons? Yes/No
10. Are you worried about the safety of one of your family members? Yes/No
11. Is your family affected by the harassment of one of its members? Yes/No
12. Does your family suffer from the occupation in general? Yes/No
13. Does your family suffer from the security belt imposed on the West Bank and Gaza? Yes/No
14. Is your family affected by curfews on the neighborhood? Yes/No
15. Does your family suffer from school closure or the disruption of the children's education? Yes/No
16. Was your house bombarded or demolished? Yes/No

12 .The questionnaire focuses on Intifada-related stress factors. For further info, see Journal of Social Science and Medicine, 46 (8), 1033-1041, (1998).

*** CASA: CHILD AND ADOLESCENT STRENGTHS ASSESSMENT**

Name _____ ID _____ Date _____

FAMILY STRENGTHS

	No Evidence	Interest/Potential	Yes, Definitely
1. Has strong positive relation with at least one parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has strong positive relation with at least one adult relative (non-parent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has strong positive relation with at least one brother or sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Strong positive relations exist among relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Family has reliable communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Has a sense of belonging to a family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCHOOL/VOCATIONAL STRENGTHS

	No Evidence	Interest/Potential	Yes, Definitely
7. Excels in at least one subject	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Likes to write (e.g. keeps a diary, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Reads for pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Has done well for at least one year during schooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has a particular vocational skill (e.g. speaks well)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Is articulate in speech (e.g. speaks well)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Is a hard worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Has identified career goals for adulthood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSYCHOLOGICAL STRENGTHS

	No Evidence	Interest/Potential	Yes, Definitely
15. Has a sense of humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Has the ability to adapt to stressful life circumstances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has the ability to enjoy positive life experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Is able to express emotions accurately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Has the ability to trust others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PEER STRENGTHS

	No Evidence	Interest/Potential	Yes, Definitely
20. Has close friend(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Negotiates appropriately with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Is well liked by peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MORALITY/SPIRITUALITY

	No Evidence	Interest/Potential	Yes, Definitely
23. Has developed values/morals (e.g. honesty, respect)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Has expressed religious/spiritual beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Attends religious services regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Participates in church youth groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXTRACURRICULAR STRENGTHS

	No Evidence	Interest/Potential	Yes, Definitely
27. Has artistic/creative talent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Has a hobby or hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Participates in a community service youth group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Participates in organized sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** SDQ: STRENGTHS & DIFFICULTIES QUESTIONNAIRE**

[To Be Completed By A Young Person Between 11 And 16]

Directions: Please read the questionnaire carefully. For each of the statements put a tick in the box that you think is most like you. It would help us if you put a tick for all the statements - even if it seems a bit daft! Please give answers on the basis of how you have been feeling over the last six months.

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings.			
I am restless, I cannot stay still for long.			
I get a lot of headaches, stomach-aches or sickness.			
I usually share with others, for example CD's, games, food.			
I get very angry and often lose my temper.			
I would rather be alone than with people of my age.			
I usually do as I am told.			
I worry a lot.			
I am helpful if someone is hurt, upset or feeling ill.			
I am constantly fidgeting or squirming.			
I have one good friend or more.			
I fight a lot. I can make other people do what I want.			
I am often unhappy, depressed or tearful.			
Other people my age generally like me.			
I am easily distracted, I find it difficult to concentrate.			
I am nervous in new situations. I easily lose confidence.			
I am kind to younger children.			
I am often accused of lying or cheating.			
Other children or young people pick on me or bully me.			
I often offer to help others (parents, teachers, children).			
I think before I do things.			
I take things that are not mine from home, school or elsewhere.			
I get along better with adults than with people my own age.			
I have many fears, I am easily scared.			
I finish the work I'm doing. My attention is good.			

* CHILDREN'S HOPE SCALE

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the box that describes YOU the best. For example, place a check in the box above "None of the time," if this describes you. Or, if you are this way "All of the time," check this box. Please answer every question by putting a check in one of the boxes. There are no right or wrong answers.

1. I think I am doing pretty well.

<input type="checkbox"/>					
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

2. I can think of many ways to get the things in life that are most important to me.

<input type="checkbox"/>					
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

3. I am doing just as well as other kids my age.

<input type="checkbox"/>					
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

4. When I have a problem, I can come up with lots of ways to solve it.

<input type="checkbox"/>					
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

5. I think the things I have done in the past will help me in the future.

<input type="checkbox"/>					
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

6. Even when others want to quit, I know that I can find ways to solve the problem.

<input type="checkbox"/>					
None of the time	A little of the time	Some of the time	A lot of the time	Most of the time	All of the time

*** PSWQ-C: PENN STATE WORRY QUESTIONNAIRE FOR CHILDREN**

Directions: This form is about worrying. Worrying happens when you are scared about something and you think about it a lot. People sometimes worry about school, their family, their health, their future or other kinds of things. For each sentence you read, circle the answer that best represents you.

1. My worries really bother me.	never	sometimes true	most times true	always true
2. I don't really worry about things.	never	sometimes true	most times true	always true
3. Many things make me worry.	never	sometimes true	most times true	always true
4. I know I shouldn't worry about things.	never	sometimes true	most times true	always true
5. But I just can't help it.	never	sometimes true	most times true	always true
6. When I'm under pressure, I worry a lot.	never	sometimes true	most times true	always true
7. I am always worrying about something.	never	sometimes true	most times true	always true
8. I find it easy to stop worrying when I want.	never	sometimes true	most times true	always true
9. When I finish one thing, I start to worry about everything else.	never	sometimes true	most times true	always true
10. I never worry about anything.	never	sometimes true	most times true	always true
11. I've been a worrier all my life.	never	sometimes true	most times true	always true
12. I notice that I have been worrying about things.	never	sometimes true	most times true	always true
13. Once I start worrying, I can't stop.	never	sometimes true	most times true	always true
14. I worry all the time.	never	sometimes true	most times true	always true
15. I worry about things until they are all done.	never	sometimes true	most times true	always true

*** IES: IMPACT OF EVENT SCALE - REVISED**

Directions: The following is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you during the past 7 days with respect to _____ How much were you distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it.	0	1	2	3	4
2. I had trouble staying asleep.	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry.	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
6. I thought about it when I didn't mean to.	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders about it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

*** YCI: YOUTH COPING INDEX**

Directions: Read each of the statements below, which describes a behavior for coping with problems. Decide **how often** you do each of the described behaviors when you face difficulties or feel tense. Even though you may do some of these things just for fun, please indicate **ONLY** how often you do each behavior as a way to cope with problems.

Circle one of the following responses for each statement:

1- NEVER 2 - HARDLY EVER 3 - SOMETIMES 4 - OFTEN 5 - MOST OF THE TIME

NOTE: Anytime the words parent, mother, father, brother or sister are used, they also mean stepparent, stepmother, etc.

When you face difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the time.
1. Apologize to people.	1	2	3	4	5
2. Talk to a teacher or counselor at school about what bothers you.	1	2	3	4	5
3. Read.	1	2	3	4	5
4. Get more involved in activities at school.	1	2	3	4	5
5. Try to improve yourself (get body in shape, get better grades, etc.).	1	2	3	4	5
6. Try to reason with parents and talk things out; compromise.	1	2	3	4	5
7. Try to think of the good things in your life.	1	2	3	4	5
8. Say nice things to others.	1	2	3	4	5
9. Get angry and yell at people.	1	2	3	4	5
10. Work hard on schoolwork or other school projects.	1	2	3	4	5
11. Pray.	1	2	3	4	5
12. Try, on your own, to figure out how to deal with your problems or tensions.	1	2	3	4	5
13. Try to make your own decisions.	1	2	3	4	5
14. Go to church.	1	2	3	4	5
15. Swear.	1	2	3	4	5
16. Organize your life and what you have to do.	1	2	3	4	5
17. Get along with parents' requests and rules.	1	2	3	4	5
18. Blame others for what's going wrong.	1	2	3	4	5
19. Tell yourself the problem is no important.	1	2	3	4	5
20. Try to help other people solve their problems.	1	2	3	4	5

	Never	Hardly Ever	Sometimes	Often	Most of the time.
21. Get professional counseling (not from a school teacher or school counselor).	1	2	3	4	5
22. Try to keep up friendships or make new friends.	1	2	3	4	5
23. Daydream about how you would like things to be.	1	2	3	4	5
24. Play video games (Nintendo, X-Box).	1	2	3	4	5
25. Let off steam by complaining to your friends.	1	2	3	4	5
26. Say mean things to people; be sarcastic.	1	2	3	4	5
27. Do things with your family.	1	2	3	4	5
28. Talk to a friend about how you feel.	1	2	3	4	5
29. Try to see the good things in a difficult situation.	1	2	3	4	5
30. Work on a hobby you have (sewing, model building, etc.).	1	2	3	4	5
31. Do a strenuous physical activity (jogging, biking, etc).	1	2	3	4	5

* CASQ : CHILDREN'S ATTRIBUTIONAL STYLE QUESTIONNAIRE

Directions: Below are 24 statements followed by two possible explanations (either A or B). Read each statement and imagine that it actually happened to you. Next, place a check mark by either statement A or B that most closely describes why you think it happened to you.

1. You get an "A" on a test.
_____ A. I am smart.
_____ B. I am good in the subject the test was in.
2. Some kids that you know say that they do not like you.
_____ A. Once in a while people are mean to me.
_____ B. Once in a while I am mean to other people.
3. A good friend tells you that he hates you.
_____ A. My friend was in a bad mood that day.
_____ B. I wasn't nice to my friend that day.
4. A person steals money from you.
_____ A. That person is not honest.
_____ B. Many people are not honest.
5. Your parents tell you that something that you made is very good.
_____ A. I am good at making some things.
_____ B. My parents like some things I make.
6. You break a glass.
_____ A. I am not careful enough.
_____ B. Sometimes I am not careful enough.
7. You do a project with a group of kids and it turns out badly
_____ A. I don't work well with the people in that particular group.
_____ B. I never work well with groups.
8. You make a new friend.
_____ A. I am a nice person
_____ B. The people that I meet are nice.
9. You have been getting along well with your family.
_____ A. I am usually easy to get along with when I am with my family.
_____ B. Once in a while I am easy to get along with when I am with my family.
10. You get a bad grade in school.
_____ A. I am not a good student.
_____ B. Teachers give hard tests.

11. You walk into a door and you get a bloody nose.
_____ A. I wasn't looking where I was going.
_____ B. I have been careless lately.
12. You have a messy room.
_____ A. I did not clean my room that day.
_____ B. I usually do not clean my room.
13. Your mother makes you your favorite dinner.
_____ A. There are a few things that my mother will do to please me.
_____ B. My mother usually likes to please me.
14. A team that you are on loses a game.
_____ A. The team members don't help each other when they play together .
_____ B. That day the team members didn't help each other.
15. You do not get your chores done at home.
_____ A. I was lazy that day.
_____ B. Many days I am lazy.
16. You go to an amusement park and you have a good time.
_____ A. I usually enjoy myself at amusement parks.
_____ B. I usually enjoy myself in many activities
17. You go to a friend's party and you have fun.
_____ A. Your friend usually gives good parties.
_____ B. Your friend gave a good party that day.
18. You have a substitute teacher and she likes you.
_____ A. I was well behaved during class that day.
_____ B. I am almost always well behaved during class.
19. You make your friends happy.
_____ A. I am usually a fun person to be with.
_____ B. Sometimes I am a fun person to be with.
20. You put a hard puzzle together.
_____ A. I am good at putting puzzles together.
_____ B. I am good at doing many things.
21. You try out for a sports team and do not make it.
_____ A. I am not good at sports.
_____ B. The other kids who tried out are very good at sports.
22. You fail a test.
_____ A. All tests are hard.
_____ B. Some tests are hard.

23. You hit a home run in a ball game.

_____ A. I swung the bat just right.

_____ B. The pitcher threw an easy pitch.

24. You do the best in your class on a paper.

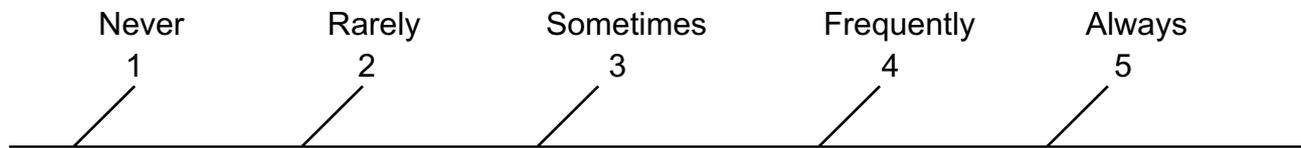
_____ A. The other kids in my class did not work hard on their papers.

_____ B. I worked hard on the paper.

* CAPS: CHILDREN'S ATTRIBUTIONS AND PERCEPTIONS SCALE

Instructions given by Interviewer: These are questions about some things you may have felt in the last six months. There are no right or wrong answers.

Instructions to Interviewer: Carefully explain rating scale to child.



- _____ 1. Do you ever feel like you're a different age (older or younger than you are)?
- _____ 2. Do you think that people treat you as if you were older than you really are?
- _____ 3. Do you feel different than other boys/girls your age?
- _____ 4. Do you act different than other boys/girls your age?
- _____ 5. Do you feel that you make bad things happen to other people?
- _____ 6. If something bad happens, are you usually responsible (is it your fault)?
- _____ 7. Do you blame yourself when things go wrong?
- _____ 8. Do you feel or say things that cause other people to get into trouble?
- _____ 9. Do you think people believe you when you tell them something?
- _____ 10. Do you ever feel that you are not telling the truth about something?
- _____ 11. Do people ever feel that you have "made up" or imagined something that actually did occur?
- _____ 12. Do people ever doubt what you are telling them?
- _____ 13. Do people ever accuse you of lying?
- _____ 14. Do you ever feel that it is hard to trust other people (who aren't your friends)?
- _____ 15. Do you ever feel that you can't count on anyone?
- _____ 16. Do you ever feel that you can't trust your friends or members of your family?
- _____ 17. Do you feel that trusting people can be risky?
- _____ 18. Do you ever feel that people whom you trust do things to hurt you?

*** A-COPE: ADOLESCENT - COPING ORIENTATION FOR PROBLEM EXPERIENCE**

Purpose:

A-COPE is designed to record the behaviors adolescents find helpful to them in managing problems or difficult situations which happen to them or members of their families. Coping is defined as individual or group behavior used to manage the hardships and relieve the discomfort associated with life changes or difficult life events.

Directions:

- * Read each of the statements below which describes a behavior for coping with problems.
- * Decide how often you do each of the described behaviors when you face difficulties or feel tense. Even though you may do some of these things just for fun, please indicate only how often you do each behavior as a way to cope with problems.
- * Circle one of the following responses for each statement:
1-Never 2-Hardly Ever 3-Sometimes 4-Often 5-Most of the time
- * Please be sure and circle a response for each statement.

	Never	Hardly Ever	Sometimes	Often	Most of the time
1. Go along with parent's request and rules					
2. Read					
3. Try to be funny and make light of it all					
4. Apologize to people					
5. Listen to music-stereo, radio, etc.					
6. Talk to a teacher or counselor at school about what bothers you					
7. Eat food					
8. Try to stay away from home as much as possible					
9. Use drugs prescribed by a doctor					
10. Get more involved in activities at school					
11. Go shopping; buy things you like					
12. Try to reason with parents and talk things out; compromise					
13. Try to improve yourself (get body in shape, get better grades, etc.)					
14. Cry					
15. Try to think of the good things in your life					
16. Be with a boyfriend or girlfriend					
17. Ride around in the car					
18. Say nice things to others					

19. Get angry and yell at people					
20. Joke and keep a sense of humor					
21. Talk to minister/pastor/rabbi					
22. Let off steam by complaining to family member					
23. Go to church					
24. Use drugs (not prescribed by doctor)					
25. Organize your life and what you have to do					
26. Swear					
When you face difficulties or feel tense, how often do you:	Never	Hardly Ever	Sometimes	Often	Most of the time
27. Work hard on schoolwork or other school projects					
28. Blame others for what's going wrong					
29. Be close with someone you care about					
30. Try to help other people solve their problems					
31. Talk to your mother about what bothers you					
32. Try, on your own, to figure out how to deal with your problems or tension					
33. Work on a hobby you have (sewing, model building, etc.)					
34. Get professional counseling (not from a school teacher or school counselor)					
35. Try to keep up friendships or make new friends					
36. Tell yourself the problem is not important					
37. Go to a movie					
38. Daydream about how you would like things to be					
39. Talk to a brother or sister about how you feel					
40. Get a job or work harder at one					
41. Do things with your family					
42. Smoke					
43. Watch T.V					
44. Pray					
45. Try to see the good things in a difficult situation					
46. Drink beer, wine or liquor					
47. Try to make your own decision					
48. Sleep					
49. Say mean things to people; be sarcastic					
50. Talk to your father about what bothers you					
51. Let off steam by complaining to your friends					
52. Talk to a friend about how you feel					
53. Play video games (Space Invaders, Pac-Man,) pool, pinball					
54. Do a strenuous physical activity (jogging, biking, etc.)					

*** RSE: ROSENBERG'S SELF-ESTEEM SCALE**

Directions: Below is a list of statements dealing with your general feelings about yourself. If you **STRONGLY AGREE**, circle **SA**. If you **AGREE** with the statement, circle **A**. If you **DISAGREE**, circle **D**. If you **STRONGLY DISAGREE**, circle **SD**.

		1. STRONGLY AGREE	2. AGREE	3. DISAGREE	4. STRONGLY DISAGREE
1.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
2.	I feel that I have a number of good qualities.	SA	A	D	SD
3.	All in all, I am inclined to feel that I am a failure.**	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.**	SA	A	D	SD
6.	I take a positive attitude toward myself.	SA	A	D	SD
7.	On the whole, I am satisfied with myself.	SA	A	D	SD
8.	I wish I could have more respect for myself.**	SA	A	D	SD
9.	I certainly feel useless at times.**	SA	A	D	SD
10.	At times I think I am no good at all.**	SA	A	D	SD

Annex C: Names

*** Names of Data Collectors**

Akef Al-Azeh

Shereen Subuh

Zahra Al-Farajeen

Mai Abu Jaber

Mohammad Al-Jarbawi

Samer Jebreil

Hisham Salah

Imtiaz Al-Nahal

Salah Al-Deen Abdou

Mervat Kassab

*** Names of Schools**

Artas Secondary School for Boys

Al-Haj Ishaq Qawasmeh School

Chilie School for Girls

Al-Khader School for Girls

Al-Netaken School for Girls

Saedna Ibrahim School

Omar Iben Al-Khatab School

Salah Eldin School for the Basic Cycle

Al-Saidah Rukaia School

Amar Iben Yas High School

Abas Schhool for Girls

ANNEX D: Final Sample Selection

Bethlehem

Girls, Grade Level 4, Classroom Based Intervention Group (CBI) (6-11yrs)
Girls, Grade Level 4, Waitlisted Control Group (WL-Control) (6-11yrs)
Girls, Grade Level 7, Classroom Based Intervention Group (CBI) (12-16yrs)
Girls, Grade Level 7, Waitlisted Control Group (WL-Control) (12-16yrs)
Boys, Grade Level 9, Classroom Based Intervention Group (CBI) (12-16yrs)
Boys, Grade Level 9, Waitlisted Control Group (WL-Control) (12-16yrs)

Hebron

Boys, Grade Level 5, Classroom Based Intervention Group (CBI) (6-11yrs)
Boys, Grade Level 5, Waitlisted Control Group (WL-Control) (6-11yrs)
Girls, Grade Level 6, Classroom Based Intervention Group (CBI) (12-16yrs)
Girls, Grade Level 6, Waitlisted Control Group (WL-Control) (12-16yrs)

Ramallah

Girls, Grade Level 8, Classroom Based Intervention Group (CBI) (12-16yrs)
Girls, Grade Level 8, Waitlisted Control Group (WL-Control) (12-16yrs)

Nablus

Boys, Grade Level 3, Classroom Based Intervention Group (CBI) (6-11yrs)
Boys, Grade Level 3, Classroom Based Intervention Group (CBI) (6-11yrs)

Gaza

Girls, Grade Level 2, Classroom Based Intervention Group (CBI) (6-11yrs)
Girls, Grade Level 2, Waitlisted Control Group (WL-Control) (6-11yrs)
Boys, Grade Level 8, Classroom Based Intervention Group (CBI) (12-16yrs)
Boys, Grade Level 8, Waitlisted Control Group (WL-Control) (12-16yrs)

Khan Younis

Girls, Grade Level 10, Classroom Based Intervention Group (CBI) (12-16yrs)
Girls, Grade Level 10, Waitlisted Control Group (WL-Control) (12-16yrs)
Boys, Grade Level 1, Classroom Based Intervention Group (CBI) (6-11yrs)
Boys, Grade Level 1, Waitlisted Control Group (WL-Control) (6-11yrs)

Rafah

Boys, Grade Level 10, Classroom Based Intervention Group (CBI) (12-16yrs)
Boys, Grade Level 10, Waitlisted Control Group (WL-Control) (12-16yrs)

