

EFFECTIVENESS OF STUDENT MEDIATION PROGRAM TO DECREASE BEHAVIOURAL AND EMOTIONAL PROBLEMS IN PALESTINIAN CHILDREN AFFECTED BY WAR AND TRAUMA IN THE GAZA STRIP

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Abstract

Background: There are few psychosocial interventions programs to address children psychosocial needs among Palestinian children area of war and conflict.

Aim : The aim of the study was to evaluate the effectiveness of student mediation program in improving mental health status of Palestinian children in the Gaza Strip.

Method : Participants of the study were 304 schoolchildren aged 6-16 (Mean age = 10.62 years) from grades one tenth from three schools selected randomly from schools registration lists provided by the Ministry of Education. From each school, classes were randomly assigned to the prevention.

Pre-test and assessment scales (Sociodemographic scale and Gaza Child Mental Health Scale) were applied to children one week before starting the student mediation sessions on Sep 2007 by 8 psychologists and psychiatric nurses working the field of children victims of trauma and war and at the end of scholastic year on May 2008.

Results : According to children report, the results showed that there was statistically significant decrease in total scores of child mental health and hyperactivity symptoms after student school mediation program. According to parents, the results showed that there was statistically significant decrease in obsessive and overanxious symptoms after student mediation program.

Conclusion : Our findings that using student mediation program in time of war and trauma could improve children mental health. This highlight the need for more long acting and new methods of intervention for children living in area of war and conflict such as cognitive behaviour therapy and social skills training to enable children cope with trauma and stress.

Key words: Children, Trauma, student mediation, behavioural and emotional problems

Introduction

Research has documented that exposure to traumatic events leads to diverse negative reactions among youth. For example, in the Great Smoky Mountains Study (a

10-year longitudinal study using a large representative sample), exposure to at least one traumatic event by age 16 was reported by 68% of the youth (Copeland, Keeler, Angold, & Costello, 2007), with 13.4% of these youth reporting posttraumatic stress symptoms (Angold, Costello, Farmer, Burns, & Erkanli, 1999). Lifetime occurrence of anxiety (9.8%), depressive (12.1%), and disruptive behavior disorders (19.2%) for youth exposed to trauma also was found to be high (Copeland et al., 2007) Research on young people who had PTSD as a result of exposure to a disaster includes that by

Treatment research on ameliorating youths' adverse reactions following their exposure to traumatic events is relatively recent.

Effective treatments for traumatized children usually involve cognitive-behavioral

elements, including the psychoeducation of children and parents regarding the nature of the disorder, some form of

exposure work coupled with imagery or relaxation exercises, and a restructuring of cognitive dysfunctions (Laor, 2001; Perrin et al, 2004; Thabet et al, 2005). Empirical data concerning interventions in the area of mental health after disasters clearly support intervention effectiveness.

School-wide prevention/intervention strategies may be more appropriate for intervention for children living in area of continuous war and conflict such as the Gaza Strip. School-wide strategies, if implemented in a comprehensive manner, are designed to affect all aspects of the school community including the teaching staff, administration, support staff, parents/guardians, and student body. School-wide initiatives should include changes in school policies and procedures, staff development, violence and mental health assessments, curriculum support, and programming initiatives. For example, conflict resolution programs are implemented in many schools such as the Second Step Program for prekindergarten and 9th-grade students (Flannery, Huff,&Manos, 1996) and the Peace Builders for grades 1 through 5 (Grossman et al., 1997) with some success in improving school climate. These programs should include discussions of specific examples that involve relational aggression through which students not only learn to successfully resolve conflicts but also build a climate of

disapproving it. Raising awareness within schools and educating students about the detrimental effects of rumors, peer isolation, and other interpersonal manipulation may be an important part of a systematic approach. This would further promote peer mediation, not necessarily teacher- directed intervention that may not be highly desired by some students. Consistent with the systematic approach in creating a positive school climate, class and school rules should reflect strong disapproval of relationally aggressive behaviors and should be clearly communicated to students and parents.

One of the school-based intervention programs is the school mediation. Generally, the process of mediation involves four stages (e.g., Danielsson, 1994; Vanderkooi & Pearson, 1983). During Stage 1, outlining the expectations for the mediator's and disputants' roles and obtaining consent to the ground rules for the procedure help set the tone for a calm and reasoned conflict resolution and create a safe environment in which discussion can proceed. The mediator establishes his or her influence over the process but clearly places the responsibility for resolution on the disputants in this first stage. In Stage 2, dispute issues are identified and areas of agreement are highlighted to help provide the mediator and the disputants an understanding of each party's perspective. In Stage 3, understanding of each disputant's desires, reasons, and emotions is developed through a discussion of each party's perspective, and, as a result, empathy is enhanced between the opponents. Finally, during Stage 4, solutions to disputed issues are formulated. Because of the controlled nature of the mediations up to this point and the potential for increased understanding, solutions that are satisfactory to both disputants may be developed.

It is only within the last 30 years that mediation has been used in North America, originating in attempts to forestall industrial conflict in labor-management disputes and as an alternative to adjudication procedures in the court system. Mediation is now used to resolve interpersonal conflicts as diverse as those between victims and offenders, spouses in divorce cases, peers at school, and parents and their adolescent children (Emery & Wyer, 1987; Irving & Benjamin, 1992; Johnson, Johnson, Cotton, Harris, & Louison, 1995; Umbreit & Coates, 1992). Although there has not been a great deal of research conducted on mediation, the past empirical work has generally shown that mediation results in more constructive outcomes than other forms of conflict resolution, with high levels of disputant compliance and satisfaction (Kressel & Pruitt, 1985). Mediation that involves child participants has been studied in two contexts: parent-adolescent disputes and school based peer mediation programs. Sometimes parent-adolescent conflicts deteriorate and become severe enough to warrant formal third-party intervention. The goals of this type of mediation are to enhance family functioning, to prevent adolescent maltreatment, and to keep children from being placed in shelters or foster care (Smith, 1995). It has been found that mediation is perceived to improve family functioning (e.g., encouragement of independence by parents) and results in high rates of disputant satisfaction with the process (Van Slyck, Stern, & Newland, 1992). In addition, peer mediation programs are increasingly.

The aim of the study was to evaluate the effectiveness of student mediation program in improving mental health status of Palestinian children in the Gaza Strip.

Methods

Subjects

Participants of the study were 304 schoolchildren aged 6-16 (Mean age = 10.62 years) from grades one through three schools selected randomly from schools registration lists provided by the Ministry of Education. From each school, classes were randomly assigned to the prevention.

Procedure

After receiving authorization for the intervention program from the Ministry of Education, participant's schools were recruited on the base of the consent of school headmasters and administrators, who acquired written consent from parents. In each school, 4 children from each class were allocated randomly to the intervention group.

Pre-test assessment was applied to children one week before starting the student mediation sessions on Sep 2007 by 8 psychologists and psychiatric nurses working the field of children victims of trauma and war. On May 2008 after finishing the semester the children were assessed again with the same instruments.

The Student Mediation program

The student mediation program described here has developed piloted and evaluated in Hamilton, Ontario by the Collaborative Student Mediation Project. The manual was designed for professionals with experience conducting large scale school-based programs. This manual describes an approach to student mediation programs which has proven effective in a formal trial (Cunningham et al, 1998). There are three types of student mediation programs: First is on line mediation in which teams of students conduct mediation in the playground where conflict occurs. Mediators interrupt emerging disagreements, disputes, or bullying episodes, offer students the opportunity to resolve the problem, outline the rules of mediation, facilitate communication between disputants, encourage students to formulate a resolution to the conflict, and plan a strategy for preventing future problems. Second is Office Mediation which is conducted by appointment with teams of mediators in more private setting. Playground mediators, playground supervisors, teachers, principals, peers, or parents may suggest that students involved in a conflict make an appointment with the office mediation team. Third is the Mediation as an alternative to discipline in which office mediation may be available as an alternative to disciplinary actions. For example, mediators may help students solve conflicts which might result in a suspension (Cunningham et al, 2001). The program consisted of nine steps: 1) the program was presented to the schools administration, 2) presented to staff, 3) principal conducts decision making staff meeting, 4) present the mediation program to parents, 5) complete mediation program contact, 6) complete mediation program worksheet, 7) develop an advertising plan 8) introduce mediation to the student body, 9) develop a mediation uniform. In this project we used the Arabic version of the Manual which had been used in the last three years in Gaza Strip school (GCMHP, 2007).

Instruments of assessment the program

Sociodemographic data:

The children demographic data was collected by questionnaire include sex, age, class, and place of residence.

Gaza Child Health Study Scales (Miller et al, 1999)

The Gaza Child Health Study Scale was developed and validated in the Gaza Strip and West Bank in a sample of Palestinian children (Miller et al, 1999). The original OCHS assesses problem behavior symptoms associated with DSM-III childhood psychiatric disorders (Boyle, Offord, Racine, Szatmari, & Sanford, 1993) and contains items adapted from the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1981). The modified GCHSS contains 34 symptom items rated on a 3-point Likert-type scale ranging from 0 (*rarely applies*) to 2 (*certainly applies*). Broadband scales are computed to assess internalizing (e.g., worries about things in the future; needs to be told over and over that things are okay) and externalizing (e.g., kicks, bites, or hits other children; defiant, talks back to adults) symptoms. This version consists of 34 items measures (conduct – 15 items, hyperactivity- 6 items, depression-5 items, obsession-4, and overanxious-3 items) the emotional and behavioural problems of children rated by parents if the children 6-11 years and by children themselves if the were 12 years and more. The score range from 0= not true,

1= sometimes, 2= true. The reliability test of the scale was Cronbach's alpha = 0.87 and split half was 0.86 .

Statistical analysis

In this study we used SPSS ver. 14 for data entry and analysis. Frequency and percentages of the demographic variables were obtained. T- Paired test to compare the intervention program before and after was used.

Results of the study

Sociodemographic data

The total number of children was 304 children, children age ranged from 6-16 years The average age was (12.2 years). There were 285 boys (87.17%) and 39 girls (12.83%). Of the total number of children, 28.29% of children live Khan Younis, 54.93% live Deir el-Balah area, and 16.78% live in Gaza city.

Table 1: Sociodemographic data for children in the sample (N= 304)

	N	%
Sex		
Male	265	87.17
Female	39	12.83
Age Mean = 10.62 (SD =2.90)		
Place of residence		
Gaza City	51	16.78
Deir el-Balah	167	54.93
Khan Younis	86	28.29
Class		
First	25	8.22
Second	42	13.82
Third	38	12.50
Fourth	25	8.22
Five	48	15.79
Six	37	12.17
Seven	31	10.20
Eight	9	2.96
Ninth	5	1.64
Tenth	44	14.47

Results of Gaza Child Health Study Scale- children 12 years old and above report

Pre assessment results

In order to investigate the effectiveness of the school mediation, children 12 years old and above were interviewed one week before the intervention using GCHSS for children. The results showed that mean GCHSS before was 13.93 (SD =8.10), conduct problems mean was 2.85 (SD =3.81); hyperactivity mean was 3.39 (SD =2.18), depression mean was 2.07 (SD =1.87), obsessive mean was 3.93 (SD = 1.60) , and overanxious mean was 3.93 (SD = 1.60).

Post assessment results

After finishing the school mediation, children were interviewed again using the same assessment tools. The results showed that mean GCHSS was 13.46 (SD =8.50), conduct problems mean was 3.06 (SD =3.67); hyperactivity mean was 3.31 (SD = 2.15), depression mean was 2.01 (SD =1.97), obsessive mean was 3.37 (SD = 1.72), and overanxious mean was 3.37 (SD = 1.72).

Differences in child mental health between the two stages of school mediation using Paired T test of GCHSS – child

In order to find the effectiveness of the school mediation, a paired T test was done to find the differences between pre assessment and post assessment period.

The results showed that there were statistically significant differences between the mean of total scores of child mental health before and after school mediation. This mean differences between the two times was 1.42 (t=2.16, p = 0.03) and hyperactivity symptoms mean differences between the two times was 0.73 (t = 3.17, p = 0.001).

Table 2 : Paired T test of GCHSS-Child report

	Mean	SD	t	p
Gaza Child Health Survey Scale-1	13.93	8.10	0.49	0.62
Gaza Child Health Survey Scale-2	13.46	8.50		
Conduct-1	2.85	3.81	-0.43	0.67
Conduct-2	3.06	3.67		
Hyperactivity-1	3.39	2.18	0.32	0.75
Hyperactivity-2	3.31	2.15		
Depression-1	2.07	1.87	0.25	0.80
Depression-2	2.01	1.97		
Obsessive-1	3.93	1.60	2.82	0.01
Obsessive-2	3.37	1.72		
Overanxious-1	3.93	1.60	2.82	0.01
Overanxious-2	3.37	1.72		

Results of Gaza Child Study Scale report-parents form for children 12 years old and less

Pre assessment results

Before starting the school mediation, parents of children 12 years and less were interviewed one week before the

intervention. The results showed that mean GCHSS before was 12.56 (SD =8.40), conduct problems mean was 2.39 (SD =3.22); hyperactivity mean was 3.72 (SD = 2.72), depression mean was 1.54 (SD =1.64), obsessive mean was 2.82 (SD = 1.73), and overanxious mean was 2.82 (SD = 1.73).

Post assessment results

After finishing the school mediation, parents of children 12 years old and less were interviewed one week after the intervention by parents. The results showed that mean GCHSS was 11.13 (SD =8.22), conduct problems mean was 2.18 (SD = 3.49); hyperactivity mean was 2.98 (SD = 2.78), depression mean was 1.37 (SD =1.57), obsessive mean was 2.79 (SD = 1.56), and overanxious mean was 2.79 (SD = 1.56).

Differences in child mental health between the two stages of school mediation using Paired T test of GCHSS – parents form

In order to find the effectiveness of the school mediation, a paired T test was done to find the differences between pre assessment and post assessment period according to parents report. The results showed that there were statistically significant differences between the mean of obsessive symptoms before and after school mediation. This mean differences between the two times was 0.56 (t=2.82, p = 0.01) and overanxious symptoms (t = 2.82, p = 0.01).

Table 3: Paired T test of GCHSS-Parents report

	Mean	SD	t	p
Gaza Child Health Survey Scale-1	12.56	8.40	2.16	0.032
Gaza Child Health Survey Scale-2	11.13	8.22		
Conduct-1	2.39	3.22	0.71	0.478
Conduct-2	2.18	3.49		
Hyperactivity-1	3.72	2.72	3.17	0.001
Hyperactivity-2	2.98	2.78		
Depression-1	1.54	1.64	1.25	0.214
Depression-2	1.37	1.57		
Obsessive-1	2.82	1.73	0.24	0.814
Obsessive-2	2.79	1.56		
Overanxious-1	2.82	1.73	0.24	0.814
Overanxious-2	2.79	1.56		

Discussion

Before discussing the results of this study, it is important to note that the study has number of limitations. During the study there was siege of Gaza Strip with limitation of materials and fuel which affect the intervention in schools, added to this the repeated incursions of the Gaza Strip by Israelis military forces which may increase the traumatic events and reactions beside the siege of Gaza Strip. Also, the main outcome measures were questionnaire-based self report rather than interview. These limitations leave considerable room for improvement in future studies.

Children reported significant decrease in total scores of child mental health and hyperactivity symptoms after student school

mediation program. Also, parents reported decrease in obsessive and overanxious symptoms after student mediation program. Our study consistent with many studies which have shown that participation in peer mediation programs has positive effects on disputants and mediators in terms of problem solving, communication, academic grades, perspective taking, and conflict resolution skills (Araki, 1990; Lane-Garon, 1998). Peer mediations have also been found to help children reach and maintain agreements and to have high rates of satisfaction (Crary, 1992). As well, children who have been trained as mediators use more constructive strategies for resolving conflict and do so in many different contexts (Gentry & Benenson, 1992; Johnson et al, 1995). Johnson and colleagues found that after formal training in mediation procedures, children were more likely to express feelings, reverse perspectives, formulate multiple agreements, or explain the reasons for their positions (Johnson et al., 1994; Johnson et al., 1995).

Our study consisted with other studies using other types of therapy, Kimnerly et al (2005) study to evaluate the effectiveness of a cognitive-behavioural therapy (CBT) techniques school-based group intervention designed for children who have experienced trauma. Twenty-six children (aged 11–15 years) who were refugees or asylum-seekers from war-affected countries participated. The manual-based intervention consisted of and was implemented within secondary schools. Children in the CBT group showed statistically significant, but clinically modest improvements following the intervention, with decreases in overall severity of post-traumatic stress symptoms. Significant improvements were also found in overall behavioural difficulties and emotional symptoms. Children in the waiting list control group did not show any improvements over the same period. However, follow-up data, which were only available for a small subset of eight children, suggest that gains in the CBT group were not maintained at 2-month follow-up. In another study of children using debriefing, However others such as Stallard et al (2006) in a study aimed to determine whether an early intervention using a psychological debriefing format is effective in preventing psychological distress in child road traffic accident survivors in which 158 children aged 7–18 were followed-up after completed eight months post accident with 132 (70/82 of the experimental group and 62/76 in the control group). Main outcome measures: Self-completed measures of psychological distress; fulfillment of diagnostic criteria for post-traumatic stress disorder. Results: Children in both groups demonstrated considerable improvements at follow-up. The early intervention did not result in any additional significant gains. Thabet et al (2008 in press) in study the effectiveness of expressive writing therapy technique for Palestinian children in the Gaza Strip found that children anxiety symptoms decreased after 6 sessions of writing, while PTSD and depression did not change.

Conclusion

Our findings showed that using school mediation in time of war and trauma could improve children mental health if they reported their feelings themselves and not their parents. This highlight the need for more long acting and new methods of intervention for children living in area of war and conflict such as cognitive behaviour therapy and social skills training to enable children cope with trauma and stress. Also more involvement of intervention in home based intervention programs and using different tools of assessment which may reflect the new skills the

children can gain from involvement of such conflict resolution programs.

Study implications

Student mediation program may hold great promise as a technique for school based intervention in children's disputes. Therefore, it may be important for future training programs to incorporate more gradual and prolonged mediation training. Interestingly, despite the limitations in our mediation training procedures, children were clearly able to use mediation and influence the way in which children dealt with conflicts as they mediated. Perhaps their extensive experience as third parties to children's conflicts allows schools administration to rapidly incorporate mediation procedures in this domain.

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