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The Effectiveness of a Guidance Program to Reduce Post-traumatic Stress Disorder among A Sample of Syrian Refugee Children in Za'tari Camp in Jordan

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Abstract

The aim of this study was to identify the impact of a guidance program on reducing the symptoms of post-traumatic stress disorder in a sample of Syrian children living in Al Zaatari camp in Jordan. The study population consists of children enrolled in schools in the camp who have symptoms of post-traumatic stress disorder as a result of the violence they witnessed in their country before the asylum and their number was (280) children during the academic year 2013-2014, the sample was selected from children who achieved the highest scores on the scale used which is a measure of children's post-traumatic stress disorder totaling 12 children were selected directly from people who suffer from post-traumatic stress disorder to achieve the objectives of the study, a post-traumatic stress disorder and post-traumatic scale were applied the program has 10 sessions, each session 60 minutes, with two sessions a week.

The data were statistically analyzed to measure the effect of the therapeutic program in reducing symptoms of PTSD. The study showed that the therapeutic program is effective in reducing post-traumatic symptoms in Syrian children.

Keywords: Post - traumatic stress disorder (PTSD), Syrian refugee children, Za'tari camp.

Introduction :

Childhood is one of the most dangerous developmental stages in the formation of the human personality. Children are the most vulnerable to difficult conditions because they are not protected by adequate safety.

Trauma suffered by the child because of the war are considered more difficult than natural disasters, and more survival in memory. Things get worse if the shocks are repeated in close periods, these cases are difficult to detect in children because they can not express their feelings or the psychological state they are going through while stored by the mind and lead to deep psychological problems, especially if parents can not contain these cases and help the child to overcome it. the statistics of the United Nations High Commissioner for Refugees (UNHER) indicate that nearly 12 million children have been displaced, in addition to having lost one of their parents as a result of armed conflicts in the world, psychological trauma of all kinds affects the lives of 25% of children around the world (Ammar,2006).

Studies on the impact of war and its relation to children's mental health and that the transition from health to morbidity result from those situations that endanger their lives, especially those that continue for a long period of time, such as wars, armed conflicts and sudden unexpected circumstances, as all the experiences are important variables occupied a prominent position in the research and studies carried out globally, especially in hot regions of the world that experienced such experiences such as Vietnam, Lebanon, Northern Ireland, Palestine, Iraq and others (Ayouch, 2001).

Brown and Schale & Nilsson (2010) indicates that the resort is produced from several reasons, including: Civil and regional wars, exposure to religious, ethnic and psychological persecution, and natural disasters such as earthquakes, volcanoes and floods.

According to Hodes (2000), a refugee is a person who leaves his or her country of origin to another country because of war or violence, which may be a threat to his or her life, security and safety or a threat to the safety of his or her family and society.

Post-traumatic stress disorder is one of the psychological disorders which afflict the person after exposure to a strong shock, or experience a difficult and painful experience, scientists have known this type of disorder after the Vietnam War, this psychological disorder occurs as a result of a very strong trauma to the person after experiencing difficult and appalling events, symptoms usually appear after several months of exposure to this shock. It is necessary to differentiate between PTSD, and between acute psychological disorder, which usually disappears after the first month of shock, symptoms include: insomnia, anger, deep sadness, memory disorder, and symptoms may appear in the form of physical symptoms, stomach pain, headache and abdominal pain. (Putts, 2014).

According to the report published by the American Psychiatric Association (DSM-4) in 2013 one of the most important features of this disorder in the child is the repeated remembrance of the trauma that he experienced in various ways including the sudden intrusion of certain images of the event to the child's imagination and sounds related to the event or nightmares and disturbing night dreams related events or dreams have similar content or some aspects of the trauma are obvious through the child's play, and the lack of attention to things and the surrounding environment through the decline in attention to activities that may bring him pleasure and emotional distance from friends and parents and the weakness of his ability to endurance, and develop new symptoms related to the traumatic event at the motor level, including sudden increase in attention and alertness and include excessive nerve and excessive excitability and behavior avoidance and anxiety of all severe stimuli, which mention the traumatic event and sleep disorders and difficulty in concentration, symptoms include some or all aspects of involuntary urination at night and day, sucking fingers, fear of darkness, loss of appetite, persistent headaches, complaint of vision and hearing problems, speech disorders and stuttering, introversion and lack of interaction with other children, constant quarrels with his brothers and friends, loss of desire for daily business, lack of concentration and ease of distraction, low level of school achievement, frequent and annoying nightmares related to the traumatic event, memories and compulsive and repetitive intrusive thoughts about the event result in a state of intense tension, feeling that the event will happen again, an intense emotional disturbance of any external or internal stimuli, symbolizing or resembling certain aspects of the event, sleep difficulties, suicide thoughts, the appearance of unusual attention to the surrounding sensory stimuli, which get suddenly, these symptoms are usually observed for at least one month or continuously.

PTSD was designed for children in the school age from 6 to 12 years old and was found at the cognitive level that children at this stage have difficulty concentrating and therefore their school achievement is greatly affected, the reason is that the memories of the traumatic experience and the depressed mood of the child affect his mental processes thus, learning disorders may manifest clearly at this stage, but at the behavioral level we find children of this stage are mostly passive and non-communicative and can become more cruel and violent than before this may have a clear impact on their relationships with their peers and friends, which may eventually lead to some kind of social isolation children of this age group are also partially exposed to the development of physical symptoms such as headaches, stomach pains and others (macksoud.et.alk:1993).

So the therapeutic methods varied for post-traumatic stress disorder, including cicodinamic therapy which focuses on the theory of psychoanalysis. Behaviorists also invented several methods of treatment including the treatment in addition to which aims to reduce the retainer of traumatic memories and reduce the anxiety caused by recalling those memories, and reduce the gradual sensitivity to the elimination of fear, anxiety and disturbing dreams as symptoms experienced by people with PTSD.

Most of the Syrian children have been subjected to severe incidents during the past period as a result of the ongoing violence in most of the Syrian territory, where children and their families watch killings and torture with the naked eye or through television, they also experienced moving to safe places, and some of them took refuge with their families to neighboring countries (Neria,2010).

Many suffer from a severe shortage of medical and psychological services, such as malnutrition, skin diseases, chest and respiratory diseases, they have often been exposed to the dangers of difficult conditions outside their country as a result of poor comprehensive care, and the inability of host countries to provide services to individuals‹(Elkhatib,2013, Neria,2010).

Many psychotherapists agree, regardless of their therapeutic orientation, that collective psychotherapy is an active and progressive method of psychotherapy because of its advantages not found in individual psychotherapy (Ahmed, 2009).

The two researchers therefore saw the importance of building a collective counseling program to help Syrian children suffering from PTSD to get rid of symptoms and adapt to asylum and migration conditions.

The study Problem

Over the past four years, Syrian children have been subjected to a high degree of psychological stress as a result of the war, and they have experienced several frightening events, from watching the killings, torture and destruction, leaving their homes and seeking refuge outside their country, these large events began to affect them significantly and negatively, since the two researchers dealt with some Syrian refugee families in Jordan, they observed emotional and behavioral symptoms on their children and affected them negatively, in view of the impact of these painful experiences on their later stages of development, they requested assistance from those providing psychological support services to Syrian refugees in Za'tari camp, which led them to try to help them by building an orientation program based on the cognitive behavioral theory, which proved effective in many areas to be in the hands of specialists in the camp.

Study question

This study attempts to answer the following question:

Are there statistically significant differences in the overall score of post-traumatic stress disorder attributable to behavioral therapy?

Study determinants

The results of this study are determined in the characteristics of the study sample of Syrian refugee children in Za'tari camp in Jordan aged 8-12 and the tools used in it.

Research goals

Reducing symptoms of PTSD in Syrian children living in Za'tari camp

The hypothesis of the study

"There is no statistically significant effect at the level of significance ($\alpha = 0.05$) of the program cognitive behavioral therapy in reducing the symptoms of PTSD in a sample of Syrian children in Za'tari camp.

Previous studies

The two researchers reviewed the most important studies that dealt with post-traumatic stress disorder and the programs used to mitigate their effects, summarized as follows:

Al-Qurashi (1993) studied the relationship between stressful conditions (war as trauma) Which are exposed by children and their psychological and social compatibility. The study sample consisted of (600) Kuwaiti children.

The results of the study showed that the Gulf War as a traumatic incident had a negative impact on both personal and social compatibility of females by a higher margin than males. The study showed poor relationship with family and school colleagues.

In Al-Faqi (1993) study on the negative cognitive, behavioral and emotional effects suffered by Kuwaiti children as a result of the Iraqi occupation on a sample of 45 children of adolescents between the ages of 5 and 14 years showed that 63% of the sample suffered from traumatic experiences appeared in the form of disturbing dreams and fears and sleep disorders and pessimism about the future and the continuous prospect of danger.

In 1997, goldstone studied the aim of identifying the impact of traumatic events on children in Bosnia on a sample of 304 Bosnian refugee children they range in age from six to twelve years it turns out that children suffering from the effects of traumatic accidents, whether these incidents where a list and continuing later and these effects were anxiety, grief and learning difficulties.

Koeman et al. (2000) conducted a study aimed at identifying the effect of expressive writing on depression and PTSD for abused women by their husband the sample consisted of 47 women and used the narrative strategy (expressive writing) which focuses on the traumatic events that have been experienced or the expression of a neutral subject suggested by the researcher the follow-up and evaluation was conducted over a four-month period and the study found a marked reduction in the symptoms of PTSD and depression due to the emotional discharge of traumatic experiences.

Goethe's (2000) study on trauma, violence and mental health among children in Gaza showed on a sample of 108 children aged between 10 and 12 years the presence of problems in concentration and memory and increase the level of neurosis and show that males are more controlled than females.

The study of Al-Ateeq (2001), on the psychological trauma associated with the exposure of children and their injury to road accidents in the Arab Republic of Egypt, the aim was to identify the symptoms of chronic and severe trauma in the study sample and define the levels of psychological compatibility and coping methods in children who are injured in road accidents, the results revealed differences between two samples of children injured in road accidents in various symptoms of PTSD, the results also indicated that children who were injured in road accidents with PTSD had low scores on the psychometric scale and did not have methods to cope with stressful situations.

Jane and others (2002) examined post-traumatic stress disorder in children who were exposed to car accidents, in order to know the suffering of children after they were injured in traffic accidents in a sample of (50) children with their parents aged 7_16 years.

The results of the study showed that children who were physically abused were more disturbed and children who have been previously incidents appeared to have the disorder clearly and by 26%, it also shows that the results of social support have effective results.

In a Cuban study (2003) about recognizing the impact of a cognitive behavioral program in treating post-traumatic stress for battered women on a sample of 25 women it was found that women who completed cognitive behavioral therapy sessions showed a decrease in self-esteem and depression and a significant increase in self-esteem and continued improvement over 3-6 months of follow-up.

The Zlotnick study (2006) aimed to assess the effectiveness of cognitive behavioral therapy for battered women with PTSD in shelters the sample consisted of 18 women who received treatment sessions to help

empower them and give hope and optimism to the future. The results showed a clear reduction in post-traumatic stress disorder and symptoms of depression compared to the group that did not receive treatment.

The study (Thabet, 2008) aimed to identify the nature of the trauma and its impact on Palestinian children living in areas of conflict and political conflict and as well as to identify the prevalence of PTSD and the relationship between them and the mental health of children and their mothers, where the sample of the study consist of 286 children aged (9_18) years, and their mothers. The researchers used the list of trauma, and the scale of trauma of children, and public health questionnaire for mothers and the results found that one out of every four children who had undergone the experience had a traumatic experience and the results were in favor of the girls in the shock the study found that the overall health of mothers related to what affects their children from violence.

Damra et al. (2013) conducted a study aimed at identifying the effect of the CBT model on trauma in the reduction of depression in a sample of war children, and the sample of the study consist of (30) Iraqi children who came to Jordan, they used a list of depression in children and the therapeutic program consisting of 12 sessions, and the study concluded that the effectiveness of the therapeutic program in reducing the levels of symptoms of depression in all dimensions of the dimension scale and the continuing impact of follow-up.

Abu Tarboush (2014) conducted a study in Jordan aimed at revealing the social and psychological effects of the Syrian crisis on the Syrian refugee children in Jordan, the study sample consisted of (100) children and their parents in a number of associations and non-governmental organizations that provide them with social support, the results of the study showed that the social and psychological effects of the Syrian refugee children came to a medium degree, the results also indicated that there are no statistically significant differences in the social and psychological effects of the gender variable.

In the Jabbar & Zaza (2014) study conducted in Jordan also aimed at identifying the impact of the Syrian war on the mental health of children in Za'tari camp, the study sample consisted of (216) refugee children who were randomly selected from Za'tari camp, Ramtha and Amman, the results showed that the level of prevalence of anxiety and depression among Syrian refugee children ranged from low to medium, and there were differences due to the places of refuge at the levels of prevalence of anxiety and depression and for the benefit of refugee children in Za'tari camp compared to refugee children in Ramtha and Amman.

We note from these studies their demographic diversity, they also showed the great impact on children in the future, and the feasibility of cognitive behavioral counseling programs.

Methodology of the Study

Study Tools

First, post-traumatic stress scale: It is prepared by Pynoos et al (1987) which translated by Thabt 2000 which he translated and codified to fit the Arab culture, its sincerity and steadfastness were verified by Thabt. Which is suitable for children from 6 to 16 years old, a five-step scale has been used (never, rarely, often, and always) the following numerical estimates (1, 2, 3, 4 and 5) were given respectively. The following statistical staging was used to distribute the arithmetic averages:

First: (less than 1) degree of disturbance is very low.
Second: (1.00 - 1.99) degree of disturbance is low.
Third: (2.00 - 2.99) degree of moderate disturbance.
Fourth: (3.00 - 3.00) high degree of disturbance.
Fifth: (more than 4) degree of disturbance is very high.

Second, a collective training program was developed based on the behavioral and cognitive theory. The researchers used some available means, such as a recording device, And re-presented to the group, and some records such as: the table of behavioral activities and the record of good activities, the register of the control of ideas and the record of cognitive reconstruction and the model of problem solving, and some paintings in addition to Flop Shart and Flomaster pens, leaves, display screen, and laptop.

The program included the use of techniques, emotional unloading technique through writing, construction and drawing, and the art of relaxation of all types, muscular and deep breathing and imagination and lecture during the provision of information in a simple and easy, expressing anger, controlling it, drawing where the child can express his experiences and feelings that cannot be talked about to others, cognitive reconstruction, play, and modeling.

Validity of the Scale

The measurements were presented to a number of specialists in the field of psychology and psychological counseling in Jordanian and Saudi universities, and their proposals were adopted.

Reliability of the scale

The researchers calculated the stability of the PTSD scale by using the Kronbach Alpha formula on a survey sample of 30 children where it was found that the alpha value was equal to (69) it is an acceptable and statistically significant coefficient for the application of the study.

The stability coefficient of the indicative program was calculated in the same way and the value of the Cronbach Alpha was 73. It is also an acceptable and statistically significant coefficient.

Study variables

Secondary variables:
Gender: Male or Female.
Age: 8-12 years old.
Independent variable: Symptoms of trauma in Syrian children.
Dependent variable: Effect of cognitive behavioral therapy.

Research terms

Post-Traumatic Stress Disorder

Is a disorder that occurs after the individual is subjected to extreme fear or actual threat of death, serious injury, or threat to physical safety to himself or to others around him, the symptoms should last for at least one month and cause an imbalance in a clinical or social function or in other areas (Sheikh, 2006).

Therapeutic program

The program was designed to reduce the symptoms of PTSD in a sample of children based on cognitive behavioral theory its sessions included the following strategies: Cognitive reconstruction, self-directed conversation, modeling, exposure, and muscular relaxation, and based on the educational method of education and the method of discussion.

Zatari refugee camp

Is a camp established by the Jordanian government in cooperation with international organizations of Syrian refugees who arrived in Jordan after July 2012 because of the events that accompanied the Syrian revolution that broke out in March 2011. The camp was built on about 20 kilometers north-east of Jordan in the Mafraq Governorate. Za'tari is the largest refugee camp in the Middle East.

Study Members

The sample of the study was chosen by the intentional method, of the children who achieved the highest scores on the scale used (PTSD) of 12 children, individuals were randomly assigned to two groups: Experimental group and control group which have not been treated, table (1) shows the distribution of the members of the study by group, sex and age group.

Table (1): Distribution of Study Members by Group, Gender and Age Group

Variables	Levels	The experimental group	Control group	Total
Gender	Male	2	2	4
	Female	4	4	8
Age group	From 8 - less 10 years	3	3	6
	From 10 to 12 years old	3	3	6
Total		6	6	12

To verify the parity of the two study groups, Post Traumatic Stress Disorder Scale was applied to the study members before applying its procedures, the arithmetical averages, standard deviations and the analysis of the variance analysis were calculated between the sample estimates on the scale domains (Physical symptoms, psychological symptoms, and social symptoms) by group, gender and age group, as follows:

1. By **Gender** variable.

Table (2): Mathematical averages and Standard Deviations of the Sample Estimates of the PTSD Fields by Group and Gender in the Tribal Application

Fields of scale	Group	Male		Females	
		Arithmetic average*	standard deviation	Arithmetic average*	standard deviation
Physical symptoms	Control	3.62	.56	3.60	.60
	Experimental	3.65	.75	3.63	.62
Psychological symptoms	Control	3.53	.67	3.57	.76
	Experimental	3.51	.65	3.55	.61
Social symptoms	Control	3.46	.69	3.41	.71
	Experimental	3.42	.78	3.44	.69
Scale as a whole	Control	3.54	.42	3.53	.44
	Experimental	3.53	.47	3.52	.45

1. Great degree of (4).
2. By age group variable

Table (3): Mathematical averages and Standard Deviations of the Sample Estimates of PTSD Fields by Group and Age Group in Tribal Application

Fields of scale	Group	From 8 - less 10 years		From 10 to 12 years old	
		Arithmetic average*	Standard deviation	Arithmetic average*	Standard deviation
Physical symptoms	Control	3.59	0.78	3.63	0.75
	Experimental	3.58	0.66	3.65	0.64
Psychological symptoms	Control	3.49	0.77	3.52	0.63
	Experimental	3.53	0.79	3.57	0.69
Social symptoms	Control	3.47	0.65	3.42	0.62
	Experimental	3.42	0.61	3.45	0.66
Scale as a whole	Control	3.52	0.40	3.53	0.43
	Experimental	3.53	0.46	3.56	0.45

The great degree of (4)

Table 2.3 shows that there are apparent differences between the arithmetical averages of the estimates of the sample members in the fields of the scale(Physical symptoms, psychological symptoms, social symptoms) according to the variables of the group, sex and age group. To find out the statistical significance levels of these differences, a multi-variance analysis was used. Table (4) shows this.

Table (4): Results of the analysis of the variance of the differences between the arithmetical averages of the estimates of the sample members on the fields of the scale by group, gender and age group variables

Source of Contrast	Areas	Total squares	Freedom estimates	Average squares	Value P	Statistical significance
Group	Physical symptoms	1.055	1	1.055	0.460	0.592
	Psychological symptoms	0.921	1	0.921	0.485	0.564
	Social symptoms	1.157	1	1.157	0.562	0.571
	Scale as a whole	1.623	1	1.623	0.699	0.483
Gender	Physical symptoms	1.587	1	1.587	0.692	0.481
	Psychological symptoms	1.135	1	1.135	0.598	0.558
	Social symptoms	0.997	1	0.997	0.485	0.564
	Scale as a whole	1.334	1	1.334	0.575	0.563
Age group	Physical symptoms	1.124	1	1.124	0.490	0.561
	Psychological symptoms	1.395	1	1.395	0.735	0.454
	Social symptoms	1.216	1	1.216	0.591	0.554
	Scale as a whole	1.042	1	1.042	0.449	0.632
Error	Physical symptoms	220.224	96	2.294		
	Psychological symptoms	182.304	96	1.899		
	Social symptoms	197.472	96	2.057		
	Scale as a whole	222.816	96	2.321		

Table (4) shows that there are no statistically significant differences at the level of statistical significance ($\alpha \leq 0.05$) between the arithmetic averages between the estimates of the sample on the areas of the scale (physical symptoms, psychological symptoms, social symptoms) due to the variables of the group, gender and age group. This indicates the equivalence of the two study groups before the application of the study procedures.

Results of the Study

The following is an overview of the findings, after the two researchers collected the data by means of the study tools "PTSD and cognitive behavioral therapy program" and presented them according to the hypothesis of the study.

The hypothesis of the study: "There is no significant effect at the level of significance ($\alpha = 0.05$) for the program of cognitive behavioral therapy, sex and age group in reducing the symptoms of PTSD in a sample of Syrian refugee children in Za'tari camp. "

To verify the hypothesis of the study, the arithmetical averages and standard deviations of the sample estimates were calculated on the PTSD domains by group, gender and age group variables in the post-application, as follows:

1. Gender variable

Table (5): Statistical averages and standard deviations of the sample estimates of PTSD domains by group and gender in the post-application

Fields of scale	Group	Male		Females	
		Arithmetic average*	Standard deviation	Arithmetic average*	Standard deviation
Physical symptoms	Control	3.63	0.57	3.57	0.48
	Experimental	2.24	0.72	2.67	0.47
Psychological symptoms	Control	3.55	0.61	3.54	0.49
	Experimental	2.31	0.66	2.63	0.42
Social symptoms	Control	3.42	0.66	3.40	0.51
	Experimental	2.34	0.45	2.15	0.51
Scale as a whole	Control	3.53	0.40	3.50	0.41
	Experimental	2.30	0.37	2.84	0.34

The greatest degree of (4)

2. Age variable.

Table (6): Mathematical averages and Standard Deviations of Sample Estimates of PTSD Areas by Group and Age Group in Tribal Application

Fields of scale	Group	From 8 to less than 10 years		From 10 to 12 years	
		Arithmetic average *	standard deviation	Arithmetic average *	standard deviation
Physical symptoms	Control	3.61	0.68	3.58	0.65
	Experimental	2.48	0.54	2.16	0.49
Psychological symptoms	Control	3.52	0.44	3.46	0.46
	Experimental	2.35	0.38	2.03	0.34
Social symptoms	Control	3.49	0.43	3.40	0.49
	Experimental	2.29	0.36	2.01	0.39
Scale as a whole	Control	3.54	0.53	3.48	0.49
	Experimental	2.37	0.37	2.07	0.33

The greatest degree of (4)

Tables (5) and (6) shows that there are apparent differences between the arithmetical averages of the sample estimates on the areas of the scale (physical symptoms, psychological symptoms, and social symptoms)

by group, gender and age group variables in the tribal and post-application, and to find out the statistical significance levels of these differences, the multiple-variance analysis was used. Table 7 shows this:

Table (7): Results of the analysis of the multiple common variances of the differences between the arithmetic averages of the estimates of the sample members on the fields of the scale by group, sex and age group variables

Source of Contrast	Areas	Total squares	Freedom estimates	Average squares	Value P	Statistical significance
Application	Physical symptoms	14.421	1	14.421	6.988	*0.008
	Psychological symptoms	18.624	1	18.624	9.349	*0.004
	Social symptoms	20.950	1	20.950	10.644	*0.002
	Scale as a whole	25.649	1	25.649	13.296	*0.001
Group	Physical symptoms	32.649	1	32.649	15.717	*0.001
	Psychological symptoms	35.244	1	35.244	17.693	*0.000
	Social symptoms	39.054	1	39.054	19.834	*0.000
	Scale as a whole	40.292	1	40.292	20.888	*0.000
Gender	Physical symptoms	16.844	1	16.844	8.106	*0.005
	Psychological symptoms	18.289	1	18.289	9.181	*0.004
	Social symptoms	18.242	1	18.242	9.265	*0.003
	Scale as a whole	19.547	1	19.547	10.133	*0.002
Age group	Physical symptoms	22.132	1	22.132	10.651	*0.002
	Psychological symptoms	21.056	1	21.056	10.570	*0.002
	Social symptoms	19.897	1	19.897	10.105	*0.002
	Scale as a whole	23.516	1	23.516	12.191	*0.001
Error	Physical symptoms	199.488	96	2.078		
	Psychological symptoms	191.232	96	1.992		
	Social symptoms	189.024	96	1.969		
	Scale as a whole	199.488	96	1.929		

Statistically significant at significance level (α= 0.05)

Table (7) shows there were statistically significant differences between the arithmetic mean of the individuals of the study sample on the domains of PTSD by group variable, in favor of the experimental group estimates.

There were statistically significant differences between the arithmetic averages of the individuals of the study sample on the PTSD domains by sex variable, in favor of male estimates.

There were statistically significant differences between the arithmetic averages of the individuals of the study sample on the PTSD domains by the age group variable, in favor of the age group (10-12 years).

The mean and standard deviations of the sample estimates were also calculated on the PTSD domains by group variable in the post application, as they were shown in Table (8).

Table (8): The statistical averages and standard deviations of the estimates of the sample members on the PTSD domains in the post-application

No	Areas	Control group		The experimental group	
		Arithmetic average*	standard deviation	Arithmetic average	standard deviation
1	Physical symptoms	3.61	0.62	2.19	0.45
3	Social symptoms	3.53	0.63	2.01	0.46
2	Psychological symptoms	3.52	0.59	2.08	0.48
	PTSD as a whole	3.52	0.44	2.09	0.26

** Great degree of (5)*

Table (8) shows that the "field of physical symptoms" ranked first with an average of 3.61 and a standard deviation of 0.62, the field of social symptoms came second with an average of 3.51 and a standard deviation of 0.63. While the "field of psychological symptoms" came in last place with an average of (3.52) and a standard deviation (0.59) the arithmetic mean of the control group (PTSD) was 3.54 with a standard deviation of 0.44, corresponding to a high disturbance rating.

For the experimental group, the field of physical symptoms ranked first with an average of 2.19 and a standard deviation of 0.45. The field of psychological symptoms came second with an average of 208 and a standard deviation of 0.48. While the "field of social symptoms" came in last place with an average of (2.01) and a standard deviation (0.46) the arithmetic average of the experimental group estimates on PTSD domains was(2.09) with a standard deviation (0.26), corresponding to a low disturbance rating.

The mean, standard deviations and T-test of the differences between the sample estimates were calculated on the PTSD areas by group, as follows:

The first domain: Physical symptoms:

Table (9): Mathematical averages and standard deviations, and test (T) for the differences between the estimates of the sample members on the area of physical symptoms by group in the post-application

No	Paragraphs	Control group		The experimental group		Value (T)	Statistical significance level
		Arithmetic average	standard deviation	Arithmetic average	standard deviation		
1	Urination and involuntary prominence at night and day	3.73	0.56	2.01	0.59	14.872	*0.001
2	Finger sucking	3.56	0.75	2.5	0.53	8.134	*0.001
3	Anorexia	3.49	0.67	2.13	0.58	10.805	*0.001
4	Continuous headaches	3.84	0.65	2.13	0.49	14.800	*0.001
5	The complaint of vision problems and hearing	3.45	0.69	2.31	0.55	9.100	*0.001
6	Sleep difficulties	3.54	0.78	2.08	0.61	10.386	*0.001
7	Reduced ability to focus in school classroom	3.68	0.83	2.14	0.63	10.412	*0.001
Domain as a whole		3.61	0.62	2.19	0.45	13.126	*0.001

Statistically significant at significance level ($\mu = 0.05$)

Table (9) shows statistically significant differences between the arithmetical averages of study sample individuals on the paragraphs of the field of physical symptoms according to the group variable, in favor of the experimental group's estimates.

The second domain: the field of psychological symptoms:

Table (10): Mathematical averages and standard deviations and Test (T) of the differences between the estimates of the sample members on the psychological symptoms by group in the post-application

No	Paragraphs	Control group		The experimental group		Value (T) Arithmetic average	Statistical significance level standard deviation
		Arithmetic average	standard deviation	Arithmetic average	standard deviation		
1	Fear of darkness	3.67	0.9	2.11	0.085		10.272
2	Speech disorders and stuttering	3.54	0.87	2.16	0.68		9.153
3	Isolation and non-contact with other children	3.56	0.92	2.13	0.45	*0.001	*0.001
4	Loss of desire for daily business	3.48	0.83	2.04	0.60	*0.001	*0.001
5	Lack of concentration and ease of distraction	3.45	0.87	1.89	0.45	*0.001	*0.001
6	Frequent and annoying nightmares related to the traumatic event	3.37	0.78	2.17	0.58	*0.001	*0.001
7	Memories and compulsive intrusive ideas , and repetition about the event resulting in a state of intense tension	3.47	0.93	2.22	0.47	*0.001	*0.001
8	Feeling that the event will happen again	3.55	0.96	2.14	0.53	*0.001	*0.001
9	An intense emotional disturbance to any external or internal stimulant that symbolizes or resembles some aspects of the event	3.62	0.98	1.92	0.70	*0.001	*0.001
10	I have suicidal thoughts	3.51	0.88	2.03	0.60	*0.001	*0.001
Domain as a whole		3.52	0.59	2.08	.48	13.343	0.001

Statistically significant at significance level ($\mu = 0.05$).

Table (10) shows statistically significant differences between the arithmetic mean of study sample individuals and the psychological group according to the group variable.

The third domain: the field of social symptoms

Table (11): Mathematical averages, standard deviations, and Test (T) of the differences between the estimates of the sample members on the sub-sections of the field of social symptoms by group in the post-application

No	Paragraphs	Control group		The experimental group		Value (T)	Statistical significance level
		Arithmetic average	standard deviation	Arithmetic average	standard deviation		
1	Parental behavior	3.64	0.82	2.05	0.49	11.738	*0.001
2	The constant quarrel with his brothers and with his friends	3.59	0.6	1.96	0.54	14.214	*0.001
3	Emotional chill towards the parents and brothers	3.43	0.78	1.91	0.61	10.813	*0.001
4	The appearance of unusual feelings of sensory stimuli surrounding it and get in shape	3.47	0.55	2.13	0.47	13.041	*0.001
Domain as a whole		3.53	0.63	2.01	0.46	13.730	*0.001

Statistically significant at significance level ($\alpha = 0.05$)

Table (11) shows statistically significant differences between the arithmetical averages of Study sample individuals and the social group according to the group variable.

Discussion of the Results

The results of the study showed the effect of PTSD on Syrian children and both males and females. This is consistent with the study of Gold Stein (1997) and the study of Qurashi (1993).

The researchers explain the strength and magnitude of the traumatic events that have been experienced by Syrian children.

The results of the study showed that girls were more affected by traumatic events than boys, this is consistent with a thabt study (2008). The researchers explain this because of the emotional nature of females and their excessive sensitivity, and their attachment to the family, the study also showed the effectiveness of the cognitive behavioral guidance program and the methods used to reduce post-traumatic symptoms, this is consistent with the results of the studies of Zlotnik (2006), Kobani (2003), Coiman et al (2000) and Hacks and his colleague study (2000).

The researchers attributed this to the acceptance of children, as a result of the guiding relationship she has established with them, and to use a program of guidance commensurate with the nature of development, which proved effective in reducing the symptoms of PTSD.

Recommendations

1. Establish a specialized trauma training center with trained staff, good preparedness for immediate and rapid intervention as well as a trauma center.
2. Training of educational counselors working in schools to use guidance techniques in dealing with refugee-traumatized children.
3. Increasing the extension and treatment services provided to people with mental trauma and training of workers in children's institutions on how to use them.

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