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***School-Based Initiative (SBI) – Ecologic Model  
Acco and Bethlehem, 2007/8  
Final Report to One to One Children's Fund***



***A project of CHERISH: Child Rehabilitation Initiative for Safety and Hope***  
Israel Center for the Treatment of Psychotrauma  
Center for the Development of Primary Health Care/Al Quds University  
JDC-Israel/JDC-Brookdale Institute

**Background**

The CHERISH pilot school-based screening and intervention conducted in 2004/5, successfully demonstrated that school-based screening can reliably detect symptoms of trauma among Israeli and Palestinian children suffering the psychological consequences the conflict. The pilot preventive intervention demonstrated that teachers who are trained in cognitive-based approaches can serve as primary providers of support and information to children (Berger, R., 2006; Pat Horenczyk et al, 2009 – see appendix).

The levels of exposure and distress found in the pilot screening also made clear the need for a therapeutic intervention approach directed to children with severe symptoms of post-traumatic distress. When presented with findings from the screening, even schools with guidance counselors and psychologists felt they didn't have the skills for addressing some of the severe needs identified in some of the students.

A logical next step was to create a show-case project to test the efficacy of an ecological school based program, that would provide a continuum from resilience building to therapeutic interventions utilizing school staff and community services. In this way, the needs of the different segments of the school population (students and staff alike) would be addressed. The One to One Children's Fund awarded a grant to Project CHERISH to pilot a ecologic school model, creating an environment for access of school-children to interventions that responds to their psychotrauma needs through system-wide sustainability in school system

The goals of the project in the academic year 2007/8 were as follows:

1. To identify show-case schools
2. To conduct resilience building interventions with teachers
3. To identify students who experience different level of post-traumatic symptoms due to exposure to ongoing violent conflict
4. To offer intervention programs based on the needs of the students
5. To assess the overall impact of the model and its cost-efficiency/ To enhance students' resilience and adaptability

The SBI was overseen by the CHERISH steering committee, with day-to-day implementation in each community overseen by Dr. Naomi Baum (ICTP) and Dr. Najah Al Kahtib (CDPHC).

## **1. Identification of Show-case schools**

### Israeli community

Two primary schools (serving grades 1-6) in Acco were selected. Both are part of the public education system under the supervision of the Ministry of Education and the Municipality.

- Gordon – Jewish Secular School - 1-6 grade – 498 students – 35 teachers
- El Amal-Arab School- 1-6 grade -672 students – 50 teachers

ICTP decided to focus on Acco for this intervention because of the great need in northern Israel following the Second Lebanese War.

### Palestinian community

The model was implemented in the SOS school, which is part of the SOS village in Bethlehem. The village serves youth for children from troubled families. This school was selected as an example because of the disproportionate need among the students for psychosocial intervention.

The fact that SOS is a non-governmental institution had benefits and drawbacks. The Palestinian Ministries of Education and Health were not interested to be involved in a cooperative initiative, and SOS did not have to receive permission from the Ministries to take part in a CHERISH initiative. Since SOS is not part of the larger system, it will be harder to replicate the model on a wider scale. Based on the political climate at the outset of the intervention, this was thought to be the only feasible solution. The SOS administration was very open to the model, and worked well with the CHERISH team.

## **2. Resilience building intervention with children –and Training of teachers**

Three levels of intervention were included in the SBI model.

### *A – Classroom-based resilience building*

Due to the differences between the Palestinian and Israeli school systems, different models and staff training were selected.

### Palestinian Community

The Palestinian school used the Erase-Stress (Enhancing Resiliency among Students Experiencing Stress) model adapted in the previous phase of CHERISH. The training for this 12-session model takes 2 to 3 days.

- In March 2007, a 4-day training for 13 teachers in the ERASE-STRESS model was held.
- In August 2007, a second training for 14 teachers was held. While it was not part of the original plan, the other teachers who were impressed with the model requested to be trained as well.
- A 1-day refresher course holds for all trained teachers at the beginning of the 2008 school year, and supervision sessions every other week was done by Dr. Najah Al-Khatib and the school counselor.

### Israeli Community

The Israeli schools used the model "Building Personal and Professional Resilience". Training workshops consisted of four sessions, four academic hours each in each school conducted in small groups with 15-18 participants in a group. The resilience building model which has been widely applied in Israel and internationally (Baum, et al , 2009) focusing on understanding the connection between mind and body as it relates to stress and trauma, developing empathy and the ability to communicate about difficult emotions with others in particular with students, expanding coping resources and finding meaning and hope in difficult situations. Teachers are expected to implement classroom tools and exercises that they have learned in the workshops in the context of their classrooms. The following workshops were held:

- Gordon School- two parallel groups for teachers held in Fall, 2007
- El Amal School-three parallel groups for teachers held in Spring, 2008

#### *B – Intervention for students with moderate symptoms of trauma*

School mental health professionals (guidance counselors and psychologists) were trained to implement a group treatment protocol for students with moderate post traumatic symptoms. These groups were held for six to eight sessions and focused on symptom reduction, anxiety management, cognitive stabilization and reframing and processing of traumatic events. The groups were led by guidance counselors who had been trained in the group treatment protocol. Children who screened with moderate symptoms of post traumatic distress, as discussed in the section on "screening", were included in this group.

#### *C – Intervention for students with severe symptoms*

Individual treatment for students with severe symptoms, as indicated by the screening procedure discussed below, was provided by school psychologists, on school grounds. This was essential for allowing easy access to treatment and minimizing stigmatization. Psychologists had been previously trained in cognitive-behavioral treatment for PTSD, which is evidence based treatment of choice. Each child received up to twelve individual sessions.

### **3. Screening – Identification of students with different levels of post-traumatic symptoms**

Screening was carried out in all 3 schools in the 2006/7 academic year, and the results shared with the school administrations.

### Israeli Community

Gordon school- 93 students from fourth and fifth grade screened

- i. 10.8% - full ptsd
- ii. 12.9%- partial ptsd
- iii. 18.3%- anxiety

El Amal School -219 students screened 4-6<sup>th</sup> grade

- iv. 10.5% - full ptsd
- v. 10% - partial ptsd
- vi. 17.4% - anxiety

### Palestinian Community

Data from initial screening- 170 students:

**severity of reliving**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	mild	60	35.3	44.4	44.4
	moderat	64	37.6	47.4	91.9
	severe	11	6.5	8.1	100.0
	Total	135	79.4	100.0	
Missing	System	35	20.6		
Total		170	100.0		

**severity of avoidance**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	mild	130	76.5	82.8	82.8
	moderat	26	15.3	16.6	99.4
	severe	1	.6	.6	100.0
	Total	157	92.4	100.0	
Missing	System	13	7.6		
Total		170	100.0		

**severity of hyper arraosal**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	mild	85	50.0	57.8	57.8
	moderat	54	31.8	36.7	94.6
	severe	8	4.7	5.4	100.0
	Total	147	86.5	100.0	
Missing	System	23	13.5		
Total		170	100.0		

**4. Intervention programs**

Intervention programs commenced at the beginning of the 2007/8 school year.

Israeli Community

The following treatments were completed:

- El Amal –  
Individual treatment – 21 students – 227 treatment sessions  
Group treatment – 5 groups -39 students
  
- Gordon School  
Individual treatment – 11 students – 107 treatment sessions  
Group treatment – no treatment groups (our funding ended before the groups got off the ground)

### Palestinian Community

In the Palestinian community, the 12-session ERASE STRESS model was carried out in grade 4-8 classrooms. However, not all the students were able to receive the interventions due to time limitation. This was a much more time and resource intensive model than the resilience intervention carried out in the Israeli schools. Names of students identified with problematic behaviors or show symptoms were passed along to the school counselor, who worked with them throughout the year on an individual basis.

### 5. Assessment of the ERASE STRESS Model

Data from Palestinian program

#### gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	female	138	43.1	43.1	43.1
	male	182	56.9	56.9	100.0
	Total	320	100.0	100.0	

#### class

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	88	27.5	27.5	27.5
	2	51	15.9	15.9	43.4
	3	50	15.6	15.6	59.1
	4	40	12.5	12.5	71.6
	5	41	12.8	12.8	84.4
	6	23	7.2	7.2	91.6
	7	21	6.6	6.6	98.1
	8	6	1.9	1.9	100.0
	Total	320	100.0	100.0	

### T-Test

#### Group Statistics

	Before.After	N	Mean	Std. Deviation	Significance
B.reliving	Before	98	1.1276	.74528	NS
	After	100	1.3567	.91900	
C.avoidance	Before	100	.8380	.74979	P < .01
	After	99	1.2283	.87878	
D.hyperarusal	Before	98	1.1254	.64094	P < .01
	After	101	1.4017	.82603	

The Erase-Stress program, according to this evaluation, did not reach its goal of diminishing post-traumatic symptoms. This may be due to the fact that the program was applied to selected groups of children who were suffering from severe symptoms, although it was designed as a preventative intervention for whole classrooms. These results are in contradiction with the results that have been reported in Israel (Berger, Pat-Horenczyk and Gelkopf, 2008). This program is posing challenges in implementation and it needs more work.

## **6. Assessment of overall impact**

In May 2008, teachers and administrators involved in the SBI from the SOS and Al Amal schools met to compare experiences and implementation of the model. (Representatives from the Gordon school couldn't participate due to a conflicting professional event.) The meeting was hosted by the Al Amal school. Approximately 15 teachers from each school participated.

Teachers from both schools shared their impression from the project and raised questions to CHERISH coordinators, Drs. Naomi Baum and Najah Al Khatib.

Teachers in both the SOS school and the El Amal School reported that they learned a lot from the program, and were able to implement much of what they learned in the classroom. They found the material both relevant and useful.

One teacher from SOS school expressed his feeling for being unqualified to deal with mental health issues as it is not his profession. A teacher from al-Amal explained to him that the fact that he works closely to the children every day puts him in a position to notice changes in the child's behavior and therefore to advise for an intervention when there is a need.

Another teacher from al-Amal school expressed her feeling that the teachers in the school were not involved enough in the project in comparison to the SOS teachers and that in the future they would like to be more involved from the beginning, not only in the implementation stage. The teachers from SOS invited the teachers from al-Amal to visit them in the children's village in Bethlehem as they visited them in Acco.

The discussion during lunch was very friendly and warm and gave the opportunity for the two groups to get to know each other.

The joint meeting gave the teachers and administrators the opportunity to see the broader picture of the project, and to compare their experiences in implementation over the past year.

The discussion can serve as a basis for refining the model in future years. As the interventions were different in both schools, elements from each can potentially be adopted.

It is hoped that that the teachers and administrators from the Gordon school can participate in future meetings, to expand the cooperation, and to include their feedback in future planning efforts.

## **Summary and Conclusions:**

The ecological model of school based intervention in the wake of traumatic exposure, implemented in parallel in both the Palestinian community of Bethlehem and the Israeli community of Acco successfully concluded in Fall, 2008. This program was remarkable in many ways. Firstly, the program was implemented in its entirety, and even exceeded initial plans, by implementing in two schools, rather than one, in Acco. In addition, while this has not been mentioned throughout the report, certainly the subtext of the project has been cooperation and the development of collegial relationships between Palestinian and Israeli professionals. On this count, this project has succeeded, with many, many meetings with the two implementing groups-many of them formal working sessions, and some of them informal sessions. There has been a growth of respect and understanding from both sides, and both sides continue this collegial contact with a feeling of warmth and friendship. An additional revenue of this project has been the next stage of implementation in Acco. Because the Cherish/ One to One showcase program was so successful, the Municipality of Acco was very interested in rolling out this program in the entire city. ICTP continued to do this during 2007-2009 school years. As a result of the showcase project, the Center for Disease Control (CDC) a US government agency became interested in evaluating this school based intervention, a first of its kind, in the world. The data from this project, while as yet unpublished, indicates very clearly the important effects of resilience building in the classroom, and school based interventions. This evaluation would not have taken place, without the initial support of One to One in the showcase Cherish project.

In summary, this project completed in entirety what it set out to do, despite challenges along the way. Two communities received integrative trauma and resilience building programs in the wake of exposure to trauma. Many children's lives were improved, many professionals received new levels of understanding and practical knowledge that they have since been able to apply in their classrooms, and with their clients. A significant impact has been made in these communities, and the program has gone on to have a much wider impact in the larger communities as well.