

AMERICAN UNIVERSITY OF BEIRUT

COPING STRATEGIES AND PERSONAL GROWTH: THE
CASE OF PALESTINIAN REFUGEES IN SHATILA CAMP,
LEBANON

by
SARA WASSIM AL BEAINY

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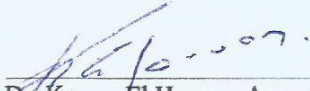
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by
SARA WASSIM AL BEAINY

Approved by:



Dr. Karma El Hassan, Associate Professor
Department of Education
Advisor



Dr. Tamer Amin, Associate Professor
Department of Education
Member of Committee



Dr. Vivian Khamis, Professor
Department of Education
Member of Committee

Date of thesis/dissertation defense: January 2022

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Sara Al Beainy

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ABSTRACT

OF THE THESIS OF

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This study adopted a mixed research design in order to find out the coping strategies that Palestinian adolescent refugees use in Shatila camp and explore the relationship between the coping strategies they utilize and their personal growth post experiencing stressful events. The purpose of this study was to: (a) determine what coping strategies are prevalent and mostly used by adolescent Palestinian refugees who have faced stressful events (b) explore the relation between coping strategies used by these refugees and their posttraumatic growth, and (c) identify the predictors of posttraumatic growth factors among refugees. Data was collected using two questionnaires and a checklist: (a) LEC-5 checklist as an assessment tool to make sure that all the participants have faced or experienced stressful events; (b) questionnaires including the Ways of Coping Questionnaire (WCQ) in order to find out the style of coping refugees used, and Posttraumatic Growth Inventory (PTGI) in order to identify the factors of growth refugees developed as a result of using different coping strategies. The sample consisted of 60 adolescents at one of the centers in the camp (31 females and 29 males) who have benefited from counseling services at the Center. Adolescent refugees' performance on the checklist and questionnaires revealed prevalence of stressors among the refugees. As for WCQ, the coping strategies mostly utilized were problem focused coping strategies. As for PTGI, there was a correlation among its factors and some coping strategies, and there were coping strategies used that predict the development of growth among. Finally, as for the counseling and training programs and services, interventions and guidance services seems to better prepare refugees to handle and cope with stress that they might encounter in order to develop personal growth.

Keywords: coping strategies, growth, stressors, emotion-based strategies, problem-based strategies.

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CHAPTER 1

INTRODUCTION

Background and Rationale

Psychological well-being reflects the humans' positive mental state, such as satisfaction or happiness. According to Diener (2000), there are two crucial facets of psychological well-being. The first of these facets refers to the extent to which people experience positive emotions and feelings of happiness. There are six factors that reflect psychological well-being: ability to manage complex environments, self-acceptance, sense of autonomy, continued personal growth, pursuit of meaningful goals, and establishment of quality ties to others.

According to the World Population's review, more than 1 million refugees and asylum seekers have been hosted in Lebanon from different nationalities: Palestinian, Syrian, Iraqi, and others. It's estimated that there are over 600,000 Syrian refugees (with recent sources now estimating 1 million refugees) in Lebanon escaping violence in their own country; as a result, the conditions of the camps in Lebanon, as well as, Shatila camp became extremely bad with overcrowded shelters (Sayegh, 2015).

Statement of Problem

Since the establishment of Shatila in 1949, the camp has been one of the sites that encompasses and confines a huge number of refugees, in addition to other citizens. At the beginning, during the early years of founding, Shatila enclosed around 500 residential units, but this picture failed to remain as such for a protracted time. The camp has immensely grown since its establishment. There are 10,849 UNRWA

registered refugees in Shatila camp, as of June 2018. Yet, this number doesn't represent the definite number of Palestinian refugees present in the camp since some of them may have left over the years (Sayegh, 2015).

The conditions of the camp, especially after the Syrian crisis, affect the psychological wellbeing of refugees. Since the year 2011, the beginning of the crisis in Syria, a large number of Syrians moved to Lebanon seeking refuge in its different cities and regions, as they settled in existing refugee camps. As a result of this movement, Palestinian refugees were underfunded by UNRWA which created gaps in the assistance of these refugees UNRWA has been forced to cut in the funding program. Moreover, it is difficult for the camp residents to find job which is a sustainable way of generating income. Refugees count on the funding and the services that were provided by UNRWA (Sayegh, 2015).

Because of such instability, Palestinians are always susceptible to clashes and fights within the camp, where different weapons are used. These would stay for a minimum of 2 days. Besides, the Palestinian's cause is crucial, as it can be said it is a sacred issue for the refugees. Even youngsters are raised in a way that if they are merely asked of a related issue, they might argue and engage in a great debate as they are always ready and able to defend their right to go back to their country, Palestine. This sense of insecurity and the need to go back developed psychological disturbances among refugees. Besides that, some refugees have witnessed the Shatila and Sabra Massacre (Sayegh, 2015).

Rationale

Research has shown that stressful events ranging from wars and combat actions, natural disasters, illness, and dramatic life changes affect the psychological well-being of an individual causing stress, anxiety, and depression (Chan, et. al, 2016). According to Boals, et. al. (2018), refugees experience stressful events, mainly war, that affect their psychological well-being. Moreover, stressful experiences affect a person's ability to function, as it affects their existence on the long-term. On the other hand, there are studies that show that refugees are able to overcome the stress through their coping strategies, which leads them to posttraumatic growth (Boals & Schuler, 2018). Individuals differ in their interpretations of the stressful event, and therefore their reactions and coping strategies are also likely to be different (Khamis, 2012). Several studies (Garmezy, 1983; Honig, 1986; Rutter, 1983; Werner, 1985) found out that personal variables such as age and gender also influence how children appraise, react to, and cope with stressful situations (as cited by Khamis, 2015). Based on our search, we were not able to find any study that examined the situation of the Palestinian refugees in Lebanon with relevance coping strategies and how they were able to achieve their growth after facing stressful factors (PTG).

Some research tackles the issue of stressors that refugees face (Khamis, 2012; 2015); other research tackles the posttraumatic growth of refugees or their well-being after experiencing stress (Rizkalla et. al, 2018). Research shows the relation between refugees' well-being and/ or the stressors they face and their academic performance. Moreover, research examines the

posttraumatic growth of refugees, where they deal and overcome stressors and succeed in their lives. However, posttraumatic growth and coping strategies of Palestinian refugees were not studied in Lebanon. Research either tackles the well-being or the personal growth of the refugees but did not consider coping strategies they utilize. This study investigated the relation between coping strategies used by adolescent refugees in the Palestinian refugees' Shatila camp in Lebanon and posttraumatic growth. Moreover, the purpose was to explore and predict the impact of these strategies that adolescents use on their personal growth and psychological well-being.

Research Questions

This thesis study attempts to investigate whether emotional coping strategies, problem focused strategies, or avoidant strategies are utilized by adolescent Palestinian refugees who have experienced stressful events. It also attempts to find out if using coping strategies results in personal growth: posttraumatic growth in specific. More specifically, the findings of this thesis research answer the following questions:

Research Question 1: What are the coping strategies used by adolescent Palestinian refugees in Shatila camp, Lebanon?

Research Question 2: What is the relationship between the coping strategies used and the adolescent Palestinian refugees' posttraumatic growth?

Research Question 3: What are the predictors of posttraumatic growth among adolescent Palestinian refugees in Shatila camp?

Contribution to Educational Practice/ Significance

This study serves as a reference for future research in the poor and underprivileged environments. Counselors, parents, and adolescents could have great contributions to make in those areas. They can contribute by guiding those who experienced stressful events to utilize specific coping strategies in order to overcome the influence of stress and achieve growth. According to Arslan (2017), harmful experiences can seriously affect the development of individual's coping strategies; however, it is not obvious how different coping strategies are related to individuals' growth and psychological well-being. In Shatila, studies are usually conducted by international non-governmental organizations (NGOs) to assess poverty and basic human rights.

Teachers, parents, social workers, non-governmental organizations, or even center directors will be looking at these individuals differently, considering their individual differences and their ability to cope and face stressors or traumatic events. Counselors need to show adolescents and teach them how to prevent negative feelings that might affect and interrupt their well-being (Patros, 1989). Moreover, refugees would be motivated and supported in order to choose coping strategies that would guide their way to growth and psychological well-being as they will be able to understand and identify the different coping strategies. In addition, they will be encouraged to find out what coping dimension suites their situations for them to utilize as well as realize what coping strategies they were already using when facing stress in order to maintain a healthy well-being and develop personal growth.

Moreover, counseling has been a growing concern and an area of interest for mental health professionals, as it helps in preventing problems from becoming more serious and decreasing the effects of serious issues such as emotional disturbance and school failure (Henderson & Thompson, 2011). Literature suggests that professional counseling practice is ultimately enhanced when practitioners recognize the specific needs of the populations they serve and then implement targeted counseling services to address those needs (Astramovich, 2011). Thus, conducting this study contributes to defining the coping strategies utilized by Palestinian adolescent refugees in Shatila camp and their relation to these refugees' posttraumatic growth. The study contributes to developing specific counseling programs that are especially catered to serve refugees.

Finally, the conclusions of this study can extend research in this area and have clinical implications on the field and assist in formulating cognitive-behavioral coping interventions in post stressful environments as a means to lead to positive outcomes as recommended by Khamis (2015). Counselors/psychologists can benefit from the findings of this study in a number of ways. When working with refugees, knowledge of the types of coping skills that have worked for refugees such as seeking social support enables counselors and psychologists to explore possible forms of coping which other refugees may utilize and could strengthen. Psychologists, counselors, and volunteers could design innovative programs that aim to improve the coping strategies of the camp residents.

CHAPTER 2

LITERATURE REVIEW

This chapter sheds light on different empirical studies that target different coping strategies and their dimensions. It includes empirical literature of stressors faced by refugees and posttraumatic growth, mental health, and well-being. Empirical literature was referred to for understanding the factors that affect posttraumatic growth.

Establishment of Shatila

Lebanon has been one of the countries that has opened its doors for refugees (WPR), and as a consequence of the establishment of Israel in 1948, the Palestinian refugee camps in Lebanon were established. Shatila was built in 1949 by the International Committee of the Red Cross to accommodate hundreds of refugees who fled the area, coming from Palestine; it is located in southern Beirut.. Originally the camp was built to house 3,000 refugees, in a space area of 0.4 Km². Throughout the years, the number of refugees has tremendously increased, as Shatila camp has been overcrowded. The reported population is over 23,000 people, as it accommodates refugees other than Palestinians, due to the recent Syrian crisis (Sayegh, 2015; as cited by Steflava, 2017). As a result of life events, such as work stress, health issues, losing a beloved, wars, and people's psychological well-being and mental health state were maladjusted and disrupted: 56% of the Palestinians are jobless, 8% of refugees of school-going age are not enrolled in any school, and only half of Palestinian youths aged 16-18 years are enrolled in schools or vocational

training centers (UNRWA, 2017). According to the United Nations Relief and Works Agency for Palestinian Refugees (UNRWA), the environmental conditions in Shatila are too miserable; it has become overcrowded over the past recent years due to the Syrian crisis in 2011.

The Center

Founded in 1997 by a long-time Shatila resident, the center aims at developing children's and youths' potentials and providing them space and opportunity to learn and engage in activities, as well as be active in the camp. The Center welcomes refugees in its two sites at Shatila and Nahr el-Bared refugee camps; it is a non-governmental organization, and caters to all nationalities residing within the camp, including many Syrian and Lebanese children. According to the Center's founder and staff, Palestinian children's problems of poverty are worsened due to the isolation and the rejection of the camp by the host country; the refugees are prohibited from owning or inheriting property in the country and are banded from most professions.

The Center works under the International Child and Human Rights Convention in cooperation with the United Nations International Children's Emergency Fund (UNICEF), Save the Children (Sweden), United Nations Educational, Scientific and Cultural Organization (UNESCO), and other child protectors. Their main goal is to protect the child's right to learn and play in safety. The Center is open to any added support that comes from other interested organizations, as well as individuals who might volunteer. The Center plays a social role where enrolled individuals, from different age groups, can meet, interact, and learn from one another.

According to director of the Center, the Syrian crisis in 2011 has affected the residents of the camp. “Of course, pressure is there, due to the fact that approximately 800 to 900 families are added to the population of Shatila, which is already an overcrowded camp,” Abbas said. “If we consider that the average size of a family is five persons, we are talking about thousands of people. You can imagine the demands and burden it has on an exhausted infrastructure and limited accommodation capacities.” (Sayegh, 2015)

Stress and Stressors

By the end of the 17th century, Robert Hooke discovered the fundamental law between the resultant distortion of an elastic body being affected by an external force. He proposed that the modification in form of the elastic body was proportional to the deforming force. Many years later, “Young defined stress as the ratio of the force within the elastic body which balanced an external applied force, to the area over which the force acts. Thus, physically, stress is a response within an object which is elicited by the external force.” (Engel, 1985, p.3 ; as cited by Field et al., 2013). Moreover, stress was defined as a situation or event that is evaluated by a person as significant and has strains or causes anxieties that surpass the individual’s capability and resources of coping (Oken et al. 2015). According to Schneiderman, Ironson & Siegel (2005), “stress is a commonly experienced, inevitable part of life, but long-term and chronic stress have long been recognized as being detrimental to health, with harmful biological and psychological impacts.” Individuals’ sense of well-being, mood, behavior, and health are mainly influenced by stressors (Schneiderman, Ironson & Siegel, 2005).

Stressors could be positive or negative; they could be external or internal. External can be like environmental agitations like natural disasters, heat, or icy roads. Stressors may be internal such as any biological malfunction. In addition, stressors may be predominantly psychological, which means they are mediated by the individual's brain perception and their future expectancy. Stressors may encompass financial stress, social threats including discrimination, loss of a significant relationship, or negative neighborhood characteristics (Johns et al., 2012; as cited by Oken et al. 2015). These were examples of negative stressors. On the contrary, some stressors could be positive; in other words, they result in various consequences that tend to be beneficial and useful in a person's life. According to Oken et. al (2015), "Some amount of stress in the environment may be useful for maximizing the system's ability to respond to future stressors. Humans living with no stressors may lose the ability to respond to future stressors. From the brain perspective, some amount of stress is useful for maximizing learning and maintaining cognitive function. Systems that learn to cope with some amount of stress may be less affected by future stressors." (p. 147) People differ in the way they identify stressors and in the way they analyze these stressing factors as cognitive or emotional stressors (Khamis, 2015).

Daily Stressors

They are routine concrete events of day-to-day living (e.g., partner disputes, clashes, disagreements, and arguments with others). According to Almeida et. al (2005; 2002), daily stressors may seem minor compared to major life events, but they can have instantaneous negative impacts on physical

and psychological well-being. “Daily stressors can accumulate over days to create persistent irritations and overloads that may result in more negative affect, memory failures, and physical health symptoms (Almeida et al., 2002; as cited by Neupert et. al, 2016, p. 650). Individuals face problematic events and some of these events are too stressful. According to Tedeschi and Calhoun (2004), stressful experience affects all domains of one’s existence and function, and particularly their psychological health condition; therefore, it is reasonable to speak of influences and changes in perceptions of one’s psychological well-being (Khechuashvili, 2014). Research has shown that refugees generally face some stressors and psychological imbalances, and these factors affect the refugees, regardless of their age and no matter how mature they are. The impacts range from anxiety to depression, school withdrawal if young, and other effects.

Stress Among Refugees

As for refugees, stress occurs during the different stages of migration (Chan, 2016). They experience stressful events such as undertaking dangerous journeys and/or ending up in refugee camps (Ssenyonga, Owens, & Olema, 2013; as cited by Chan et. al, 2016). Approximately 20,000,000 refugees around the world have left their home countries in the last 25 years (Gladden, 2012, as cited by Al Zoubi et al. 2019). There, in the camps, the living conditions are so poor, and refugees might experience limitations or unavailability of basic needs, such as food, medical care, housing, and others. Besides that, refugees have to adapt to new settlement procedures and new ways of living for different environments and cultures, with difficulty to find a

job, learn the language, and get acquainted with the social and cultural norms (Kirmayer et al., 2011; as cited by Chan et. al, 2016). The enlargement and expansion of the population living together worsens and increases the prevalence of other problematic events that turn out to be stressful to some of them. Therefore, people would have to refer to violence and other unacceptable behaviors in order to satisfy and feel that they are able to meet their needs, as well as those of their wellsprings. Economic pressure has an impact on adolescents' mental health both directly as a source of stress and indirectly through reducing resources that may buffer the impact of stressful events (Khamis, 2005).

According to Long & Hana (2010), "Palestinian refugees in Lebanon must also adjust to a context in which they are legally restricted from working outside the refugee camps, are subject to a changing set of restrictions to movement, are immersed in a politically fragile system in which prolonged violence and related threats to life are a common event, and increasingly experience social isolation" (p. 496, as cited by Afifi et. al, 2013). All these are sources of stress for refugees.

Stress and Coping

From the perspective of basic research, coping reflects the general process of an individual's self-regulation of emotion, behavior, physiology, cognition, and their environment (Eisenberg, Fabes, & Guthrie, 1997; Skinner, 1995, as cited by Compas et. al, 2001). When stress occurs, individuals cope by using cognitive or emotional strategies to overcome stressful events (Folkman & Lazarus, 1980). According to Khamis (2012), people differ in their

interpretations of the stressful events, and therefore their reactions and coping strategies are also likely to be different. Personal variables such as age and gender also influence how children appraise, react to, and cope with stressful situations (Garmezy, 1983; Honig, 1986; Rutter, 1983; Werner, 1985; as cited by Khamis, 2012). The lack of coping and negative coping are crucial determinants of several diseases; in other words, if coping is disordered, individuals' health status is endangered, as they may be predisposed to several diseases. For instance, withdrawal, pessimism, and negative emotion disclosure are all caused by negative coping, in addition to the increased risk of breast cancer and cardiovascular diseases (Antonova & Mueller, 2008). Other diseases such as hypertension, fatigue, skin disorders, asthma, headache, musculoskeletal aches, diabetes, and mellitus may also be caused by negative coping (Björling, 2009; Fitzgerald, 2009; Maes, 2009; Rozanski & Kubzansky, 2005). Negative coping also predisposes individuals to several mental disorders, such as anxiety, depression, and PTSD (Huijts, Kleijn, vanEmmerik, Noordhof, & Smith, 2012; Marin et al., 2011; Silove et al., 2017; as cited by Alzoubi et al, 2019). According to Compas et al. (2001), coping includes both covert cognitive responses and overt behavioral. The individual's developmental level, as well as their styles of responding to stress, and the stressful context impact their relative contributions of behavioral and cognitive responses. The literature has discussed many of the coping strategies utilized by refugees under stressful circumstances; some of these strategies were considered effective whereas others were ineffective. As identified in the literature, optimism, talking to peers, planned problem solving, laughing,

socialization, and religious practices such as praying, the exploration of positive emotions, and changing the meaning of the event to a positive one were among the effective coping strategies (Aflakseir, 2010; Al-Smadi et al., 2017; Braun-Lewensohn et al., 2009; Gladden, 2012; Tanle, 2013; as cited by Alzoubi et al, 2019). Individuals who are optimistic and have good coping responses benefit from stressful experiences and do well dealing with stressors (Garmezy, 1991; Glanz & Johnson, 1999) (as cited by Schneiderman, Ironson & Siegel, 2005). On the other hand, distraction, sleeping, substance or drug abuse, withdrawal, crying, disconnection, separation, or avoidance are some of the ineffective coping strategies identified (Finklestein, Laufer, & Solomon, 2012; Seglem, Oppedal, & Roysamb, 2014; as cited by Alzoubi et al, 2019). In this study, the purpose was to measure and make sure that adolescent refugees at Shatila camp have experienced stressful events that caused them severe distress and anxiety. For this reason, the Life Event Checklist- 5 (LEC-5) was used to assure stress experience.

Coping strategies are defined as: “individuals’ cognitive and behavioral efforts to manage the external and internal demands of stressful events” (Lazarus & Folkman, 1984). There are two major coping styles or types: 1) Emotion-focused and 2) Problem-focused (Endler & Parker, 1990; Litman, 2006). The problem versus emotion- focused coping are the most widely used dimensions of coping (Compas et al., 1999). Lazarus and Folkman (1984) identified coping to be **problem-focused coping**, or generally task-oriented when individuals seek information, take actions to alter circumstances that create stress and manage stressful events, and generate possible and alternative

solutions to a problem (e.g., reappraising the situation positively, seeking problem solving advice from others, and planning for solutions) (as cited by Compas et. al, 2001). On the other hand, **emotion-focused coping** strategies, commonly person-oriented, are used when individuals regulate the emotional states. The purpose behind these coping styles is generally to reduce the stress (e.g., self-blame, denial, venting their sadness or anger) (Endler & Parker, 1990; Lazarus & Folkman, 1984). As for **avoidant-coping**, the latter is reflected when individuals engage in activities and cognitive changes that reflect their intentions in avoiding the stressful event, including person-oriented or task-oriented strategies (e.g., denial, substance use, and engaging in activities to distract themselves; Endler & Parker, 1990). Developmentally, individuals learn to cope with stressful events from a young age (Compas, Banez, Malcarne, & Worsham, 1991, as cited by Arslan, 2017). As each and every individual is unique, it is normal that individuals cope differently in relation to problems or stressful events. (Chan et. al, 2016).

Research findings indicate that **problem-solving coping** is generally associated with positive outcomes (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Some studies show that **emotion-focused coping** is positively associated with the presence and severity of Post-Traumatic Stress Disorder (PTSD) (Duraković-Belko, Kulenović, & Dapić, 2003; Solomon, Mikulincer, & Habershaim, 1990). Other research findings indicate that the best predictor for successful posttraumatic adjustment is when individuals use different coping strategies, depending on the stressor type (Tedeschi & Calhoun, 1995; Wilson, 1989; as cited by Khamis, 2015)

Coping Strategies Used by Refugees

The literature has discussed many of the coping strategies used by refugees under stressful situations. According to some research, some of these strategies were considered effective whereas others were ineffective; the effective coping strategies identified in the literature are laughing, planned problem solving, the exploration of positive emotions, optimism, talking to peers, changing the meaning of the event to a positive one, religious practices such as praying, and socialization (Aflakseir, 2010; Al-Smadi et al., 2017; Braun-Lewensohn et al., 2009; Gladden, 2012; Tanle, 2013). On the other hand, ineffective coping strategies identified in research are distraction, substance or drug abuse, avoidance, crying, withdrawal, sleeping, disconnection, or separation (Finklestein, Laufer, & Solomon, 2012; Seglem, Oppedal, & Roysamb, 2014, as cited by Alzoubi et al, 2019).

Predictors of Coping Strategies

Several studies have included multivariate analyses (typically linear multiple regression) in which several aspects of coping, along with other relevant variables such as age and gender, are examined as predictors of psychological adjustment (Compas et. al, 2001). For example, gender, educational level, and total income were the predictors of problem solving. The educational level was a good predictor of problem solving and refugees with higher educational levels were more capable of using their knowledge and cognitive skills to assess their problems, reduce stress, and find solutions (AlZoubi et. al, 2019).

Coping Strategies, Mental health, and Wellbeing.

The literature demonstrates the effects of coping strategies on youths' mental health and well-being, and it has revealed that active coping strategies are associated with better mental health and well-being, whereas the use of avoidant coping is related to various undesirable outcomes (Flett, Druckman, Hewitt, & Wekerle, 2012; Kraaij et al., 2003; Runtz & Schallow, 1997; Tremblay, Hébert, & Piché, 1999). Individuals use a variety of coping strategies in order to reduce or manage the physical, psychological, or social harm of stressors (Lazarus & Folkman, 1984; as cited by Arslan, 2017).

According to Compas et. al (2001), mental health is an aspect of functioning that is widely influenced by exposure to stress and may be most affected by the ways that children and adolescents cope with stress. Research findings indicate that youths' mental health and psychological well-being are affected by their coping strategies, and better mental health is due to active coping strategies. On the other hand, the use of avoidant coping is related to various undesirable outcomes (Flett, Druckman, Hewitt, & Wekerle, 2012; Kraaij et al., 2003; Runtz & Schallow, 1997; Tremblay, Hébert, & Piché, 1999). In addition, the use of distinct dimensions of coping strategies affects mental health differently. For example, problem- focused coping strategies are considered a significant component of resilience in the face of negative life events (Carroll, 2013); thus, this coping style protects youths' mental health and well-being. On the other hand, avoidant coping makes things worse; it affects youths' mental health negatively and may result in various mental health problems (Nater, 2013; as cited by Arslan, 2017).

Measurement of Coping

This section aims at describing the most used tools and instruments to measure coping styles or strategies of individuals. According to Compas et al. (2001), several approaches have been used to measure the ways of coping that adolescents and children use to cope with stress, such as: 1) questionnaires, 2) semi structured interviews, 3) self- report, and 4) observations. All of the listed were utilized in order to measure coping of individuals to distinct stressors, such as family stress, academic stress, sexual abuse, and others. Among the questionnaires used is the Ways of Coping Checklist (WCCL) which is utilized to measure coping in adolescents, and which Ways of coping Questionnaire (WCQ) was updated from.

Some scales and measurement tools were designed to measure coping to certain stressors, while others were designed to measure coping in general. For instance, Coping Health Inventory for children (Austin et. al) is used to measure coping of children in a sample whose age is between 8 and 12, and the stressor is a chronic illness in children with Epilepsy or Asthma. On the other hand, Life Event Coping Inventory (Dise- Lewis, 1998) is a self-report questionnaire used to measure coping of youngsters whose age range between 11 and 14 years old, and they have to respond to 125 questions about general stressful events.

Post Traumatic Growth (PTG)

According to Tedeschi & Calhoun (1995), PTG is a result of posttraumatic struggle and not trauma. Although PTG has been studied with various kinds of traumatic events, a relatively small number of studies has been

conducted on refugees and immigrants (Berger & Weiss, 2006; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003).

According to Tedeschi & Calhoun (1996), posttraumatic growth “represents positive changes experienced as a result of the psychological and cognitive efforts made in order to deal with challenging life circumstances.” It is when the individual not only survives the challenging circumstances, but also experiences changes that are viewed as vital to them. “This is not simply a return to baseline but an experience of improvement that for some persons is deeply profound.” (Tedeschi & Calhoun, 2004, as cited by Chan et al, 2016).

Despite studies examining the postwar negative experiences of refugees and the traumas’ negative consequences, other studies (Ai et al., 2007; Lev-Wiesel & Amir, 2003; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003) have found that there are positive aspects of mental health that are also greatly significant. In many instances, traumatic events and stress challenge the fundamental beliefs of survivors about the world and their ability to envision their future goals. According to Tedeschi & Calhoun (2014), the main precursor of PTG is the ability of trauma survivors to process their trauma history, accept the fact that previous goals are no longer realistic, and set new future goals.

As for refugees, personal growth occurs when refugees make sense of their stressful experiences. As a result, some experience positive intra and interpersonal gains. Benefits of PTG include a greater appreciation for life and personal strengths, recognizing new possibilities for one’s life, spiritual development, and improved interpersonal relationships (Chan, et. al, 2016).

Survivors who achieve PTG also begin to accept that their previous life goals may no longer be realistic. “Survivors who undergo this process are able to create new schemas that help them deal with life post trauma.” It is important to note that PTG is not synonymous with resilience.

Not every individual or refugee who faced a stressful event gets affected negatively or surrenders. Some are more resilient and try to cope with these factors in order to achieve and overcome their struggles. Through self-disclosure and the availability of a social support network, the automatic rumination and emotional distress tend to decrease. According to Tedeschi & Calhoun (1996), “people exposed to even the most traumatic events such as rape, cancer, disasters, heart attacks, combat, and HIV infection may perceive at least some good emerging from their struggle.” (p. 455). At least three broad categories of perceived benefits have been identified: changes in self-perception, changes in interpersonal relationships, and a changed philosophy of life (Calhoun & Tedeschi, 2014).

Factors That Facilitate Posttraumatic Growth

According to Chan et. al (2016), there are certain factors that have been found to be associated with PTG among refugees. These variables are: 1) level of trauma experienced, 2) demographic variables, 3) social support, 4) religiosity and religious coping, 5) coping styles, and 6) optimism. The difference within the level of these variables or the extent at which they are utilized or experienced impacts the PTG of refugees.

Measuring Posttraumatic Growth among Refugees

According to Chan et. al (2016), a few scales and tools to measure posttraumatic growth among refugees were used in research. One of the commonly used scales is the Stress- Related Growth Scale (SRGS; Park, Cohen, & Murch, 1996). Posttraumatic Growth Inventory (PTGI) or the short form (PTGI- SF) is the mostly used scale to measure growth among refugees (Chan et. al, 2016)

Similar Studies Conducted in the Middle East

Studies have been conducted in Jordan, Palestine, and Lebanon to study the impact of wars on refugees' physical and mental health. These studies reflect the impact of war traumas on children and adolescent Palestinian refugees, as well as Lebanese citizens in south Lebanon (Khamis, 2012). The findings of these studies highlight a great risk of chronic mental health problems mainly anxiety, depression, and PTSD, besides psychological well-being due to lack of coping or negative coping (Khamis, 2005; Amine et al., 2008; Thabet et al., 2004).

In the middle east, research was conducted to study the situation of children in south Lebanon after the 2006 attack (Khamis 2012; Amine et. al, 2008); others were conducted to study the situation of Syrians and the impact of the Syrian crisis on refugees settled in different regions in Lebanon and in Jordan (Rizkalla et al., 2008, 2018; Afifi et. al 2013; Khamis, 2019), as well as the Palestinian refugees in Gaza strip (Khamis 2008, 2012, 2015; Thabet et al., 2004). Findings reveal the importance of positive coping strategies on the psychological well-being of refugees; in addition to problem solving coping

strategies. Refugees in Jordan are encouraged to enhance their problem solving through communication, group work, patience, and understanding their needs, for problem solving was found to be the common coping strategy used by refugees (AlZoubi et al., 2019).

The purpose of this review was to view the miserable situation within the Shatila Camp since it was established and highlight the fact that the whole country, Lebanon, has tremendously affected the psychological well-being of refugees living in the camp. It is clear from the research reviewed that refugees awfully experience life stressful events, which obviously affect their mental health care. Along with this, it is also clear that refugees tend to face challenging and disruptive events they try to face by utilizing coping strategies. There has been much research conducted to study the refugees' well-being post experiencing life stressful events. More research is required in this field and especially at the Shatila camp to gain a better understanding and find out how refugees face their stressful experiences and achieve personal growth post stressful endurances.

CHAPTER 3

METHODOLOGY

The following section provides a thorough illustration of the methodology used in this study and includes a description of its research design, participants, data collection tools, data collection procedures and data analysis procedures.

Research Design

This study falls under the category of prediction studies design. It attempted to identify coping strategies that are predictive of posttraumatic growth in Palestinian adolescent refugees from Shatila camp enrolled in one of its centers and who seek counseling sessions. To achieve these aims, three research questions guided the study: (a) what are the coping strategies used by adolescent Palestinian refugees in Shatila camp, Lebanon? (b) What is the relationship between the coping strategies used and the adolescent Palestinian refugees' posttraumatic growth? and (c) What are the predictors of posttraumatic growth among adolescent Palestinian refugees in Shatila camp?

For this study, an exploratory mixed methods approach was implemented to answer the research questions. Descriptive and correlational statistical techniques were used, and a regression analysis was reported. This study used three questionnaires as tools to collect the data from the participants: *Life Event Checklist- 5 (LEC- 5)*, *Ways of Coping Questionnaire (WCQ)*, and *Posttraumatic Growth Inventory (PTGI)*. The researcher started

with the quantitative phase, collected the data, and explored the participants' coping strategies. Therefore, this study adopted a quantitative approach to analyze participants answers to the questionnaires.

Participants

Population

The population of this study is represented by Palestinian adolescent refugees, from both genders, in Shatila camp. Their age is between 15 and 17 years old.

Sample

The sample in this study was 60 randomly selected adolescents aged 15 to 17 from the population, at Shatila refugees' camp, enrolled or were enrolled in one of Shatila centers. The participants were from both genders: 31 females and 29 males. There were 17 adolescents of age 15, 24 adolescents of age 16, and 19 participants whose age is 17 (Table 1). These adolescents should have attended counseling sessions or practices or requested guidance from members in the Center. The total number of accessors to the Center's guidance and counseling program in the past two years is 100. 35 of the participants in the study were current accessors of the center's services. 25 adolescent participants were past accessors to the Center's counseling programs. The responses of the participants to the items of the questionnaire were analyzed.

Table 1*The Participants' Age Range (N= 60)*

		Age			Total	
		15	16	17		
Gender	male	Count	5	14	10	29
		% Within Gender	17%	48%	35%	100%
	female	Count	12	10	9	31
		% Within Gender	39%	32%	29%	100.0%
Total	Count	17	24	19	60	
	% Within Gender	28%	40%	32%	100%	

Sampling Procedure

Refugees who have attended the Center are mostly adolescents. The Center provides an after-school program for children and adolescents; in addition, it empowers them by engaging them in extracurricular activities and counseling sessions. The Center has been lately opened to Syrian refugees. The staff members work together to have refugees engaged, accepting diversity, collaborating, and having integrity. The sample was randomly selected from the Palestinian refugees who are current and past accessors at the Center. Receiving psychological assistance or attending guidance programs were a must. Participants could have been provided counseling services, as the Center provides counseling sessions with expert therapists in order to help the refugees. In addition, young Lebanese and foreign volunteers are also welcomed to provide counseling sessions and guidance programs for refugees, have their internship at the Center. These refugees were 15 to 17 years old. Their parental or a guardian's consent was required.

Data Collection Tools

Life Event Checklist- 5 (LEC- 5), *Ways of Coping Questionnaire (WCQ)*, and *Posttraumatic Growth Inventory (PTGI)* that are originally English scales were administered in this study for data collection purposes. It was intended to have these scales translated to Arabic and adapted to suit Shatila camp adolescents whom the scales were administered to. The guidelines of International Test Commission (ITC) were utilized for translation and adapting the scales. Based on the guidelines (ITC, 2017), back and forth translation and adaptation processes were used. The three tools were translated backward to Arabic by experienced translators; then, they were back translated to English by another group of translators. Items of the translated tools were compared to the original English tool; then, the translated instruments were reviewed by 2 bilingual experts and educational psychologists to check the content validity and adequacy of the translated Arabic version and judge their suitability for use in this study. Ethical approval was obtained from the Institutional Review Board (IRB) at the American University of Beirut. After that, the scales were piloted on a group of 5 to 7 adolescents before administering them to the selected sample. Based on the piloting and experts' reviews, some changes were done to the instruments. Then, a sample of 60 adolescents was randomly selected from the Center in Shatila camp. These have supposedly encountered or have been psychologically affected by a stressful event. A record data of the adolescents who were past and current accessors to the Center's services is available. 60 out of the total number will be contacted and requested to participate in the study.

Life Event Checklist- 5

The Life Event Checklist- 5 (LEC- 5) was developed at the National Center for Posttraumatic Stress Disorder (PTSD) to facilitate the diagnosis of PTSD. The scale is used to measure and screen for potentially stressful or traumatic events (PTE). It is used to evaluate the respondent's exposure to a wide range of stressful and traumatic experiences (Gray et al., 2004). The LEC- 5 is composed of 17 items; 16 of the events are known to potentially result in distress or Post Traumatic Stress Disorder (PTSD). The last item assesses any other extraordinary stressful event not mentioned in the first 16 items. Participants respond to stressful events by checking any of the possible choices. The scale ranges from: happened to me, witnessed it, learned about it, not sure, and does not apply. LEC- 5 differs from the original LEC in the item number 15, which was changed from "Sudden, unexpected death of someone close to you" to "Sudden accidental death". In addition, one more response was added which is "Part of my job" (National Center of PTSD) (Table 2).

Table 2.
Life Event Checklist 5

Event	Response					
	Happened to me	Witnessed it	Learned about it	Part of my Job	Not sure	Does not apply
Physical assault (being attacked, hit, slapped, kicked, beaten up)						
Life threatening illness or injury						
Sudden accidental death						
Life threatening injury or suffering						
Any other very stressful event or experience						

A large body of research supports the reliability and construct validity of the LEC- 5. According to the National Center of PTSD, LEC demonstrated convergent validity when measuring different levels of exposure to potentially traumatic events. With respect to LEC reliability as a measure of direct trauma exposure, there was only one item that failed to achieve kappa of .40, where all other items were above .50 ($p < .001$) (Gray et al. 2004). This scale was used to assess the extent participants have experienced or witnessed a stressful event, before they were asked about their coping and assess how they were able to cope with those stressors.

Ways of Coping Questionnaire (WCQ)

The Ways of Coping Questionnaire designed by Folkman and Lazarus (University of California, 1985) was developed by deleting and rewording several items from the Ways of Coping Checklist (WCC) as well as changing

the format to a four-point Likert-type scale. The initial version of WAYS appeared as the Ways of Coping Checklist (WCC; Lazarus & Folkman, 1980) and consisted of 68 items in a yes/no format (Kieffer, et. al, 2011)

The WCQQ is a 66 item Likert scale questionnaire. The items are distributed in a random way reflecting the coping strategies that are used by individuals. This instrument, the WCQQ reflects the coping processes that people utilize when a stressful encounter happens. Participants have to rate to what extent they used the process to cope with their problems. The scale ranges from: 0 (not used), 1 (used somewhat), 2 (used quite a bit), to 3 (used a great deal). Five out of eight subscales measure problem focused coping strategies. They are: 1) Planful problem solving, 2) Seeking social support, 3) Confrontation, 4) Accepting responsibility, and 5) Positive reappraisal. However, the other three subscales measure the emotion- focused coping strategies. They are the following: 1) Distancing, 2) Escape/ avoidance, and 3) Self- controlling. Each subscale is scored by averaging the questions of 4- point Likert scale responses for each of the subscale items. As summarized in Table 2, items number 6, 7, 16, and 24 reflect **Confrontive Coping**. Items number 3, 12, 13, 20, and 30 reflect **Distancing**. Items number 5, 10, 14, 18, and 27 reflect **Self- controlling**. Items number 8, 17, 21, and 29 reflect **Seeking social support**. Items number 4, 9, 19, 33, and 34 reflect **Accepting responsibility**. Items number 11, 15, 22, 25, 28, and 39 reflect **Escape- avoidance**. Items number 1, 23, 31, 32, and 36 reflect **Planful problem- solving**. Items number 2, 26, 35, 37, and 38 reflect **Positive reappraisal**.

Table 3.

Ways of Coping Questionnaire Items

Ways of Coping Strategy	Item Number
Confrontive Coping	6, 7, 16, and 24
Distancing	3, 12, 13, 20, and 30
Self- controlling	5, 10, 14, 18, and 27
Seeking social support	8, 17, 21, and 29
Accepting responsibility	4, 9, 19, 33, and 34
Escape- avoidance	11, 15, 22, 25, 28, and 39
Planful problem- solving	1, 23, 31, 32, and 36
Positive reappraisal	2, 26, 35, 37, and 38

Additionally, the Ways of Coping Questionnaire (WCQ) has proven to be an effective instrument in determining and defining the coping processes individuals use to handle and cope with their problems at certain situations. This instrument has been used to diagnose, as well as improve the coping strategies of individuals in organizations. It also reflects the cognitive processing of the individuals (Scherer & Brodzinski, 1990). “Optimally, coping should be measured at several intervals, before, during, and after an encounter, to identify ways in which the process changes over time.” (Scherer & Brodzinski, 1990).

A large body of research supports the reliability and construct validity of the WCQ (e.g., Folkman et al., 1986). An investigation, using the WCQ

(Scherer & Brodzinski, 1990), reported a moderate to moderately high internal consistency of the scale using a coefficient alpha. Folkman and Lazarus et al. (1986) obtained different alpha coefficients ranging between a moderate of .61 on *Distancing subscale* to a high of .79 on *positive reappraisal*. Ryan-Wegner (1990) reported internal consistencies of .76 to .79 and test-retest reliabilities of .73 to .82 (Compas et. al, 2019).

Posttraumatic Growth Inventory (PTGI)

In this study, PTGI was utilized and not PGI (Personal Growth Initiative) for the fact that PTGI measures the growth of a person after being exposed to a trauma or any other stressful event, while PGI measures only the personal growth of a person. PGI theory explains and reflects the aspect of personal growth that is specifically both intentional and conscious; as it is the promising antecedent of well-being and optimal functioning (Robitschek, 1998; Robitschek et al., 2012; as cited by Weigold et. al (2013). According to Tedeschi & Calhoun (2004), posttraumatic growth requires an effortful cognitive processing.

The PTGI designed by Tedeschi & Calhoun (1996) is commonly used to assess levels of Posttraumatic Growth (PTG) in individuals who have experienced traumatic events. Although the posttraumatic growth inventory was developed to measure growth following traumatic events, it has also been utilized to measure the growth following different life- changing or “transitional” events, such as divorce and childbirth, which do not meet the formal and operational definition of stress. (Steffens & Andrykowski, 2015).

PTGI is a 4- Likert scale of 21 items where each item is rated from 0 (I did not experience this change because of my crisis) to 5 (I experienced this change to a very great degree as a result of my crisis). Participants must identify or rate the areas of growth they have witnessed within oneself after they have lived through a crisis or a stressful event. By the end of the scale, there is a list of the PTGI factors matching with each item rated above on a scale. The PTGI scores are distributed on different factors, and each factor resembles a subscale. The factors are identified as the following: 1) relating to others, 2) new possibilities, 3) personal strength, 4) spiritual change, 5) appreciation of life (Boals & Schuller, 2018). The subscale scores are calculated by adding the item responses within the specific subscale, and the total score is found out by adding up all the item responses, for a total possible range of 0 to 105. For sure, higher scores show higher levels of positive changes and positive developmental growth and well-being. There are five factors of PTG. Each of the items of the PTG questionnaire reflects one of the factors (Table 4). Items number 6, 8, 9, 15, 16, 20, and 21 reflect the **relating to others** factor. Items number 3, 7, 11, 14, and 17 reflect **new possibilities** factor. Items number 4, 10, 12, and 19 reflect the third factor which is **personal growth**. Item number 5 reflects **spiritual change** factor. Items number 1, 2, and 13 reflect the fifth factor which is **appreciation of life**. Item number 15 reflects none of the factors.

Table 4.

Posttraumatic Growth Factors

Posttraumatic Growth Factor	Item Number
Relating to others	6, 8, 9, 15, 16, 20, and 21
New possibilities	3, 7, 11, 14, and 17
Personal growth	4, 10, 12, and 19
Spiritual change	5
Appreciation of life	1, 2, and 13

The reliability of the whole PTGI scores using Cronbach's alpha was .89 (Rizkalla & Segal, 2018); however, the deletion of 1 of the items resulted in drop of significance alpha below .89 (Tedeschi & Calhoun, 1996). The PTGI has demonstrated construct validity in many studies of refugee populations (Chan, Young, & Sharif, 2016; Kroo & Nagy, 2011; Sleijpen et al., 2016) and traumatized populations from the Center East (Davey, Heard, & Lennings, 2015; Kira et al., 2012; Rizkalla, Zeevi-Barkay, & Segal, 2017; as cited by Rizkalla et. al, 2018).

Data Collection Procedure

A simple random sample was selected from the list of student adolescents who received or have received counseling sessions or any psychological guidance at the Center in Shatila camp. The sample consists of 60 adolescent girls and boys, whose age is between 15 and 17. The sample is appropriate to represent the population. The researcher visited the Center more often and worked according to the Center's code of conduct. Therefore, the Center in Shatila was contacted through a formal letter to obtain a permission

to conduct the study, conduct a questionnaire pilot study and then fill the questionnaire with the random sample of participants selected.

The researcher did not access participants' information prior to their consent of participation. To avoid any perception of undue influence and following the IRB guidelines, the researcher asked the director of the Center to help in assigning the secretary or the director's assistant to contact the parents, so their agreement is sought. As a result, they approved to share their contact information with the research team. The parents were invited to the Center. They were handed the parental permission included in the participation package for their adolescents. Transportation was also provided for parents to and from the Center when needed. They were sitting in groups of 5 to 6 in a big room leaving social distance in order to explain for them the purpose of the study and seek their permission. After that, the children of the parents who agreed on the participation were asked by the secretary at the Center to visit the Center the day after. These adolescents are both past and current accessors to the Center's services. Past accessors who couldn't make it to the Center were provided with transportation to and from the Center taking into consideration safety measures. Whenever these adolescents showed up to the Center, they were provided with a mask and sanitizer. Participants were grouped in a big room with social distance and maintaining all safety measures. The researcher was present to guide the participants and explain for them the purpose of the study in order to seek their approval. This was done in all the visits to the Center. Interference from other participants to access others' answers was avoided. The instruments were administered in Arabic.

The same mechanism of seeking approval and recruiting the adolescents to participate in the study was followed in both the pilot and the actual study.

Data Analysis Procedure

The IBM Statistical Package for the Social Sciences (SPSS) 25 program was used for data entry to find out the most prevalent coping strategies used by the participants. Correlational analyses were performed to examine the relationship between coping strategies and posttraumatic growth of Palestinian adolescent refugees. Moreover, PTG was regressed against various coping strategies to identify the variables that account for largest variance in Posttraumatic Growth of adolescent refugees in the Center, Shatila.

CHAPTER 4

RESULTS

The chapter reports the results of the study, and it is divided into three parts as per the three research questions investigated. The first part reports on the most prevalent coping strategies used among Palestinian adolescent refugees in Shatila camp. There are three different styles of coping: 1) Emotion- focused, 2) Problem- focused, and 3) Avoidant strategies. They are distributed in 8 subscales in the questionnaire used in this study. The second part of the results reports on the use of coping strategies among the participants and how it relates to the refugees' posttraumatic growth. The third part of the results highlights the growth that these adolescent refugees have gained post facing stressful events after using coping strategies. The latter part also highlights the predictors of posttraumatic growth among the Palestinian adolescent refugees.

Life Stressful Events

Results of respondents' answers to the Life Event Checklist- 5 Scale revealed that all the 60 adolescent participants reported that they have lived a stressful event whether they experienced or witnessed it. Table 5 presents frequency of stressful events experienced by Palestinian participant refugees in Shatila camp. The most frequent stressful event was the pandemic (F= 52) followed by Fire or Explosion (F= 42). Sudden accidental death was marked as one of the frequent stressing factors among refugees (F= 33). Serious accidents at work, home, or during recreational activity were also cited as a frequent stressing factor among refugees (F= 29). Palestinian refugees also reported that

'other stressing events or experiences' was a stressing factor witnessed by them (F= 27).

Table 5*Frequency of Life Stressful Events among Palestinian Refugees in Shatila Camp.*

Life Stressful Events	Happened to me	Witnessed it	Learned about it	Part of my	Not sure	Doesn't apply
1.Natural disaster (for example, flood, hurricane, tornado, earthquake)	–	5	19	1	12	23
2. Fire or explosion	42	8	4	1	4	1
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)	18	9	7	1	14	11
4. Serious accident at work, home, or during recreational activity	29	5	4	1	13	8
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)	11	1	8	–	13	27
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	15	8	3	–	3	31
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)	9	9	2	–	4	36
8. Combat or exposure to a warzone (in the military or as a civilian)	14	9	3	1	7	26
9. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)	6	6	5	–	8	35
10. Life-threatening illness or injury	12	10	3	–	11	24
11. Severe human suffering	4	4	4	1	6	41
12. Sudden violent death (for example, homicide, suicide)	6	12	6	1	10	25
13. Sudden accidental death	33	4	2	1	6	14
14. Serious injury, harm, or death you caused to someone else	10	2	3	–	11	34
15. pandemic. COVID- 19	52	1	1	–	3	3
16. Any other very stressful event or experience	–	27	1	–	11	21

Ways of Coping Among Refugees

To measure coping strategies among adolescent Palestinian refugees in Shatila camp, 60 adolescents whose age is between 15 and 17 were asked to fill in the *Ways of Coping Questionnaire*. The participants were from both genders: 31 females and 29 males. There were 17 adolescents of age 15, 24 adolescents of age 16, and 19 participants whose age is 17 (Table 6). The responses of the participants to the items of the questionnaire were analyzed using the SPSS. Each of the items in the questionnaire represents a coping strategy that adolescent refugees utilize.

Prevalent Coping Strategies Among Adolescent Refugees

The items of the Ways of Coping Questionnaire are distributed in 8 scales: (1) *Confrontive coping*, (2) *Distancing*, (3) *Self-controlling*, (4) *Seeking social support*, (5) *Accepting responsibility*, (6) *Escape-Avoidance*, (7) *Planful problem-solving*, and (8) *Positive reappraisal*. Descriptive statistics was used to report the most prevalent coping strategy among the Palestinian adolescent refugees. The percentages of selection of each coping strategy were calculated. The number of participants who answered all the items is 60. Table 6 reports the various coping strategies utilized by the participants. The response of the adolescents to the Likert scale WCQ revealed that coping strategies varied from not used at all to greatly used by adolescents. All the coping strategies had the highest percentage of being *used a quite bit*. The participants' response to *used a great deal* reported low percentages. The highest percentages of coping strategies among Palestinian adolescent refugees were those of Positive reappraisal and Planful problem- solving. 78% of the adolescents reported

using positive reappraisal a quite bit and 75% of the adolescent participants reported using Planful problem solving a quite bit to face their stressful events.

Table 6.
Coping Strategies among Adolescent Participants (N= 60)

Coping strategy	Percentage			
	0 (not used)	1 (used somewhat)	2 (used quite a bit)	3 (used a great deal)
Confrontive Coping	3.4%	45%	44.9%	6.7%
Distancing	8.4%	35%	51.6%	5.1%
Self-controlling	0%	26%	74%	0%
Seeking social support	1.7%	35%	60%	3.3%
Accepting responsibility	0%	28.4%	68.4%	3.3%
Escape-Avoidance	6.7%	46%	38.3%	0%
Planful problem solving	0%	18.2%	75.1%	6.7%
Positive Reappraisal	1.7%	15.1%	78.3%	5%

Correlation between Coping Strategies and Posttraumatic Growth

To find the relationship between coping strategies and posttraumatic growth, correlations using SPSS were computed. The results of the study have yielded significant correlations between all coping strategies and posttraumatic growth factors, except the PTG factor spiritual change which was significantly correlated to positive reappraisal only ($r = .48^{**}$). Planful problem solving and seeking social support coping strategies have the highest significant correlations with all PTG factors, except spiritual change. Planful problem solving and seeking social support scored a correlation coefficient of ($r = .17$) with spiritual change. Positive reappraisal showed a positive significant correlation with all the PTG factors; confrontive coping also is significantly correlated to all PTG factors except spiritual change ($r = .003$). The negative correlations were significant between the 2 coping strategies Distancing and Escape- avoidance and all the PTG factors, excluding spiritual change ($r = -.03$) and ($r = -.01$). Moreover, there is a positive significant correlation between self-controlling and 3 of the PTG factors: New possibilities ($r = .42^{**}$), Personal Growth ($r = .32^*$), and Appreciation of Life ($r = .31^*$). As for accepting responsibility, there was no significant correlation between this coping strategy and all posttraumatic growth factors. (Table 7).

Table 7*Correlation between Coping Strategies and Posttraumatic Growth Factors (N= 60)*

Coping Strategies	Posttraumatic Growth Factors				
	Relating to	New Possibiliti	Personal Growth	Spiritual Change	Appreciation of Life
Confrontive Coping	.40**	.42**	.40**	.003	.48**
Distancing	-.53**	-.40**	-.30*	-.03	-.31*
Self- controlling	.08	.42**	.32*	.04	.31*
Seeking social support	.67**	.61**	.45**	.17	.54**
Accepting	-.16	-.07	.007	.12	-.13
Escape- Avoidance	-.45**	-.26*	-.12	-.01	-.29*
Planful problem	.64**	.65**	.50**	.17	.60**
Positive Reappraisal	.48**	.53**	.43**	.48**	.49**

*p< .05, **p< .01

Predictors of Posttraumatic Growth Among Palestinian Adolescent Refugees in Shatila camp

The results have shown that several posttraumatic growth factors were prevalent among Palestinian adolescent refugees. Table 9 reports the percentages of the recorded PTG factors. The percentages show that all the posttraumatic growth factors were experienced and developed to a moderate degree among the participants. Relating to Others PTG factor (63.3%) and Personal growth PTG factor (63.3%) recorded the highest scores among Palestinian adolescents, Appreciation of life recorded (50%), New Possibilities (48.4%) are also factors that Palestinian refugees have developed, followed by Spiritual change (35%).

Table 8

Posttraumatic Growth among Palestinian Adolescent Refugees in Shatila Camp (N=60)

PTG Factors	Percentage					
	0 (I did not experience this change.)	1 (I experienced this change to a very small degree.)	2 (I experienced this change to a small degree.)	3 (I experienced this change to a moderate degree.)	4 (I experienced this change to a great degree.)	5 (I experienced this change to a very great degree.)
Relating to Others	5%	34.9%	11.7%	63.3%	0%	0%
New Possibilities	1.7%	21.6%	13.4%	48.4%	0%	0%
Personal Growth	0%	5%	31.7%	63.3%	0%	0%
Spiritual Change	6.7%	46.7%	11.6%	35%	0%	0%
Appreciation of Life	26.6%	23.4%	0%	50%	0%	0%

A standard linear regression using stepwise method was performed to identify which of the coping strategies are predictors of Posttraumatic Growth of adolescent refugees in the Center, Shatila. The total PTG score was regressed against various coping strategies to identify the variables that account for largest variance in PTG. The results of this study show that Planful Problem-solving and Seeking Social Support are the 2 predictors of posttraumatic growth among Palestinian adolescent refugees in Shatila Camp. Planful Problem-solving has explained the highest variation 48.5% of the posttraumatic factors ($\beta= 1.66/ p< 0.01$). Seeking Social Support has added 12% of the variation in the posttraumatic factors ($\beta= 1.96/ p< 0.01$). Table 10 reports the results of the regression.

On the other hand, the coping strategies Positive Reappraisal, Distancing, Confrontive coping, Escape-avoidance, Self-controlling, and

Accepting responsibility did not enter the regression and were excluded due to non-significance.

Therefore, the results showed that Planful Problem solving, and Seeking Social Support coping strategies utilized by adolescent refugees in Shatila camp are the significant predictors of PTG factors. On the other hand, Confrontive coping, Distancing, Self- controlling, Accepting responsibility, Escape- avoidance, and Positive reappraisal coping strategies do not predict posttraumatic growth among Palestinian refugees in Shatila camp.

Table 9

β Coefficient of Regression of Posttraumatic Growth Factors among Palestinian Refugees, (N= 60)

Coping strategies	β	ρ	95% CI
Confrontive Coping	.14	.16	-
Distancing	-.18	.23	-
Self- controlling	.03	.75	-
Seeking social support	1.96	< 0.01*	[0.99, 2.92]
Accepting responsibility	-.02	.83	-
Escape- Avoidance	β = -.06	.55	-
Planful problem solving	β = 1.66	< 0.01*	[0.92, 2.40]
Positive Reappraisal	β = .18	.12	-

* ρ < .01

CHAPTER 5

DISCUSSIONS AND CONCLUSIONS

Discussion

The purpose of this study was to explore the coping strategies utilized by adolescent refugees in Shatila camp to overcome stressful events, investigate the relation between coping strategies used by adolescent refugees and their post-traumatic growth, and predict the impact of these strategies that adolescents use on their personal growth and psychological well-being. To achieve this purpose, 60 adolescent Palestinian refugees from both genders at Shatila camp were asked to complete a checklist and two questionnaires. Based on the collected and analyzed data, the three research questions will be answered and discussed in this chapter. Limitations, conclusions, and implications are also presented.

Life Stressful Events Among Shatila Adolescent Refugees

The results of the study indicated that all the adolescents who participated in the study have experienced life stressful events, whether it happened with them, or they witnessed it. Most of the adolescents have reported several life stressful events like accidents, loss of someone, witnessing a fight, etc. However, the pandemic was the most frequently experienced stressful event among the Palestinian refugees, followed by fire or explosion, and sudden accidental deaths. The results of this study reflect the current situation in Lebanon. The pandemic has been a common stressor among the participants and may be among the population of Shatila, as they had to stay at home, and this could have affected their family income and their social

relationships with others. “Everyone has been, to some degree or another shaken, disorientated, fearful or confused because of a radical change in her or his way of being, with others and in the world. The experience of shut down was also a collective experience at some or all of these levels.” (Gavin, 2021, p.88). Moreover, the participants reported an explosion or fire as a common stressor. This related to the explosion of Beirut Port on the 4th of August 2020. The explosion has destroyed more than one area of Beirut and its surrounding. Shatila camp has been affected and certain areas were destroyed. The findings of this study were consistent with those of Gavin’s (2021). Gavin has identified the pandemic and the Beirut port explosion as the 2 most recent traumatic events in Lebanon. the country has faced dramatic economic and societal strains; the explosion of the port has added to the severe political and social crisis in Lebanon for decades. “Every child or adult’s body was thrown physically, or attacked sensorily, with the most unimaginable and unsupportable noise. At the same moment contact was lost with others. There were family, friends living the same experience present or elsewhere in the city. Some instantly lost consciousness.” (Gavin, 2021, p.89).

If it weren’t for those most prevalent stressors indicated in this study and that reflect the current situation, refugees would have reported other stressing factors such as: Serious accident at work, home, or during recreational activity (F= 29), transportation accident (F= 18), Physical assault (F= 15), Combat or exposure to a warzone (F= 14), Life-threatening illness or injury (F= 12), Exposure to toxic substance (F= 11), Serious injury, harm, or death you caused to someone else (F= 10), etc. Palestinian refugees of Shatila camp

live in a miserable and unstable situation. Clashes always occur in the camp among different groups causing death and injuries of refugees. According to the daily star (2018), a clash that happened between Fatah intifada group and Saaiqa group, resulted in many injuries among refugees and at least one dead. Refugees are frequently exposed to such events. According to Oxford Committee for Famine Relief (OXFAM), Syrian refugees in Lebanon highlighted many stressors in their lives like clashes, sudden accidents, and harm or death of someone. This also applies for Palestinian refugees as they live in almost same camp conditions: a sense of insecurity, low economic status, and gender-based violence insufficient health services, alterations in social roles (AlZoubi et. al, 2019). In a study done by Bulik et.al (2021) among high school students in Poland using the same checklist, the participants reported that the most frequent stressful event was a road traffic accident. The second place was shared by two events: fire or explosion and physical assault. These were followed by severe human suffering, life-threatening illness or serious, and severe accidents at home, work or during leisure time the findings of their study showed that many respondents also had experienced sudden accidental death, violent death, natural disaster, and various situations identified in the LEC-5 as other very stressful events. Their findings are similar to those of this study, as the cultural and the environmental background play a great role in defining stressors to a population.

Coping Strategies Among Palestinian Refugees in Shatila Camp

Results of the study have shown the most prevalent coping strategies among Palestinian adolescent refugees are Planful problem solving and Positive reappraisal. The results of the study revealed that the 4 most prevalent coping strategies among the participant adolescent refugees are Planful problem solving, Positive reappraisal, Self- controlling, and Accepting responsibility. These strategies represent **problem focused coping**. Therefore, the results of this study confirm that problem- focused coping strategies are the mostly utilized among refugees in Shatila Camp. Problem-focused coping is when an individual gets task- oriented; in other words, when the person pursues new information, takes different measures and responsibilities to change circumstances that create stress and manage stressful events, and generates possible and alternative solutions to a problem (e.g., reappraising the situation positively, seeking problem solving advice from others, planning for solutions) (Lazarus and Folkman, 1984; as cited by Compas et. al, 2001). The findings of this study are consistent with previous research (Folkman, 2010; Lazarus and Folkman, 1984), that described the use of various coping strategies by individuals who experience stress helps them lessen the psychological, physical, and social effect of stressors. Moreover, problem focused coping strategies are counted as significant factors in dealing with negative and stressful life events (Carroll, 2013). The findings of this study, however, contradict with other research results that indicated no clear agreement on which coping strategies are effective for solving individuals' problems, reducing one's emotional distress, and avoiding future problems (Aldwin and

Revenson, 1987; Mattlin et al., 1990). These research indicated that the use of both strategies help in reducing the impact of stress. Also, the use of coping strategies depends on the situation and on the culture and community's background. For example, in collectivistic cultures, individuals tend to use avoidant coping, as the case of immigrants (Kuo, 2014; as cited by Chan et al., 2016). Palestinian adolescent refugees live in collectivistic environment; however, schools, centers, and non-governmental organizations play a crucial role in shaping the lives of these refugees. This highlights the important role of psychological interventions and counseling sessions held at the level of individuals to strengthen their efforts to handle stress and overcome it. For this reason, adolescent refugees in Shatila camp manage to cope with the pressure they face and stressful events they experience though talking about them and seeking others' guidance. In the Center, children and adolescents attend counseling sessions and workshops where they sit with psychological experts, discuss issues and problems in groups or individuals, and work on finding solutions and solving their issues. Through the workshops they attend, they are motivated to express their thoughts and describe their problems; psychologist and counselors always ask them to think positively of a problem, look at stressful events from a different perspective, and think of how they can personally grow when they find out that they overcome their stressful problems.

The results of this study indicated that the adolescent refugees used mostly Planful problem- solving and Positive reappraisal coping strategies. Planful problem solving is when individuals tend to think differently of a

situation causing them imbalance of thoughts and emotions, so they can overcome and solve it. Positive reappraisal is the adaptive way individuals use to rethink about stressful events and interpret them as beneficial and valuable. The use of these coping strategies results in better health outcomes and develops the person's growth. Research has demonstrated that the ability to find benefit from adversity is associated with improved health outcomes (Garland et al., 2009).

Correlation among coping Strategies and Posttraumatic Growth Factors

A second purpose of this study was to examine whether the Palestinian adolescents' use of coping strategies is associated with the refugees' posttraumatic growth. The results of the study showed that Planful problem solving and Seeking social support coping strategies have the highest significant positive correlations with all PTG factors, except Spiritual change. The more use of these coping strategies, the greater experience of posttraumatic growth. The findings of this study were consistent with previous studies that indicated that cognitive processing and responses of individuals to cope with stressful circumstances are essential in the development of posttraumatic growth (Calhoun & Tedeschi, 2006). The findings of this study were also consistent with previous studies that found out that avoidance coping was not significantly related to positive changes (Urcuyo et al., 2005). Their research studied the relation between coping strategies used by Breast Cancer patients. They found out that women who used denial and self- distraction as ways to avoid thinking of their stress and cope with the fact that they suffer from Cancer didn't develop positivity or optimism, therefore didn't achieve

any personal growth. Lazarus' and Folkman's study findings indicated that cognitive and behavioral coping strategies used by individuals who face stress are the main reasons that push these people to adjust to circumstances and therefore maintain a healthy well-being (Lazarus & Folkman, 1984; as cited by Schroevers et al. 2008). When individuals blame themselves and avoid thinking of their problems to find solutions; in other words when they live in a denial phase, they don't achieve growth and their well-being won't be developed. On the other hand, the findings of the study were contradictory to previous research that indicated that religious coping were strongly related to perceived positive changes (Urcuyo et al., 2005). While in this study, the refugees' growth post experiencing stressful events was among those participants who used problem- focused coping strategies such as Planful problem solving and Seeking social support. Adolescent refugees tend to find solutions to their problems by trying to think differently of the situation or the problem. Therefore, posttraumatic growth can be effectively enhanced by stimulating the use of cognitive coping strategies that are basically utilized to lessen the effects of stress by finding solutions, altering the individuals' thoughts, and seeking social support.

Predictors of Posttraumatic Growth Among Adolescent Palestinian Refugees

The results showed that Seeking social support and Planful problem solving coping strategies utilized by adolescent refugees in Shatila camp are the significant predictors to all posttraumatic factors. On the other hand, Confrontive coping, Distancing, Self- controlling, Accepting responsibility, Escape- avoidance, and Positive reappraisal coping strategies do not predict

posttraumatic growth among Palestinian refugees in Shatila camp. In other words, problem focused coping strategies were the predictors of posttraumatic growth among Palestinian refugees.

The findings of this study are consistent with previous research that indicated that **problem-focused coping** is generally associated with positive outcomes (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Their study highlighted the importance of such coping strategies: they are decisive and well determined responses that help in resolving the stressful and tensed relationship between the self and the environment. In their study, they divided previous research into three groups: emotion- based coping, problem-focused coping, and avoidant. They concluded that the use of problem- focused strategies resulted in developing children's and adolescents' social competence and decreasing their stress and their disruptive behaviors. Moreover, this study's findings were consistent with the results of previous research that showed the importance of social support in developing growth post experiencing life stressing events. The findings of this study showed that Seeking social support counts the main predictor of PTG among Palestinian adolescent refugees. The social support that refugees receive from their friends, family members, or other people in their lives is one of the robust predictors of PTG. The social support that adolescent refugees in Norway (Chan et al. 2016) received and in the Netherlands (Sleijpen wt. al, 2016; as cited by Chan et al, 2016) was a predictor of PTG among the adolescent refugees. Moreover, the results of Hussain & Bhushan's study (2011) also reported that problem focused coping strategies positively affected the PTG of refugees in Tibet (as

cited by Chan et al, 2016). Refugees who got advice from others and those who used to joke at the situation reported more posttraumatic growth (Hussain & Bhushan, 2011). In their study, Alzoubi et al. (2019), found out that primary coping strategies that Syrian refugees in Jordan used was seeking social support regardless of the source of support, i.e., friends, community, family, or formal or informal bodies. Refugees tend to have strong social relationships with each other; provide sense of belonging, protection, and safety; and empower themselves by feeling socially engaged and belonged and not neglected or isolated. These findings are consistent with a review article directed by the UNHCR (2015).

The second predictor of PTG among Palestinian refugees was Planful problem solving. The latter is applicable when individuals seek solutions to their problems and the stressors they face, as well as taking actions to change the circumstances that are causing them stress (Compas et al., 2001). According to Alzoubi et al., (2019), this strategy requires certain personal characteristics such as knowledge and skills which may vary among refugees. Palestinian adolescent refugees at Shatila camp developed posttraumatic growth through making use of problem focused coping strategies. The miserable situation: low income and exposure to war and violence forced refugees to think of their problems and solve them (Alzoubi et. al, 2019). The findings of this study could be explained by the fact that Palestinian refugees count on social support to solve their problems. Refugees might receive social support indirectly to solve their problems; for example, their relatives or friends can share with them a residence or provide them with instrumental or

financial support (Alzoubi et. al, 2019). Moreover, these adolescents went through counseling which in a way or another guided them to use problem solving and provided them with social support.

Other research findings indicate that the best predictor for successful posttraumatic adjustment is when individuals use different coping strategies, depending on the stressor type (Tedeschi & Calhoun, 1995; Wilson, 1989; as cited by Khamis, 2015). According to Compas et al. (2001), a central component of individuals' development is their ability to cope and adapt to stressors. This reflects on the findings of this study. The participants reported using a variety of coping strategies: planful problem solving, positive reappraisal, self- controlling, and accepting responsibilities scored the highest frequencies among the adolescent refugees. These coping strategies are active coping strategies which are associated with better mental health and well-being; thus, developing personal growth and well-being post experiencing life stressful events.

Therefore, this implies that refugees who had been receiving support from others such as the counselors' guidance at the Center, teachers' help, and the surrounding's support reported more posttraumatic growth than those who didn't receive support. Moreover, those who tried to think about the situations and find solutions for their struggles reported more posttraumatic growth than adolescent refugees who didn't think about their problems and find thoughtful solutions to overcome them. This relates to Tedeschi & Calhoun's (1995; 2004) findings that stated that people develop posttraumatic growth because of

their struggle with the stressful events and not the stressful event itself. To relate to this study, refugees experienced positive outcomes from stressful events even though the events themselves they faced did not have concretely beneficial resolutions.

Conclusion, Recommendations, Implications and Limitations

Conclusion

The main purpose of this study was to (1) highlight the importance of coping among Palestinian adolescent refugees and (2) relate the importance of utilizing coping strategies by refugees to overcome stressful events to their posttraumatic growth. Refugees repeatedly face stressful events that are coupled with miniature constraint over their predetermination (Rumbaut, 1991). Researchers have agreed that refugees are at higher risk to have psychiatric disorders such as depression and posttraumatic distress disorder (PTSD) (Dahl, Mutapcic, & Schei, 1998; Turner, Bowie, Dunn, Shapo, & Yule, 2003; as cited by Husain & Bhushan, 2011).

There are only few studies that have examined the refugee population's posttraumatic growth. Previous research studied stressors and their symptoms among refugees and ignored their thriving experiences and strength post encountering stressful events. The findings of this study revealed that the most prevalent coping strategies among Palestinian refugees are Positive Reappraisal and Planful problem solving. This is related to the fact that these refugees attend counseling sessions at the Center, seek support from their friends, educators, and counselors. They are trained to rethink of stressful situations and find solutions for each of them. This resulted from the fact that refugees in

Shatila camp live in collectivistic culture representing that of the Arab countries and the Middle East, where supporting others and relating to them is a keen characteristic. Refugees find support naturally from the surrounding and are offered support by their community. It is essential to highlight the fact that the study was conducted at times when the pandemic and the port explosion of Beirut terribly affected the situation in Lebanon. If other stressful events like sudden accidental death, serious accident at work, home, or during recreational activity were the prevalent stressful events, participants would have used different coping strategies. Other stressful events are more related to the fact that they live in a camp. In other words, if the study was done before the occurrence of the two most prevalent stressful events, other events or experiences could have been reported as stressful among Palestinian adolescent refugees which could have described and highlighted the miserable conditions and conflicts that refugees experience in the camp. Considering the other stressful events, the results of the study could have been different, and we would have found other stressful events more related to their status of refugees. We could have also found out that the refugees may have utilized other coping strategies to overcome the stress they encountered; as a result, we would have found other predictors of PTG.

In addition, the findings of this study show that the coping strategies that Palestinian refugees used were correlated to their posttraumatic growth. In other words, the results indicated that refugees thrive or grow out of their stressful experiences. The study results showed that Planful problem solving and Seeking social support coping strategies have the highest significant

correlations with all PTG factors, except Spiritual change. This demonstrates the dynamic lifestyle of refugees at the camp and their will to thrive and face stress.

Recommendations

Results of this study have certain implications for refugees' mental health. Moreover, psychiatric, and clinical implications counselors and therapists may benefit from when dealing with refugees. Psychologists and counselors could design innovative programs that are oriented toward Palestinian refugees that aim to strengthen the use of coping strategies among the refugees in the camp.

When working with Palestinian refugees, knowledge of the types of coping skills that have worked for refugees such as seeking social support and planful problem solving based on the results of this study may enable educators and counselors who work with the refugees to help them identify possible forms of coping which other refugees utilize. It is recommended to have a coping strategies program implemented in Shatila camp at its different schools and centers on regular basis to strengthen the positive and various ways of coping among refugees. Psychiatric treatments and counseling sessions need to take initiative in providing proper intervention to overcome psychological stressors and maintain refugees' psychological well-being. On a further notice, nongovernmental organizations (NGOs), human rights organizations, and the UNHCR could support the actions. Experts can intervene in helping refugees use more coping strategies, overcome psychological stressors and stressful events, and maintain their psychological well-being. Experts can also help in

redirecting and guiding the refugees in choosing the suitable coping strategy to face their stressors.

In addition, the current study suggests conducting more research among Palestinian refugees from different age groups and more research that address different coping strategies other than the ones used in this study utilizing different methodologies and instruments. On a separate note, we recommend to reconduct this study at a different time after the pandemic is over and when the economic state improves after the Beirut blast since the results could apply to any sample of population in Lebanon. If it wasn't for both the pandemic and the port explosion, we would have found other stressful events among the refugees that are more related to their situation in the camp; therefore, different coping strategies could have been used and reported and possibly different PTG factors.

At the individual level, PTG can be focused as an important therapeutic goal. Some procedures may be integrated during therapy. Therapists and counselors at Shatila camp may act as mediators in the process of unfolding PTG by encouraging active cognitive processing.

Implications and Limitations

Some limitations of our study need to be addressed. To start with, due to the pandemic and the circumstances of the country, the size of the sample wasn't large enough. Although the number of the adolescents was 60, the results of this study could not be generalized to all Palestinian adolescent refugees in different camps in Lebanon and the region. The environment and the circumstances in the camps are almost the same in different areas of Shatila

or in any other Palestinian camp in Lebanon; however, some external factors might affect the results of this study if it is to be conducted in another camp site. Moreover, the age group in this study was restricted to participants aging between 15 and 17, limiting the generalizability of the results in this study to this age group. Involving different age groups of adolescents could have resulted in different coping strategies; therefore, different PTG factors. In addition, the study mainly used correlational research with its possible limitation. It is recommended to redo the same study on a larger sample with a wider age range using experimental research.

APPENDIX A

LEC-5 Checklist

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you. Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Combat or exposure to a warzone (in the military or as a civilian)						
9. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
10. Life-threatening illness or injury						
11. Severe human suffering						
12. Sudden violent death (for example, homicide, suicide)						
13. Sudden accidental death						
14. Serious injury, harm, or death you caused to someone else						
15. pandemic. COVID- 19						
16. Any other very stressful event or experience						

• **تعليمات:** أدناه عدد من الأحداث التي قد تسببت بضغوطات نفسية لدى الأشخاص. لكلّ حادثة عدّة إجابات. أرجو الإجابة بوضع √ في الخانة المناسبة. الرجاء الأخذ بعين الاعتبار الأحداث السابقة خلال السنوات الماضية. مدة استكمال الأداة: لا تتراوح 20 دقيقة

الحدث	حدث معي	كنت شاهد عيان	تعلمتُ/ قرأتُ عنه	جزء من عملي	غير متأكد	.
1. كارثة طبيعية (مثلاً إعصار، بركان، زلزال، فيضان)						
2. حريق أو انفجار						
3. حادث مركبة (سيارة، قطار، طائرة، الخ)						
4. حادث مرّوع في العمل أو المنزل						
5. التّعرض لمواد ضارّة بالصّحة (أشعة، مواد كيميائية)						
6. إعتداء جسدي كالضرب						
7. إعتداء مسلّح						
8. خلافات مسلّحة/ حروب						
9. خطف/ حبس / سجين حرب						
10. مرض مزمن/ حادثة مهدّدة للصّحة						
11. تعذيب بشري مطّول						
12. حادثة إنهاء حياة مفاجئة (قتل/ إنتحار)						
13. حادث سيئ مفاجئ						
14. إعتداء تسببت به لشخص آخر						
15. الحجر الصحي						
16. حادث غير مذكور أعلاه سبب ضغط نفسي						

APPENDIX B

Ways of Coping Questionnaire

Instructions: Identify a stressful encounter that occurred recently, where it took place and what happened Next, read each item below and indicate, by using the following rating scale, to what extent you used it in the situation you have just described.

Not Used	Used Somewhat	Used Quite A Bit	Used a Great Deal
0	1	2	3

- ___ 1. Just concentrated on what I had to do next – the next step.
- ___ 2. I tried to analyze the problem in order to understand it better.
- ___ 3. Turned to work or substitute activity to take my mind off things.
- ___ 4. I felt that time would make a difference – the only thing to do was to wait.
- ___ 5. Bargained or compromised to get something positive from the situation.
- ___ 6. I did something which I didn't think would work, but at least I was doing something.
- ___ 7. Tried to get the person responsible to change his or her mind.
- ___ 8. Talked to someone to find out more about the situation.
- ___ 9. Criticized or lectured myself.
- ___ 10. Tried not to burn my bridges, but leave things open somewhat.
- ___ 11. Hoped a miracle would happen.
- ___ 12. Went along with fate; sometimes I just have bad luck.
- ___ 13. Went on as if nothing had happened.
- ___ 14. I tried to keep my feelings to myself.
- ___ 15. Slept more than usual.
- ___ 16. I expressed anger to the person(s) who caused the problem.
- ___ 17. Accepted sympathy and understanding from someone.
- ___ 18. I told myself things that helped me to feel better.
- ___ 19. I was inspired to do something creative.
- ___ 20. Tried to forget the whole thing.
- ___ 21. I got professional help.
- ___ 22. I waited to see what would happen before doing anything.
- ___ 23. I planned of action and followed it.
- ___ 24. I let my feelings out somehow.
- ___ 25. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.
- ___ 26. Found new faith.
- ___ 27. Maintained my pride and kept a stiff upper lip.
- ___ 28. Avoided being with people in general.
- ___ 29. I asked a relative or friend I respected for advice.
- ___ 30. Kept others from knowing how bad things were.
- ___ 31. Drew on my past experiences; I was in a similar situation before.

- ___ 32. I knew what had to be done, so I doubled my efforts to make things work.
- ___ 33. I made a promise to myself that things would be different next time.
- ___ 34. Accepted it since nothing could be done.
- ___ 35. I prayed.
- ___ 36. I went over in my mind what I would say or do.
- ___ 37. I tried to see things from the other person's point of view.
- ___ 38. I reminded myself how much worse things could be.
- ___ 39. I jogged or exercised.

Scoring: To determine the predominant methods you used for coping, calculate your total score for each of the subscales below. Do this by summing the item scores noted for each scale.

Scale 1: Confrontive Coping

Scale 1: Confrontive coping

- 7. Tried to get the person responsible to change his or her mind _____
- 16. I expressed anger to the person(s) who caused the problem _____
- 24. I let my feelings out somehow _____
- 6. I did something which I didn't think would work, but at least I was doing something

Total for Scale 1 _____

Scale 2: Distancing

- 3. Didn't let it get to me; refused to think too much about it _____
- 13. Went on as if nothing had happened _____
- 20. Tried to forget the whole thing _____
- 12. Went along with fate; sometimes I just have bad luck _____
- 30. Kept others from knowing how bad things were _____

Total for Scale 2 _____

Scale 3: Self-controlling

- 5. Bargained or compromised to get something positive from the situation. _____
- 14. I tried to keep my feelings to myself _____
- 10. Tried not to burn my bridges, but leave things open somewhat _____
- 27. Maintained my pride and kept a stiff upper lip. _____
- 18. I told myself things that helped me to feel better. _____

Total for Scale 3 _____

Scale 4: Seeking social support

- 8. Talked to someone to find out more about the situation _____
- 29. I asked a relative or friend I respected for advice _____
- 17. Accepted sympathy and understanding from someone _____
- 21. I got professional help _____
- Total for Scale 4 _____

Scale 5: Accepting responsibility

- 9. Criticized or lectured myself _____
- 4. I felt that time would make a difference – the only thing to do was to wait. _____
- 19. I was inspired to do something creative. _____
- 33. I made a promise to myself that things would be different next time _____
- 34. Accepted it since nothing could be done. _____
- Total for Scale 5 _____

Scale 6: Escape-Avoidance

- 11. Hoped a miracle would happen _____
- 22. I waited to see what would happen before doing anything. _____
- 25. Tried to make myself feel better by eating, drinking, smoking, using drugs or medication _____
- 28. Avoided being with people in general _____
- 39. I jogged or exercised. _____
- 15. Slept more than usual _____
- Total for Scale 6 _____

Scale 7: Planful problem-solving

- 32. I knew what had to be done, so I doubled my efforts to make things work _____
- 23. I had a plan of action and followed it _____
- 1. Just concentrated on what I had to do next – the next step _____
- 36. Changed something so things would turn out all right _____
- 31. Drew on my past experiences; I was in a similar situation before _____
- Total for Scale 7 _____

Scale 8: Positive reappraisal

- 2. I tried to analyze the problem in order to understand it better. _____
- 26. I waited to see what would happen before doing anything. _____
- 37. I tried to see things from the other person's point of view. _____
- 38. I reminded myself how much worse things could be. _____
- 35. I prayed _____
- Total for Scale 8 _____

➤ **تعليمات/** أرجو الإجابة بوضع دائرة حول الإجابة التي تلائم موافقتك أو عدم موافقتك مع هذه الجمل.

مدة استكمال الأداة: لا تتراوح 20 دقيقة

عندما تواجه (ي) المشاكل و الصعاب أستجيب كالتالي:

3	2	1	0
يستخدم بشكل كبير جداً أو في معظم الأوقات	يستخدم بشكل كبير نوعاً ما	يستخدم بشكل بسيط أو في بعض الوقت	لا ينطبق أو لا يستخدم

في السنة الأخيرة هكذا واجهت الضغوطات والتحديات

م	الفقرة	3	2	1	0
1.	ركزت فقط على ما أردت فعله بعد أو على الخطوة التالية	3	2	1	0
2.	حاولت تحليل المشكلة لكي أفهمها أكثر	3	2	1	0
3.	عملت شيئاً بديلاً كي لا أفكر في المشكلة	3	2	1	0
4.	أيقنت أن عامل الوقت هو الذي يصنع التغيير و أفضل شيء الانتظار	3	2	1	0
5.	ساومت لتسوية أفكاري إيجابياً للتغلب على المشكلة	3	2	1	0
6.	لقد قمت بشيء دون الإعتقاد بأنه سينجح، لكن على الأقل كنت أقوم بشيء	3	2	1	0
7.	حاولت تغيير رأي الشخص المعني	3	2	1	0
8.	تحدثت مع أشخاص آخرين للحصول على معلومات أكثر عن الوضع	3	2	1	0
9.	إنقذت نفسي	3	2	1	0
10.	حاولت أن لا أقفل الأبواب في وجهي بل أن أفسح المجال	3	2	1	0
11.	تمنيت حصول معجزة	3	2	1	0
12.	تعاشيت مع قدرتي لأن كان عندي حظ سيء في بعض الأحيان	3	2	1	0
13.	إستمررت وكان شيئاً لم يحدث	3	2	1	0
14.	حاولت الإحتفاظ بمشاعري لنفسي	3	2	1	0
15.	رقدت لفترة طويلة غير إعتيادية	3	2	1	0
16.	أظهرت إمتعاضي للشخص أو الأشخاص الذي/ الذين سبب/ سببوا المشكلة	3	2	1	0
17.	قبلت التعاطف والتفهم من الآخرين	3	2	1	0
18.	حاولت نفسي إيجابياً لأشعر أفضل	3	2	1	0
19.	عملت شيئاً مبدعاً فيما يتعلق بالمسألة	3	2	1	0
20.	حاولت نسيان كل ما يتعلق بالمسألة	3	2	1	0
21.	حصلت على مساعدة مهنية	3	2	1	0
22.	انتظرتُ امراً ليحصل قبل فعل اي شيء	3	2	1	0
23.	وضعت خطة عمل واتبعتها	3	2	1	0
24.	أطلقت العنان لمشاعري بطريقة ما	3	2	1	0
25.	حاولت جعل نفسي أشعر بالإرتياح من خلال الأكل والشرب والتدخين والأدوية	3	2	1	0
26.	فكرت بمعتقدات جديدة	3	2	1	0
27.	حافظتُ على كبريائي ولم أدع شيئاً يزعجني	3	2	1	0
28.	تجنبت بشكل عام أن أتواجد مع الناس	3	2	1	0
29.	طلبت النصيحة من شخص قريب أو صديق أحترمه	3	2	1	0
30.	حاولت ألا أعلم الآخرين كيف كانت الأشياء سيئة	3	2	1	0
31.	حاولت الاستفادة من خبراتي السابقة المشابهة	3	2	1	0
32.	عرفت ما يمكن عمله ولهذا ضاعفت جهدي لتفسير الأمور بالطريقة الصحيحة	3	2	1	0
33.	وعدت نفسي بأن الأشياء ستكون مختلفة في المرة القادمة	3	2	1	0
34.	تقبلت الحالة لأنه لا يمكن فعل شيء	3	2	1	0
35.	صليت	3	2	1	0
36.	فكرت بيني وبين نفسي فيما أود قوله أو فعله	3	2	1	0
37.	جزيتُ أن أنظر للأشياء بوجهة نظر مختلفة	3	2	1	0

3	2	1	0	الفقرة	م
3	2	1	0	ذكَرْتُ نَفْسِي أَنَّ الْأَشْيَاءَ مُمْكِنٌ أَنْ تَكُونَ أَسْوَأَ	38.
3	2	1	0	أَمْضَيْتُ وَقْتِي فِي التَّمَارِينِ الرِّيَاضِيَةِ	39.

من أجل معرفة الطريقة الأكثر استخدامًا في مواجهة التحديات والصعوبات، تُجمع نتائج النقاط لكل من الوسائل المستخدمة في المقاييس التالية

المقياس الأول: المواجهة

7. حاولتُ تغيير رأي الشخص المعني
 16. أظهرتُ إمتعاضي للشخص أو الأشخاص الذي/ الذين سبب/ سببوا المشكلة
 24. أطلقت العنان لمشاعري بطريقة ما
 6. لقد قمت بشيء دون الإعتقاد بأنه سينجح، لكن على الأقل كنت أقوم بشيء
- مجموع المقياس الأول: _____

المقياس الثاني: الانعزال

13. إستمررت وكان شيئاً لم يحدث
20. حاولت نسيان كل ما يتعلق بالمشكلة
12. تعابشت مع قدرتي لأن كان عندي حظ سيء في بعض الأحيان
30. حاولت ألا أعلم الآخرين كيف كانت الأشياء سيئة
3. عملت شيئاً بديلاً كي لا أفكر في المشكلة

مجموع المقياس الثاني: _____

المقياس الثالث: انضباط النفس

5. ساومتُ لتسوية أفكارى إيجابياً للتغلب على المشكلة
 14. حاولت الإحتفاظ بمشاعري لنفسى
 10. حاولت أن لا أقفل الأبواب في وجهي بل أن أفسح المجال
 18. حاورتُ نفسي إيجابياً لأشعر أفضل
 27. حافظتُ على كبريائي ولم أدع شيئاً يزعجني
- مجموع المقياس الثالث: _____

المقياس الرابع: طلب الدعم الاجتماعي

8. تحدثت مع أشخاص آخرين للحصول على معلومات أكثر عن الوضع
 29. طلبت النصيحة من شخص قريب أو صديق أحترمه
 17. قبلت التعاطف والتفهم من الآخرين
 21. حصلت على مساعدة مهنية
- مجموع المقياس الرابع: _____

المقياس الخامس: تحمّل المسؤولية

9. إنتقدت نفسي
 4. أيقنت أن عامل الوقت هو الذي يصنع التغيير و أفضل شيء الانتظار
 19. عملت شيئاً مبدعاً فيما يتعلق بالمشكلة
 33. وعدت نفسي بأن الأشياء ستكون مختلفة في المرة القادمة
 34. تقبلت الحالة لأنه لا يمكن فعل شيء
- مجموع المقياس الخامس: _____

المقياس السادس: محاولة التهرب

11. تمنيت حصول معجزة
25. حاولت جعل نفسي أشعر بالإرتياح من خلال الأكل والشرب والتدخين والأدوية
28. تجنبت بشكل عام أن أتواجد مع الناس
15. رقدت لفترة طويلة غير إعتيادية

22. انتظرتُ امرا ليحصل قبل فعل اي شيء
39. أمضيت وقتي في التمارين الرياضيّة
مجموع المقياس السادس:

المقياس السابع: إيجاد حلول للمشكلة

23. وضعت خطة عمل واتبعتها
1. ركزت فقط على ما أردت فعله بعد أو على الخطوة التالية
32. عرفت ما يمكن عمله ولهذا ضاعفت جهدي لتسير الأمور بالطريقة الصحيحة
32. عرفت ما يمكن عمله ولهذا ضاعفت جهدي لتسير الأمور بالطريقة الصحيحة
36. فكرت ببني وبين نفسي فيما أود قوله أو فعله
مجموع المقياس السابع:

المقياس الثامن: إعادة التقييم الإيجابي

2. حاولت تحليل المشكلة لكي أفهمها أكثر
35. صليت
37. جرّبتُ أن أنظر للأشياء بوجهة نظر مختلفة
38. ذكّرتُ نفسي أن الأشياء ممكن أن تكون أسوأ
26. انتظرتُ امرا ليحصل قبل فعل اي شيء
مجموع المقياس الثامن:

APPENDIX C

Posttraumatic Growth Inventory

Client Name: _____ Today's Date: _____

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale.

0 = I did not experience this change as a result of my crisis.

1 = I experienced this change to a very small degree as a result of my crisis. 2 = I experienced this change to a small degree as a result of my crisis.

3 = I experienced this change to a moderate degree as a result of my crisis. 4 = I experienced this change to a great degree as a result of my crisis.

5 = I experienced this change to a very great degree as a result of my crisis.

Possible Areas of Growth and Change	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things with my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						
16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						
18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						

Post Traumatic Growth Inventory Scoring

The Post Traumatic Growth Inventory (PTGI) is scored by adding all the responses. Individual factors are scored by adding responses to items on each factor. Factors are indicated by the Roman numerals after each item below. Items to which factors belong are not listed on the form administered to clients.

PTGI Factors

Factor I: Relating to Others

Factor II: New Possibilities

Factor III: Personal Strength

Factor IV: Spiritual Change

Factor V: Appreciation of Life

1. I changed my priorities about what is important in life. (V)
2. I have a greater appreciation for the value of my own life. (V)
3. I developed new interests. (II)
4. I have a greater feeling of self-reliance. (III)
5. I have a better understanding of spiritual matters. (IV)
6. I more clearly see that I can count on people in times of trouble. (I)
7. I established a new path for my life. (II)
8. I have a greater sense of closeness with others. (I)
9. I am more willing to express my emotions. (I)
10. I know better that I can handle difficulties. (III)
11. I am able to do better things with my life. (II)
12. I am better able to accept the way things work out. (III)
13. I can better appreciate each day. (V)
14. New opportunities are available which wouldn't have been otherwise. (II)
15. I have more compassion for others. (I)
16. I put more effort into my relationships. (I)
17. I am more likely to try to change things which need changing. (II)
18. I have a stronger religious faith. (N)
19. I discovered that I'm stronger than I thought I was. (III)
20. I learned a great deal about how wonderful people are. (I)
21. I better accept needing others. (I)

► **تعليمات/** أرجو الإجابة بوضع دائرة حول الإجابة التي تلائم موافقتك أو عدم موافقتك مع هذه الجملة.
مدة استكمال الأداة: لا تتراوح 20 دقيقة

عندما تواجه (ي) المشاكل و الصعاب أستجيب كالتالي:

3	2	1	0
يستخدم بشكل كبير جدا او في معظم الأوقات	يستخدم بشكل كبير نوعاً ما	يستخدم بشكل بسيط او في بعض الوقت	لا ينطبق او لا يستخدم

التغيرات التي حدثت في الأونة الأخيرة جرّاء الصعوبات و التّحديات التي واجهتها هي:

3	2	1	0	الفقرة	م
3	2	1	0	بدلتُ إهتماماتي في الحياة	1.
3	2	1	0	أصبح لدي قيمة أكبر لحياتي	2.
3	2	1	0	أصبح لدي إهتمامات جديدة	3.
3	2	1	0	أشعر بأهمية الإعتماد على النفس	4.
3	2	1	0	أصبح لدي صورة أوضح عن الأمور الروحية	5.
3	2	1	0	أدركتُ أنني أستطيع الإعتماد على الآخرين في أوقات المحن	6.
3	2	1	0	إعتمدتُ طريق جديد في حياتي	7.
3	2	1	0	تكوّن لدي شعور التقرب من الآخرين	8.
3	2	1	0	أصمّم على التعبير عن مشاعري	9.
3	2	1	0	أعلم جيّداً أنني أتمكّن من تحمّل الصعاب	10.
3	2	1	0	أستطيع أن أقوم بأشياء أفضل في حياتي	11.
3	2	1	0	أصبحتُ أتقبّل كيف تجري الأمور	12.
3	2	1	0	أقدر أيامي بشكل أفضل	13.
3	2	1	0	فرص جديدة متاحة ما كان من الممكن أن تكون موجودة	14.
3	2	1	0	لدي إهتمام أكثر بالآخرين	15.
3	2	1	0	أبذل جهد أكبر في علاقاتي	16.
3	2	1	0	أقدم على تغيير الأشياء التي هي بحاجة لتغيير	17.
3	2	1	0	لدي إيمان أقوى	18.
3	2	1	0	إكتشفتُ أنني أقوى ممّا تخيلتُ	19.
3	2	1	0	أدركتُ و تعلمتُ أنّ هنالك أشخاص رائعون	20.
3	2	1	0	أتقبّل فكرة أحتياج الآخرين	21.

كيفية قياس التغيرات

يتم قياس عوامل التغير من خلال جمع الأرقام الموجودة والتي تلي كل من التغيرات المذكورة أعلاه. عوامل التغير المذكورة بالأرقام الرومانية التي تلي كل من العناصر والبنود. هذه العوامل مذكورة في الطبعة التي سنُعطي للمشاركين.

عوامل التغير

- العامل الأول (I): الارتباط بالآخرين
- العامل الثاني (II): الفرص الجديدة
- العامل الثالث (III): النمو الشخصي
- العامل الرابع (IV): التغير الإيماني
- العامل الخامس (V): تقدير الحياة

1. بدلتُ إهتماماتي في الحياة (V)
2. أصبح لدي قيمة أكبر لحياتي (V)
3. أصبح لدي إهتمامات جديدة (II)
4. أشعر بأهمية الإعتماد على النفس (III)
5. أصبح لدي صورة أوضم عن الأمور الروحية (IV)
6. أدركتُ أنني أستطيع الإعتماد على الآخرين في أوقات المحن (I)
7. إعتمدتُ طريق جديد في حياتي (II)
8. تكوّن لدي شعور التقرب من الآخرين (I)
9. أصمّم على التعبير عن مشاعري (I)
10. أعلم جيّدًا أنني أتمكّن من تحمّل الصعاب (III)
11. أستطيع أن أقوم بأشياء أفضل في حياتي
12. أصبحتُ أتقبّل كيف تجري الأمور (III)
13. أقدر أيامي بشكل أفضل (V)
14. فرص جديدة متاحة ما كان من الممكن أن تكون موجودة (II)
15. لدي إهتمام أكثر بالآخرين (I)
16. أبذل جهد أكبر في علاقتي (I)
17. أقدم على تغيير الأشياء التي هي بحاجة لتغيير (II)
18. لدي إيمان أقوى (N)
19. إكتشفتُ أنني أقوى ممّا تخيلتُ (III)
20. أدركتُ و تعلمتُ أنّ هنالك أشخاص رائعون (I)
21. أتقبّل فكرة احتياج الآخرين (I)

APPENDIX D

American University of Beirut

Department of Education

Center Director Permission Letter

Study Title: Coping Strategies and Personal Growth: The Case of Palestinian Refugees in Shatila Camp, Lebanon

Researchers: Dr. Karma El Hasan and Miss Sara Al Beainy

Dear Center Director,

We are requesting your approval to participate in a research study under the Institutional Review Board (IRB) for human rights and regulations. We are asking permission to distribute a questionnaire to the adolescents who seek psychological support at the Center from the counselor/ psychologist. Participation is completely voluntary. Please read the information below and feel free to ask any questions you may have. We will contact students in person, using the direct approach.

A. Project Description

This research is being conducted with the goal of completing a Masters' thesis in Educational Psychology. The purpose of this study is to: (1) determine the prevalent coping strategies among the Palestinian adolescent refugees in Shatila camp, (2) identify the relation between utilizing coping strategies and adolescents' posttraumatic growth, (3) explore the predictors of posttraumatic growth among Palestinian adolescent refugees.

If you agree to have the study done at your Center and the consent is obtained, the researcher will use questionnaires with adolescent refugees who seek psychological support at the Center in Shatila camp. The expected number of participants is up to sixty adolescent refugees. The researcher will be sitting with a group of 5 to 6 parents in a big room leaving social distance. The researcher will explain the purpose of the study and ask them for their permission. If they agree to have their children participate in the study, the researcher will visit the Center in order to hand in the participation package to the adolescent participants will be grouped in a big hall room with social distance in order to fill in the questionnaires. Prior to that, the research team will provide the participants with masks if needed and with sanitizers and make sure all safety precautions are applied. The expected number of participants is up to sixty adolescents. Participants will be grouped in a big room with social distance and maintaining all

safety measures. The researcher will be present to guide the participants and explain for them the purpose of the study in order to seek their approval.

It is assured that all the data collected will be destroyed after 3 years of the study completion. The duration for completing each tool is as follows: 20 minutes, and the estimated time for the completion of this study in all is 6 months.

In case the adolescents can't make it to the Center, transportation to and from the Center will be provided. The researcher cooperating with the director of the Center will be providing secured transportation to your children who are willing to participate in the study taking into consideration all safety measures. Transportation will be provided to and back from the Center.

B. Risks and Benefits

The participation of the adolescents in this study does not involve any physical risk. The participants might face some emotional disruptions due to remembrance of events in order to fill the data collection tools. However, participants can seek guidance and psychological support from the Center's counselor/ psychologist. You have the right to withdraw your consent at any time for any reason. Your decision to withdraw will not involve any penalty or loss of benefits to which you are entitled. This will in no way affect your relationship with AUB. In addition, refusal to participate in the study will involve no penalties of any kind. Compensation is not to be contingent upon completion of the questionnaires.

The Center receives no direct benefits from participating in this research. However, the participation of the adolescent refugees in your Center will help participants identify coping strategies and choose the coping style in accordance with the level of stress caused by problematic events. Participation in the study will also help participants define posttraumatic growth and test their growth based on the coping strategies used. Moreover, it will help researchers, psychologists, and counselors better understand refugees utilized coping strategies and its relationship with their posttraumatic growth.

The adolescents will be informed prior their participation that they can withdraw from the study at any time they feel psychologically unstable, and they will be informed that they can consult the counselor/ Center's psychologist at any time of their choice. The researcher will inform the counselor at your Center who is already following up with the adolescents that they might be referred to them in case they fell that they should and

will also consider referral to a psychologist outside the camp for assistance and advice when needed.

C. Confidentiality

If you agree for your students who seek psychological guidance at the Center to participate, all information will be kept confidential. To secure the confidentiality of your students' responses, their names and other identifying information will never be attached to their answers. Data provided by the participants will not be shared by any other researcher, Center director, or counselor. All codes and data are kept in a locked drawer in a locker room or in a password protected computer that is kept secure by the principal investigator. Data access is limited to the Principal Investigator and researchers working directly on this project. All data will be destroyed responsibly after the required retention period which is at least three years. Your students' privacy will be maintained in all published and written data resulting from this study. Their names or other identifying information will not be used in our reports or published papers. A copy of the consent form will be kept with the Center director.

D. Contact Information

If you have any questions or concerns about the research you may contact the principal investigator Dr. Karma El Hassan at 01-350000 Ext. 3131/0 or by email: kelhasan@aub.edu.lb or Miss Sara Al Beainy at 70-930945 or by email: swa25@mail.aub.edu. If I feel that my questions have not been answered, I can contact the Institutional Review Board for human rights at 01-374374, Ext: 5445 or by email: irb@aub.edu.lb.

E. Participant rights

Participation in this study is voluntary. You are free to leave the study at any time without penalty. Your decision not to participate does not influence your relationship with AUB. A copy of this consent will be given to you. Transportation to and from the Center will be provided to those who can't make it to the Center. The researcher and the director of the Center will be figuring out transportation issues taking into consideration the safety measures of the pandemic.

F. Signing the Consent From

If you agree to grant us approval to administer the research at your Center, please sign below:

Director's name: _____

Consent of the Center Director: _____

Date: _____

Time: _____

Location: _____

Co-Investigator's Signature: _____

Principal Investigator:

Address:

Dr. Karma El Hassan
American University of Beirut
Department of Education
Associate Professor
Director of Office of Institutional Research and
Assessment
Beirut, Lebanon
Phone: 01-350000 [Ext. 3131/0](tel:01-350000)
Email: kelhasan@aub.edu.lb

Co-Investigator:

Address:

Ms. Sara Al Beainy
American University of Beirut
Department of Education
Beirut, Lebanon
Phone: 70930945
Email: swa25@mail.aub.edu

الجامعة الأمريكية في بيروت
قسم التربية
إذن موافقة مدير المركز
المقاربة المباشرة

عنوان الدراسة: "الإستراتيجيات المستخدمة لمواجهة الضغوطات النفسية جرّاء أحداث اضطرابية وكيفية علاقتها بالنمو النفسي والرّاحة النفسية: وضعية اللاجئيين الفلسطينيين في مخيم شاتيلا." إننا نرغب في الحصول على موافقتكم على المشاركة في الدراسة البحثية. إن المشاركة اختيارية تماما. رجاء إقرأ المعلومات الواردة أدناه ولا تتردد في طرح أي سؤال حولها.

أ. وصف المشروع

يجري هذا البحث بهدف استكمال أطروحة الماجستير في علم النفس التربوي. إنّ الغرض من هذه الدراسة هو: (1) تحديد استراتيجيات المواجهة التي يستخدمها اللاجئيين الفلسطينيين المراهقين في مخيم شاتيلا، لبنان؛ (2) تحديد مدى علاقة استخدام هذه الإستراتيجيات بالنمو النفسي جرّاء الأحداث الصادمة والضغوطات النفسية؛ (3) استكشاف عوامل تنبؤ النمو النفسي لدى اللاجئيين الفلسطينيين بعد استخدام الإستراتيجيات لمواجهة الضغوطات و الصدمات.

إذا تم الحصول على موافقتكم، سيوزّع الباحث الاستبيانات لولي أمر المراهقين بعد إبتدعائهم والحصول على موافقتهم. إن الباحث المشارك سوف يقوم بتعريف البحث وأهدافه. سوف يتواجد الأهل في قاعة المركز بمجموعة من 5 إلى 6 أشخاص. سيقوم الباحث المشارك بتوزيع الاستبيانات لهم للحصول على موافقتهم. عند الحصول على موافقة الأهل، سوف يجمع الباحث المراهقين في قاعة المركز بعد إبتدعائهم للحصول على موافقتهم للمشاركة في البحث بعد أخذ كل الإجراءات الوقائية والمسافات الأمانة لفيروس كورونا. سيوزّع على المشاركين قناعات الوجه و المعقم قبل دخول القاعة والمركز. بعد الحصول على موافقة المراهقين للمشاركة في البحث، سيكون الباحث موجوداً لتوجيه المراهقين ومساعدتهم في ملء الإستبيانات.

توزّع كل الأدوات المستخدمة في البحث للمرشدين التربويين والنفسيين لإضافة ، أو حذف، أو تعديل البنود لتتلاءم مع الثقافة الفلسطينية بشكل أفضل و خاصة الحياة في الملاجئ. لدى المشاركين كامل الحرية في رفض تسجيل أي من المعلومات الشخصية التي قد تسبب بضغط نفسي. يحق للمشاركين التوقف عن المشاركة في البحث في أي وقت يشاؤون.

يوزّع الباحث الإستهيبان الأول: يحدد المشاركون الأحداث التي سببت إضطرابات نفسية لدى المراهقين. تتوزّع أداة البحث على المشاركين باللّغة العربية. سوف يتم التخلص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال كل أداة سيكون على النحو التالي: ٢٠ دقيقة لكل أداة. سوف يقوم المشاركون بتعبئة الإستهيبانات في المركز. يتواجد الباحث المشترك للحفاظ على خصوصية المشاركين في البحث.

يقوم الباحث بتوزيع الإستهيبان الثاني: يحدد المشاركون الطرق التي تم إستخدامها من قبلهم عند مواجهة أحداث صادمة أو إضطرابات نفسية. تتوزّع الأداة على المشاركين باللّغة العربية. سوف يتم التخلص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال كل أداة سيكون على النحو التالي: ٢٠ دقيقة لكل أداة.

في الإستهيبان الثالث يقوم المشاركون بالإجابة عن الأسئلة والتي تعكس النمو على الصّعيد النفسي والشّخصي بعد مواجهة أحداث سببت إضطرابات نفسية. تتوزّع أداة البحث على المشاركين باللّغة العربية. سوف يتم التخلص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال كل أداة سيكون على النحو التالي: ٢٠ دقيقة لكل أداة.

العدد المتوقع للمشاركين والمشاركات هو ستون راشد وراشدة من عمر 15 إلى 17 من اللّاجئين الفلسطينيين في مخيم شاتيلا الذين يطلبون أو يتم استدراج أسمائهم على قائمة الأسماء للدّعم النفسي. لا يحق لمدير المركز إرغام أحد من المراهقين على المشاركة بالبحث.

تهدف الاستبيانات إلى جمع معطيات وصفية فقط والإجابة ستكون وصفية واستكشافية. الوقت المقدر للإنتهاء من هذه الدراسة هو 6 أشهر.

إنّ الباحث المشارك وبالإتفاق مع مدير المركز سيؤمن وسائل النقل للمشاركين في البحث وفي حال لا يستطيعون الوصول إلى المركز. عملية التّنقل من وإلى المركز ستكون قيد الإجراءات الوقائية اللّازمة لتأمين الحماية اللّازمة من فيروس كورونا.

سوف يقوم موظفو المركز بالإتفاق مع الباحث ومدير المركز بالتّدخل في حال حدوث أي

طارئ خلال عملية إستكمال البيانات. الأحداث قد تمون سوء فهم أو أي تصرفات لا تليق

بالمشاركين الآخرين الموجودين كتهديد أو ما شابه. في هذه الحالة سيقوم الموظفون بتأكيد حق

المشاركين في إبطال المشاركة دون أي تأثيرات على علاقتهم بمستشفى الجامعة الأمريكية والصرح العلمي. إذا وافقت على مشاركة المراهقين في مركز الأطفال والفتوة، ستحصل على نسخة موقعة من نموذج الموافقة هذا.

ب. المخاطر والفوائد

إن مشاركة اللاجئيين المراهقين في هذه الدراسة لا تشمل بأي من الأحوال التعرض لأي مخاطر جسدية أو شعورية تتجاوز مخاطر الحياة اليومية التي قد تعترض أي إنسان. لك كامل الحق في العودة عن موافقتك في أي وقت ولأي سبب كان. إن قرارك لن يعرضك لأي عقوبة أو خسارة لأي امتيازات أنت تستحقها. إن التوقف عن المشاركة في هذه الدراسة لن يؤثر على علاقتك بالجامعة الأمريكية في بيروت. كما أن رفض المشاركة من الأساس في هذه الدراسة لن يتضمن أي عقوبات من أي نوع ولن يؤثر على علاقة المركز بالجامعة الأمريكية.

لن تحصل على أي فوائد مباشرة جراء المشاركة في هذه الدراسة، لكن النتائج المتوقعة ستكون ذات فوائد نظرية وعملية. أولاً، من حيث الفائدة النظرية فإن هذه الدراسة ستقدم للباحثين معطيات تفسيرية ومبدئية كي يتم البدء بعملية بحث تفصيلية حول دراسة تصورات المراهقين اللاجئيين. من الممكن تعميم نتائج البحث. لا يجب أن يكون التعويض مشروطاً بملء الإستبيانات.

إنّ الباحث سوف يُعلم المراهقين المشاركين في البحث قبل بدء عملية البحث وجمع الإستبيانات أنّ لهم كامل الحق في إبطال، رفض، أو التوقف عن المشاركة في أيّ وقت يشاؤون فيه أو في حال حصول أي إضطرابات نفسية جراء المشاركة. كما أنّ الباحث سوف يُعلم المرشدين النفسيين في المركز الذين يتابعون مع المراهقين عن احتمال لجوء المراهقين إليهم. بالإضافة إلى ذلك، إنّ الباحث سيخبر المراهقين بأنّهم سيتابعون مع المرشد من دون توجيه الباحث أو تحديده للإضطرابات المفاجئة حفاظاً على خصوصيتهم والسريّة. سيلجأ الباحث لمرشد نفسي أو طبيب نفسي من خارج المركز والمخيم في حال إضطر الأمر إلى ذلك لطلب النصائح والتوجيهات.

ج- السرية

في حال وافقت على المشاركة في هذه الدراسة، فإن جميع المعلومات ستبقى قيد الكتمان. سيتم مراجعة الإجابة ومراقبتها من التفريط بالسرية. لن يتم إرفاق أسماء المشاركين بإجاباتهم. سيتم الاحتفاظ بنسخة من استمارة الموافقة مع المرشد النفسي

والتربوي في المركز وكذلك مع إدارة المركز. سيكون الاطلاع على البيانات حكرًا على الباحث الرئيسي والباحث الثانوي العاملين على هذه الدراسة. سيتم تخزين البيانات مع الباحث الرئيسي في درج مقفل بالإضافة إلى تخزين البيانات الإلكترونية على جهاز كمبيوتر مع كلمة المرور. سيتم تلف المعلومات المتعلقة بوسائل الاتصال بالمشاركين بعد ثلاث سنوات على الأقل من إنتهاء البحث.

د. وسائل التواصل

1. في حال كنتم تودون طرح أي سؤال أو استفسار حول الدراسة، يمكنكم التواصل مع الدكتورة كريمة الحسن على رقم الهاتف 01-350000 مقسم: 3131/0 أو على البريد الإلكتروني: kelhasan@aub.edu.lb أو يمكنكم التواصل مع الباحثة المشاركة الأنسة سارة البعيني على رقم 70/930945 أو عبر البريد الإلكتروني: swa25@mail.aub.edu

2. في حال شعرتم أن أيا من أسئلتكم لم يتم الإجابة عنها، أو في حال كان هناك أي استفسار أو شكوى حول حقوقكم كمشاركين في هذه الدراسة، فبإمكانكم التواصل مع المسؤول في الجامعة الأمريكية: في مجلس مراجعة دراسات العلوم الانسانية والسلوكية على رقم 01-350000 مقسم: 5445 أو عبر البريد الإلكتروني: irb@mail.aub.edu.

هـ. حقوق المشارك

المشاركة في هذه الدراسة طوعية. لك كامل الحرية في أن تتوقف عن المشاركة في هذه الدراسة في أي وقت من دون التعرض لأي عقوبة. إن قرارك في عدم المشاركة لن يؤثر بأي حال من الأحوال على علاقتك بالجامعة الأمريكية في بيروت. ستحصل على نسخة الموافقة على المشاركة هذه. إن كيفية التنقل من وإلى المركز سوف تكون على عاتق الباحث المشارك بمساعدة مدير المركز لأخذ الإحتياطات اللازمة لتجنب أي خطورة تتعلق بأزمة كورونا.

توقيع نموذج الموافقة

إذا وافقت على السماح للراشدين في المركز المشاركة في هذه الدراسة. رجاء قم بالتوقيع أدناه

..... موافقة المدير
..... التاريخ
..... الوقت
..... المكان

توقيع الباحث
المشارك

الباحث الرئيسي : الدكتور كرمة الحسن

العنوان: الجامعة الأمريكية في بيروت

مكتب البحث والتقييم المؤسسي

أستاذة مشاركة في علم التقييم التربوي والأبحاث

هاتف: (01) 35000 مقسم : 3131/0

البريد الإلكتروني kelhasan@aub.edu.lb

الباحثة المشاركة: سارة البعيني

العنوان : الجامعة الأمريكية في بيروت

قسم التربية

بيروت – لبنان

هاتف: 70-930945

البريد الإلكتروني: swa25@mail.aub.edu

APPENDIX E

American University of Beirut

Department of Education

Parental Permission Letter

Study Title: Coping Strategies and Personal Growth: The Case of Palestinian Refugees in Shatila Camp, Lebanon

Researchers: Dr. Karma El Hasan and Miss Sara Al Beainy

Dear parents/ guardians,

We are requesting your approval for your child to participate in a research study under the Institutional Review Board (IRB) for human rights and regulations. We are asking permission to distribute a questionnaire to the adolescents who seek psychological support at the Center from the counselor/ psychologist. Participation is completely voluntary. Please read the information below and feel free to ask any questions you may have. We will contact students in person, using the direct approach.

A. Project Description

This research is being conducted with the goal of completing a Masters' thesis in Educational Psychology. The purpose of this study is to: (1) determine the prevalent coping strategies among the Palestinian adolescent refugees in Shatila camp, (2) identify the relation between utilizing coping strategies and adolescent's posttraumatic growth, (3) explore the predictors of posttraumatic growth among Palestinian adolescent refugees.

You are invited to the Center and will be sitting in groups of 5 to 6 in a big room leaving social distance. The researcher will explain the purpose of the study and ask for your permission. If you agree to have your children participate in the study, the researcher will visit the Center in order to hand in the participation package to the adolescent participants, as they will be grouped in a big hall room with social distance in order to fill in the questionnaires. In case your children can't make it to the Center, transportation to and from the Center will be provided. Transportation will be reimbursed to participants to come and pick the packages, when they show up for data collection, and whenever needed. The researcher cooperating with the director of the Center will be providing secured transportation to your child if they are willing to participate in the study taking into consideration all safety measures. Transportation will be provided to and back from the Center.

Prior their participation, the research team will provide your children with masks if needed and with sanitizers and make sure all safety precautions are applied. The expected number of participants is up to sixty adolescents. It is assured that all the data collected will be destroyed after 3 years of the study completion.

Participants will be grouped in a big room with social distance and maintaining all safety measures. The researcher will be present to guide the participants and explain for them the purpose of the study in order to seek their approval. Adolescents who decide to be part of this study will be asked to fill three tools in order to collect data. The first tool is a checklist of stressful events that participants might have faced or experienced. The second tool is a questionnaire to measure and identify the coping strategies used by the participants. Participants will fill in the questionnaire based on the incidents they had and the ways of coping they have utilized. At last, participants will fill-in a questionnaire that reflects the psychological growth and wellbeing they have reached after facing a stressful event and used any of the coping strategies. Compensation is not to be contingent upon completion of the questionnaires.

Participants will be informed by the researcher prior their participation that they can withdraw from the study at any time they feel psychologically unstable or for any other reason. Their decision to withdraw will not involve any penalty or loss of benefits to which they are entitled. This will in no way affect their relationship with AUB. In addition, refusal or withdrawal from the study will involve no loss of benefits to which they are otherwise entitled, nor will it affect their relationship with AUB/AUBMC or the Center. They will be informed that they can consult the counselor/ Center's psychologist at any time of their choice. The researcher will inform the counselor at the Center who is already following up with your children that they might be referred to them in case they feel that they should. At this stage, they are capable to identify any psychological interruptions without the researcher's interference in order to assure your children's privacy. The researcher will also consider referral to a psychologist outside the camp for assistance and advice when needed.

The duration for completing each tool is as follows: 20 minutes, and the estimated time for the completion of this study in all is 6 months. Your child has the right to withdraw your consent at any time for any reason.

B. Risks and Benefits

The participation of the adolescents in this study does not involve any physical risk. The participants might face some emotional disruptions due to remembrance of events in order to fill the data collection tools. However, participants can seek guidance and psychological support from the Center's counselor/ psychologist.

There are no direct benefits from participating in this research. However, the participation of your adolescent children Center will help them identify coping strategies and choose the coping style in accordance with the level of stress caused by problematic events. Participation in the study will also help your children define posttraumatic growth and test their growth based on the coping strategies used. Moreover, it will help researchers, psychologists, and counselors better understand refugees utilized coping strategies and its relationship with their posttraumatic growth. Your child will receive a stationary. The stationary includes a notebook to write down their notes and their daily experiences, as well as stressors faced. They can write down how they are managing to cope with stress after they participate in the study.

C. Confidentiality

If you agree for your child who seeks psychological guidance at the Center to participate, all information will be kept confidential. To secure the confidentiality of your children's responses, their names and other identifying information will never be attached to their answers. Data provided by the participants will not be shared by any other researcher, Center director, or counselor. All codes and data are kept in a locked drawer in a locker room or in a password protected computer that is kept secure by the principal investigator. Data access is limited to the Principal Investigator and researchers working directly on this project. Data will be monitored and may be audited by the IRB while assuring confidentiality. All data will be destroyed responsibly after the required retention period which is at least three years. Your adolescent's privacy will be maintained in all published and written data resulting from this study. Their names or other identifying information will not be used in our reports or published papers. A copy of the consent form will be kept with you: the parents.

D. Contact Information

If you have any questions or concerns about the research you may contact the principal investigator Dr. Karma El Hassan at 01-350000 Ext. 3131/0 or by email:

kelhasan@aub.edu.lb or Miss Sara Al Beainy at 70-930945 or by email:

swa25@mail.aub.edu. If you feel that my questions have not been answered, you can contact the Institutional Review Board for human rights at 01-374374, Ext: 5445 or by email: irb@aub.edu.lb.

E. Participant rights

Participation in this study is voluntary. Your adolescent is free to leave the study at any time without penalty. Their refusal to participate or withdrawal from the study will involve no loss of benefits to which they are otherwise entitled, nor will it affect your relationship with AUB/AUBMC or the Center. A copy of this consent will be given to you.

Your adolescent will be informed prior their participation that they can withdraw from the study at any time they feel psychologically unstable, and they will be informed that they can consult the counselor/ Center's psychologist at any time of their choice. The researcher will inform the counselor at the Center who is already following up with the adolescents that they might be referred to them in case they felt that they should and will also consider referral to a psychologist outside the camp for assistance and advice when needed.

F. Signing the Consent From

If you agree to grant us approval to administer the questionnaire to your child, please sign below:

Parent's/ Guardian's name: _____

Consent of the parent/ guardian: _____

Date: _____

Time: _____

Location: _____

Co-Investigator's Signature: _____

Principal Investigator:

Address:

Dr. Karma El Hassan

American University of Beirut

Department of Education

Associate Professor

Director of Office of Institutional Research and Assessment

Beirut, Lebanon

Phone: 01-350000 Ext. 3131/0

Email: kelhasan@aub.edu.lb

Co-Investigator:
Address:

Ms. Sara Al Beainy
American University of Beirut
Department of Education
Beirut, Lebanon
Phone: 70930945
Email: swa25@mail.aub.edu

الجامعة الأمريكية في بيروت
قسم التربية
إذن موافقة ولي أمر المشارك/ة

عنوان الدراسة: "الإستراتيجيات المستخدمة لمواجهة الضغوطات النفسية جرّاء أحداث اضطرابية وكيفية علاقتها بالنمو النفسي والرّاحة النفسية: وضعية اللاّجئين الفلسطينيين في مخيم شاتيلا." "إننا نرغب في الحصول على موافقتكم لمشاركة ولدكم في الدراسة البحثية. إن المشاركة اختيارية تماما. رجاء إقرأ المعلومات الواردة أدناه ولا تتردد في طرح أي سؤال حولها.
ب. وصف المشروع

يجري هذا البحث بهدف استكمال أطروحة الماجستير في علم النفس التربوي. إنّ الغرض من هذه الدراسة هو: (1) تحديد استراتيجيات المواجهة التي يستخدمها اللاّجئون الفلسطينيون الرّاشدون في مخيم شاتيلا، لبنان؛ (2) تحديد مدى علاقة إستخدام هذه الإستراتيجيات بالنمو النفسي جرّاء الأحداث الصادمة والضغوطات النفسية؛ (3) استكشاف عوامل تنبؤ النمو النفسي لدى اللاّجئين الفلسطينيين بعد استخدام الإستراتيجيات لمواجهة الضغوطات و الصّدّات.

لقد تمّت دعوتكم إلى المركز بهدف طلب موافقتكم على البحث. إن الباحث المشارك سوف يقوم بتعريف البحث وأهدافه لمجموعة من الأهل. سوف يتواجد الأهل في قاعة المركز بمجموعة من ٥ إلى ٦ أشخاص. إذا تم الحصول على موافقتكم لمشاركة أبنائكم في البحث، سيقوم الباحث المشارك بتوزيع الاستبيانات لأبنائكم المراهقين بعد الحصول على موافقتهم. سوف يجمع الباحث أبنائكم في قاعة المركز بعد أخذ كل الإجراءات الوقائية لفيروس كورونا. سيوزّع على أبنائكم قناعات الوجه و المعقم قبل دخول القاعة والمركز. سيكون الباحث موجودًا لتوجيه المراهقين ومساعدتهم في ملء الإستبيانات.

لدى أبنائكم المشاركين كامل الحرية في رفض تسجيل أي من المعلومات الشخصية التي قد تسبب بضغط نفسي. يحق لهم بالتوقف عن المشاركة في البحث في أي وقت يشاؤون.

يوزّع الباحث الإستبيان الأول: يحدد المشاركون الأحداث التي سببت إضطرابات نفسية لدى المراهقين. تتوزّع أداة البحث على المشاركين باللّغة العربية. سوف يتم التخلص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال هذه الأداة سيكون على النحو التالي: ٢٠

دقيقة. سوف يقوم المشاركون بتعبئة الاستبيانات في مكتب المرشد النفسي أو التربوي. يتواجد الباحث المشترك للحفاظ على خصوصية المشاركين في البحث.

يقوم الباحث بتوزيع الاستبيان الثاني: يحدد المشاركون الطرق التي تم استخدامها من قبلهم عند مواجهة أحداث صادمة أو اضطرابات نفسية. تتوزع الأداة على المشاركين باللغتين العربية. سوف يتم التخلص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال هذه الأداة سيكون على النحو التالي: ٢٠ دقيقة.

في الاستبيان الثالث يقوم المشاركون بالإجابة عن الأسئلة والتي تعكس النمو على الصعيد النفسي والشخصي بعد مواجهة أحداث سببت اضطرابات نفسية. تتوزع أداة البحث على المشاركين باللغتين العربية. سوف يتم التخلص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال هذه الأداة سيكون على النحو التالي: ٢٠ دقيقة.

العدد المتوقع للمشاركين والمشاركات هو ستون راشد وراشدة من عمر 15 إلى 17 من اللاجئيين الفلسطينيين في مخيم شاتيلا الذين يطلبون أو يتم استدراج أسمائهم على قائمة الأسماء للدعم النفسي. لا يحق لمدير المركز إرغام أحد من المراهقين على المشاركة بالبحث.

تهدف الاستبيانات إلى جمع معطيات وصفية فقط والإجابة ستكون وصفية واستكشافية. الوقت المقدر للإنتهاء من هذه الدراسة هو 6 أشهر.

إذا وافقت على مشاركة أبنائكم في مركز الأطفال والفتوة، ستحصل على نسخة موقعة من نموذج الموافقة هذا.

إنّ الباحث المشارك وبالإتفاق مع مدير المركز سيؤمن وسائل النقل لأبنائكم الذين يودون المشاركة في البحث وفي حال لا يستطيعون الوصول إلى المركز. عملية التّنقل من وإلى المركز ستكون قيد الإجراءات الوقائية اللازمة لتأمين الحماية اللازمة من فيروس كورونا.

ت. المخاطر والفوائد

إن مشاركة اللاجئيين المراهقين في هذه الدراسة لا تشمل بأي من الأحوال التعرض لأي مخاطر جسدية أو شعورية تتجاوز مخاطر الحياة اليومية التي قد تعترض أي إنسان. لك كامل الحق في العودة عن موافقتك في أي وقت ولأي سبب كان. إن قرارك لن يعرضك لأي عقوبة أو خسارة لأي امتيازات أنت تستحقها. إن التوقف عن

المشاركة في هذه الدراسة لن يؤثر على علاقتكم بالجامعة الأمريكية في بيروت. كما أن رفض المشاركة من الأساس في هذه الدراسة لن يتضمن أي عقوبات من أي نوع ولن يؤثر على علاقتكم أو على علاقة أبنائكم بالجامعة الأمريكية أو بالحرم الجامعي. لا يجب أن يكون التعويض مشروطاً بملء الإستيبيانات.

لن تحصلوا على أي فوائد مباشرة جراء مشاركة أبنائكم في هذه الدراسة، كما وأن أبنائكم لن يحصلوا على أي فوائد أيضاً. لكن النتائج المتوقعة ستكون ذات فوائد نظرية وعملية. أولاً، من حيث الفائدة النظرية فإنّ هذه الدراسة ستقدم للباحثين معطيات تفسيرية ومبدئية كي يتم البدء بعملية بحث تفصيلية حول دراسة تصورات المراهقين اللّاجئين. من الممكن تعميم نتائج البحث.

سوف تحصل/ يحصل ابنكم/ ابنكم على دفتر ملاحظات صغير لتدوين ملاحظاتها/ ملاحظاته اليومية و التجارب اليومية التي يمرون بها. إضافةً الى ذلك، يمكنهم تدوين العوامل التي تسبب الإضرابات النفسية التي يواجهونها والطرق التي سيستخدمونها عند انتهاء البحث لمعالجة الأزمات النفسية. إنّ الباحث سوف يُعلم

أبنائكم المراهقين المشاركين في البحث قبل بدء عملية البحث وجمع الإستيبيانات أنّ لهم كامل الحق في إبطال، رفض، أو التوقف عن المشاركة في أي وقت يشاؤون فيه أو في حال حصول أي إضرابات نفسية جراء المشاركة. كما أنّ الباحث سوف يُعلم المرشدين النفسيين في المركز الذين يتابعون مع أبنائكم عن احتمال لجوء المراهقين إليهم. بالإضافة إلى ذلك، إنّ الباحث سيخبر المراهقين بأنهم سيتابعون مع المرشد من دون توجيه الباحث أو تحديده للإضرابات المفاجئة حفاظاً على خصوصية المراهقين والسريّة. سيلجأ الباحث لمرشد نفسي أو طبيب نفسي من خارج المركز والمخيم في حال إضرط الأمر إلى ذلك لطلب النصائح والتوجيهات.

ج- السرية

في حال وافقت على مشاركة ولدكم في هذه الدراسة، فإن جميع المعلومات ستبقى قيد الكتمان. سيتم الإستطلاع على البيانات و التّدقيق بها من قبل مركز البحوث في الجامعة الأمريكية من دون التفريط بالسرية.

لن يتم إرفاق أسماء المشاركين بإجاباتهم. سيكون الاطلاع على البيانات حكراً على الباحث الرئيسي والباحث الثانوي العاملين على هذه الدراسة. سيتم تخزين البيانات مع

الباحث الرئيسي في درج مقفل بالإضافة إلى تخزين البيانات الإلكترونية على جهاز كمبيوتر مع كلمة المرور. سيتم تلف المعلومات المتعلقة بوسائل الاتصال بالمشاركين بعد ثلاث سنوات على الأقل من إنتهاء البحث. سوف تحصلون على نسخة من هذا النموذج.

د. وسائل التواصل

3. في حال كنتم تودون طرح أي سؤال أو استفسار حول الدراسة، يمكنكم التواصل مع الدكتورة كريمة الحسن على رقم الهاتف 01-350000 مقسم: 3131/0 أو على البريد الإلكتروني: kelhasan@aub.edu.lb أو يمكنكم التواصل مع الباحثة المشاركة الأنسة سارة البعيني على رقم 70/930945 أو عبر البريد الإلكتروني: swa25@mail.aub.edu

4. في حال شعرتم أن أيًا من أسئلتكم لم يتم الإجابة عنها، أو في حال كان هناك أي استفسار أو شكوى حول حقوق مشاركة أبنائكم في هذه الدراسة، فبإمكانكم التواصل مع المسؤول في الجامعة الأمريكية: في مجلس مراجعة دراسات العلوم الانسانية والسلوكية على رقم 01-350000 مقسم: 5445 أو عبر البريد الإلكتروني: irb@mail.aub.edu.

هـ. حقوق المشارك

المشاركة في هذه الدراسة طوعية. لأبنائكم كامل الحرية في ابطال او رفض المشاركة في هذه الدراسة في أي وقت من دون التعرض لأي عقوبة. إنَّ قرارهم في عدم مشاركة أبنائكم لن يؤثر بأي حال من الأحوال على علاقتكم أو علاقتهم بمستشفى الجامعة الأمريكية في بيروت أو بالحرم التربوي. ستحصلون على نسخة الموافقة على المشاركة هذه.

توقيع نموذج الموافقة
إذا وافقتم على السماح لولدكم المشاركة في هذه الدراسة. رجاء قم بالتوقيع أدناه

موافقة ولي الأمر
التاريخ
الوقت
المكان

توقيع الباحث
المشارك

الباحث الرئيسي : الدكتور كرمة الحسن

العنوان: الجامعة الأمريكية في بيروت

مكتب البحث والتقييم المؤسسي

أستاذة مشاركة في علم التقييم التربوي والأبحاث

هاتف: (01) 35000 مقسم : 3131/0

البريد الإلكتروني kelhasan@aub.edu.lb

الباحثة المشاركة: سارة البعيني

العنوان : الجامعة الأمريكية في بيروت

قسم التربية

بيروت – لبنان

هاتف: 70-930945

البريد الإلكتروني: swa25@mail.aub.edu

APPENDIX F

SBS Child Assent Form Template

AUB Social & Behavioral Sciences Assent to Participate in Research

Study Title: Coping Strategies and Personal Growth: The Case of Palestinian Refugees in Shatila Camp, Lebanon

Researcher: Sara Al Beainy

Sponsor: None

You are being asked to be in a research study. Studies are done to find better ways to treat people or to better understand how kids think about things or how kids and adults may behave at different times.

This form will tell you about the study to help you decide whether or not you want to participate.

You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.

It is okay to say “No” if you don’t want to be in the study. If you say “Yes” you can change your mind and quit being in the study at any time without getting in trouble.

If you decide you want to be in the study, an adult (usually a parent) will also need to give permission for you to be in the study.

The expected number of adolescents to be recruited in this study is 60.

What is this study about?

The study reflects the situation of Palestinian adolescents in Shatila camp, in Lebanon. It tackles the fact that these adolescents face a lot of stress in their everyday life. The stress factors could vary according to each one’s case and the way they perceive the stressful events and react upon them. Moreover, people cope differently to stress. There are different coping strategies that individuals use to overcome stress. Personal growth after being exposed to stressful events will be measured as well. This growth impacts and reflects the psychological wellbeing of adolescents.

You are asked to visit the Center in order to seek your approval to participate in a research study after obtaining your parents’ agreement. The researcher will explain the purpose of the study and ask for your permission. If you agree to participate in the study, the researcher hand in the participation package to you after being grouped in a big hall room with social distance in order to fill in the questionnaires. Prior to that, the research team will provide you with masks if needed and with sanitizers and make sure all safety precautions are applied. The expected number of participants in this study is up to sixty adolescents. It is assured that all the data collected will be destroyed after 3 years of the study completion. The researcher will be present to guide you through data collection process.

In case you can’t make it to the Center, transportation to and from the Center will be provided. The researcher cooperating with the director of the Center will be providing secured transportation to you if you are willing to participate in the study taking into consideration all safety measures. Transportation will be provided to and back from the Center.

The duration for completing each tool is as follows: 20 minutes, and the estimated time for the completion of this study in all is 6 months.

What will I need to do if I am in this study?

Adolescents who decide to be part of this study will be asked to fill three tools in order to collect data. The first tool is a checklist of stressful events that participants might have faced or experienced. The second tool is a questionnaire to measure and identify the coping strategies used by the participants. Participants will fill in the questionnaire based on the incidents they had and the ways of coping they have utilized. At last, participants will fill-in a questionnaire that reflects the psychological growth and wellbeing they have reached after facing a stressful event and used any of the coping strategies.

In case you can't make it to the Center, transportation to and from the Center will be provided. The researcher cooperating with the director of the Center will be providing secured transportation to you if you are willing to participate in the study taking into consideration all safety measures. Transportation will be provided to and back from the Center.

How long will I be in the study?

The three questionnaires could be filled in one session. The researcher will be present to guide you and help you in answering any of the questions. No extra sessions are required to continue the data collection. Each of the questionnaires will take 20 minutes to be filled.

Can I stop being in the study?

You may stop being in the study at any time and dismiss the session. Refusal or withdrawal from the study will involve no loss of benefits to which you are otherwise entitled, nor will it affect your relationship with AUB/AUBMC or the Center.

You will be informed by the researcher prior your participation that you can withdraw from the study at any time you feel psychologically unstable. This will not affect your future relationship with AUB. You will be informed that you can consult the counselor/Center's psychologist at any time of your choice. The researcher will inform the counselor at the Center who is already following up with the you that you might be referred to them in case you feel that you should. At this stage, you are capable to identify any psychological interruptions without the researcher's interference. The researcher will also consider referral to a psychologist outside the camp for assistance and advice when needed.

Staff at the Center will be asked to intervene to help any of the adolescents if needed. Interventions will be urgent if any of the participants had to fight with one another, get engaged in improper acts, had a bad attitude, threatened others, or decided to withdraw from the study. In this case the staff member will be intervening to assure that it is their right to withdraw from the study at any time they feel they want to.

What bad things might happen to me if I am in the study?

The idea of remembering the stressful events in order to fill the checklist might cause some stress. In this case, you are free to quit the study or continue filling the questionnaires and seek the assistance from the therapist/ counselor at the Center.

What good things might happen to me if I am in the study?

There is no materialistic benefit as a result of participating in the study. However, after identifying the coping strategies, participants will recognize the different strategies and have the chance to use them when they face future stressful events.

Will I be given anything for being in this study?

The benefit could be at the psychological level, as you are going to be introduced to skills or strategies that help you cope future stress. No compensation will be provided upon completion of the questionnaires. Compensation is not to be contingent upon completion of the questionnaires. You will receive a stationary. The stationary includes a notebook to write down your notes and your daily experiences, as well as stressors faced. You can write down how you are managing to cope with stress after you participate in the study.

Confidentiality

If you agree to participate, all information will be kept confidential. To secure the confidentiality of your responses, your name and other identifying information will never be attached to your answers. Data provided by the adolescent will not be shared by any adolescent or the director of the Center. All codes and data are kept in a locked drawer in a locker room or in a password protected computer that is kept secure by the principal investigator. Data access is limited to the Principal Investigator and researchers working directly on this project. All data will be destroyed responsibly after the required retention period which is at least three years. Your privacy will be maintained in all published and written data resulting from this study. Your name or other identifying information will not be used in our reports or published papers. Data will be monitored and may be audited by the IRB while assuring confidentiality.

Who can I talk to about the study?

If you have any questions or concerns about the research you may contact the principal investigator: Dr. Karma El Hassan at 01-350000 Ext. 3131/0 or by email: kelhasan@aub.edu.lb or you can contact Miss Sara Al Beainy at 70-930945 or by email: swa25@mail.aub.edu. If I feel that my questions have not been answered, I can contact the Institutional Review Board for human rights at 01-374374, Ext: 5445 or by email: irb@aub.edu.lb.

I have read (or someone has read to me) and understood this form. I have had a chance to ask questions before making up my mind. I agree to participate in this research study.

Signature or printed name of subject

Date and time AM/PM

Investigator/Research Staff

I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Co- investigator Signature _____

Principal Investigator: **Dr. Karma El Hassan**

Address: **American University of Beirut**
Department of Education
Associate Professor
Director of Office of Institutional Research and
Assessment
Beirut, Lebanon
Phone: 01-350000 **Ext.** 3131/0
Email: kelhasan@aub.edu.lb

Co-Investigator: **Ms. Sara Al Beainy**

Address: **American University of Beirut**
Department of Education
Beirut, Lebanon
Phone: 70930945
Email: swa25@mail.aub.edu

الجامعة الأمريكية في بيروت
قسم التربية
إذن موافقة المشاركة في البحث

عنوان الدراسة: "الإستراتيجيات المستخدمة لمواجهة الضغوطات النفسية جرّاء أحداث اضطرابية وكيفية علاقتها بالنمو النفسي والرّاحة النفسية: وضعية اللاجئين الفلسطينيين في مخيم شاتيلا. "

اسم الباحث: سارة البعيني

- إننا نرغب في الحصول على موافقتكم على المشاركة في الدراسة البحثية. إن المشاركة اختيارية تماما. رجاء إقرأ المعلومات الواردة أدناه ولا تتردد في طرح أي سؤال حولها.
- يتم طلب الموافقة منكم على المشاركة في البحث. إنّ الهدف من الأبحاث هو إيجاد طرق أفضل للمعاملة مع الناس و لفهم بشكل أفضل طريقة تفكير المراهقين وكيفية تعاملهم مع الأحداث التي تسبب اضطرابات نفسية
- هذا النموذج يفسر البحث ويساعدك لتقرر إذا ما كنت ترغب في المشاركة في البحث.
- يمكنكم طرح أي أسئلة قبل أن تقرر. يمكنكم مشاركة موضوع البحث مع أي فرد من العائلة أو الأصدقاء قبل إتخاذ القرار بالمشاركة في البحث.
- يحق لكم الرفض في حال لا تريد/ي المشاركة في البحث. في حال وافقت على المشاركة، يحق لكم إبطال المشاركة والموافقة في أي وقت كان. وهذا القرار لا يؤدي إلى أي مشاكل.
- العدد المتوقع للمشاركين والمشاركات هو ستون راشد/ة من أولئك الذين يستفيدون من خدمات المركز وأولئك الذين استفادوا في السابق. لا يحق لمدير المركز إرغام أي من المراهقين على المشاركة بالبحث.

ما هو موضوع البحث؟

يجري هذا البحث بهدف استكمال أطروحة الماجستير في علم النفس التربوي. إنَّ الغرض من هذه الدراسة هو: (1) تحديد استراتيجيات المواجهة التي يستخدمها اللاجئون الفلسطينيون في مخيم شاتيلا، لبنان؛ (2) تحديد مدى علاقة استخدام هذه الإستراتيجيات بالنمو النفسي جراء الأحداث الصادمة والضغوطات النفسية؛ (3) استكشاف عوامل تنبؤ النمو النفسي لدى اللاجئين الفلسطينيين بعد استخدام الإستراتيجيات لمواجهة الضغوطات و الصدمات.

لقد تمّت دعوتكم إلى المركز بهدف طلب موافقتكم على البحث بعد الحصول على موافقة ولي الأمر. إن الباحث المشارك سوف يقوم بتعريف البحث وأهدافه. سوف يتواجد الأهل في قاعة المركز بمجموعة من ٥ إلى ٦ أشخاص. سيقوم الباحث المشارك بتوزيع الاستبيانات لكم بعد الحصول على موافقتكم. سوف يجمع الباحث المشاركين في قاعة المركز بعد أخذ كل الإجراءات الوقائية لفيروس كورونا. سيوزّع على المشاركين قناعات الوجه و المعقم قبل دخول القاعة والمركز. سيكون الباحث موجوداً لتوجيه المراهقين ومساعدتهم في ملء الإستبيانات.

١. ما هو المطلوب في حال مشاركتي في البحث؟

في حال الموافقة على المشاركة في البحث، سوف تقوم/ين بالإجابة على ثلاثة إستبيانات. يحدد الباحث حصة معينة لكل من المشاركين في البحث ليرشدهم على كيفية تعبئة الإستبيانات. لا يجب أن يكون التّعويض مشروطاً بملء الإستبيانات.

توزّع كل الأدوات المستخدمة في البحث للمرشدين التربويين والنفسيين لإضافة ، أو حذف، أو تعديل البنود لتتلاءم مع الثقافة الفلسطينية بشكل أفضل و خاصة الحياة في الملاجئ. لدى المشاركين كامل الحرية في رفض تسجيل أي من المعلومات الشخصية التي قد تسبب بضغط نفسي. يحق للمشاركين التوقف عن المشاركة في البحث في أي وقت يشاؤون.

يوزّع الباحث الإستبيان الأول: يحدد المشاركون الأحداث التي سببت إضطرابات نفسية لدى المراهقين. تتوزّع أداة البحث على المشاركين باللّغة العربية. سوف يتم التخلص من

التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال كل أداة سيكون على النحو التالي: ٢٠ دقيقة لكل أداة. سوف يقوم المشاركون بتعبئة الإستبيانات في مكتب المرشد النفسي أو التربوي او في غرفة منعزلة وواسعة. في كلا الحالتين، سوف يحرص الباحث على تأمين عوامل السلامة لكل من المشاركين والإلتزام بالمسافة الآمنة لحماية المشاركين. يتواجد الباحث والمشارك للحفاظ على خصوصية المشاركين في البحث.

يقوم الباحث بتوزيع الإستبيان الثاني: يحدد المشاركون الطرق التي تم إستخدامها من قبلهم عند مواجهة أحداث صادمة أو إضطرابات نفسية. تتوزع الأداة على المشاركين باللّغة العربية. سوف يتم التخلّص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال كل أداة سيكون على النحو التالي: ٢٠ دقيقة لكل أداة.

في الإستبيان الثالث يقوم المشاركون بالإجابة عن الأسئلة والتي تعكس النّمو على الصّعيد النفسي والشّخصي بعد مواجهة أحداث سبّبت بإضطرابات نفسية. تتوزع أداة البحث على المشاركين باللّغة العربية. سوف يتم التخلّص من التسجيلات بعد الإنتهاء من الدراسة. مدة استكمال كل أداة سيكون على النحو التالي: ٢٠ دقيقة لكل أداة.

إنّ الباحث المشارك وبالإتفاق مع مدير المركز سيؤمن وسائل النقل لكم إذا كنتم تودّون المشاركة في البحث وفي حال لا تستطيعون الوصول إلى المركز. عملية التّنقل من و إلى المركز ستكون قيد الإجراءات الوقائية اللاّزمة لتأمين الحماية اللاّزمة من فيروس كورونا.

٢. ما هي مدّة البحث؟

إنّ مدّة الإجابة عن الإستبيانات الثّلاث لا تتعدّى السّاعة الواحدة. سوف يكون الباحث موجود لإرشاد المشاركين ومساعدتهم. مدة الإجابة على كل أداة هي عشرون دقيقة.

٣. هل يمكنني إبطال المشاركة في البحث؟

يحق للمشاركين إبطال الموافقة والتّوقف عن المشاركة في البحث في أي وقت. إنّ إبطال أو رفض المشاركة في البحث لا يؤدّي إلى أية مشاكل مع الطّرف الباحث ولا يؤثر على

علاقة المركز أو حتى المشاركين بمستشفى الجامعة الأمريكية في بيروت أو بالحرم الجامعي.

٤. ما هي المخاطر والفوائد من المشاركة في البحث؟

إن مشاركة اللاجئيين المراهقين في هذه الدراسة لا تشمل بأي من الأحوال التعرض لأي مخاطر جسدية أو شعورية تتجاوز مخاطر الحياة اليومية التي قد تعترض أي إنسان. لك كامل الحق في العودة عن موافقتك في أي وقت ولأي سبب كان. إن قرارك لن يعرضك لأي عقوبة أو خسارة لأي امتيازات أنت تستحقها. إن التوقف عن المشاركة في هذه الدراسة لن يؤثر على علاقتك بالجامعة الأمريكية في بيروت. كما أن رفض المشاركة من الأساس في هذه الدراسة لن يتضمن أي عقوبات من أي نوع ولن يؤثر على علاقة المشارك بالجامعة الأمريكية.

لن تحصل على أي فوائد مباشرة جراء المشاركة في هذه الدراسة، لكن النتائج المتوقعة ستكون ذات فوائد نظرية وعملية. أولاً، من حيث الفائدة النظرية فإن هذه الدراسة ستقدم للباحثين معطيات تفسيرية ومبدئية كي يتم البدء بعملية بحث تفصيلية حول دراسة تصورات المراهقين اللاجئيين. من الممكن تعميم نتائج البحث. بالإضافة إلى ذلك، يمكن للراشدين الاستفادة من الوسائل المستخدمة للتغلب على الضغوطات اليومية التي تسبب بإضطرابات نفسية.

إنّ الباحث سوف يُعلمكم قبل المشاركة في البحث وجمع الاستبيانات أنّ لكم كامل الحق في إبطال، رفض، أو التوقف عن المشاركة في أيّ وقت تشاؤون فيه أو في حال حصول أي اضطرابات نفسية جرّاء المشاركة. كما أنّ الباحث سوف يُعلم المرشدين النفسيين في المركز الذين يتابعون معكم عن احتمال لجوئكم إليهم. بالإضافة إلى ذلك، إنّ الباحث سيخبر المراهقين بأنهم سيتابعون مع المرشد من دون توجيه الباحث أو تحديده للإضطرابات المفاجئة حفاظاً على خصوصية المراهقين والسريّة. سيلجأ الباحث لمرشد نفسي أو طبيب نفسي من خارج المركز والمخيّم في حال إضطر الأمر إلى ذلك لطلب النصائح والتوجيهات.

سوف يقوم موظفو المركز بالاتفاق مع الباحث ومدير المركز بالتدخل في حال حدوث أي طارئ خلال عملية إستكمال البيانات. الأحداث قد تمون سوء فهم أو أي تصرفات لا تليق بالمشاركين الآخرين الموجودين كتهديد أو ما شابه. في هذه الحالة سيقوم الموظفون بتأكيد حق

المشاركين في إبطال المشاركة دون أي تأثيرات على علاقتهم بمستشفى الجامعة الأمريكية والصرح العلمي.

٥. السرية

في حال وافقت على المشاركة في هذه الدراسة، فإن جميع المعلومات ستبقى قيد الكتمان. سيتم مراجعة الإجابة ومراقبتها من دون التفريط بالسرية. لن يتم إرفاق أسماء المشاركين بإجاباتكم. سيكون الاطلاع على البيانات حكرا على الباحث الرئيسي والباحث الثانوي العاملين على هذه الدراسة. سيتم تخزين البيانات مع الباحث الرئيسي في درج مقفل بالإضافة إلى تخزين البيانات الإلكترونية على جهاز كمبيوتر مع كلمة المرور. سيتم تلف المعلومات المتعلقة بوسائل الاتصال بالمشاركين بعد ثلاث سنوات على الأقل من إنتهاء البحث. قد يتم الإستطلاع على البيانات و التّدقيق بها من قبل مركز البحوث في الجامعة الأمريكية مع المحافظة على السريّة بشكل تام.

٦. وسائل التواصل

في حال كنتم تودون طرح أي سؤال أو استفسار حول الدراسة، يمكنكم التواصل مع الدكتورة كرمة الحسن على رقم الهاتف 01-350000 مقسم: 3131/0 أو على البريد الإلكتروني: kelhasan@aub.edu.lb أو يمكنكم التواصل مع الباحثة المشاركة الأنسة سارة البعيني على رقم 70/930945 أو عبر البريد الإلكتروني: swa25@mail.aub.edu

في حال شعرتم أن أيًا من أسئلتكم لم يتم الإجابة عنها، أو في حال كان هناك أي استفسار أو شكوى حول حقوقكم كمشاركين في هذه الدراسة، فبإمكانكم التواصل مع المسؤول في الجامعة الأمريكية: في مجلس مراجعة دراسات العلوم الانسانية والسلوكية على رقم 01-350000 مقسم 5445: أو عبر البريد الإلكتروني: irb@mail.aub.edu

٧. حقوق المشارك

المشاركة في هذه الدراسة طوعية. لك كامل الحرية في أن تتوقف عن المشاركة في هذه الدراسة في أي وقت من دون التعرض لأي عقوبة. إن قرارك في عدم المشاركة لن يؤثر بأي حال من الأحوال على علاقتك بالجامعة الأمريكية في بيروت. ستحصل على نسخة الموافقة على المشاركة هذه. سوف تحصل على دفتر ملاحظات صغير لتدوين ملاحظاتك/ ملاحظاتي اليومية و التجارب اليومية التي تمر بها. إضافةً الى ذلك، يمكنك/ يمكنكِ تدوين العوامل التي تسبب الإضرابات النفسية التي تواجهها والطرق التي ستستخدمها عند انتهاء البحث لمعالجة الأزمات النفسية. إنَّ كيفية التنقل من و إلى المركز سوف تكون على عاتق الباحث المشارك بمساعدة مدير المركز لأخذ الإحتياطات اللازمة لتجنب أي خطورة تتعلق بأزمة كورونا.

توقيع نموذج الموافقة

إذا وافقت على المشاركة في البحث. رجاء قم بالتوقيع أدناه

موافقة
المشارك/ة
التاريخ
الوقت
المكان
توقيع الباحث المشارك

الباحث الرئيسي : الدكتورة كرمة الحسن

العنوان: الجامعة الأمريكية في بيروت

مكتب البحث والتقييم المؤسسي

أستاذة مشاركة في علم التقييم التربوي والأبحاث

هاتف: (01) 35000 مقسم : 3131/0

البريد الإلكتروني kelhasan@aub.edu.lb

الباحثة المشاركة: سارة البعيني

العنوان : الجامعة الأمريكية في بيروت

قسم التربية

بيروت – لبنان

هاتف: 70-930945

البريد الإلكتروني: swa25@mail.aub.edu

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