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Integrated Mental Health Care in Education for Syrian Refugees: An Exploratory Study

Emily Goldstein
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Integrated Mental Health Care in Education for Syrian Refugees: An Exploratory Study

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Table of Contents

Copyright Instructions	4
Acknowledgements	5
Abstract	6
Introduction	7
Research Questions and Parameters	8
Literature Review	9
The Syria Crisis, Jordan, and Education	9
Trauma-Informed Learning in the Context of Jordan	10
Methodology	12
Methods	12
Obstacles and Adjustments	14
Ethical Considerations	15
Findings	16
Sample Characteristics	16
Student Attitudes towards Seeking Professional Psychological Help	17
Student Behavior	19
Teacher Attitudes	20
Strategies for Student Support	22
Teacher Training	25
Obstacles and Needs	26
Discussion	26
Conclusion	29

Limitations	<u>29</u>
Recommendations for Further Research	<u>30</u>
References	<u>30</u>
Tables	<u>33</u>
1: Socio-demographic breakdown of surveyed students	<u>33</u>
2: Attitudes towards seeking professional help of surveyed students	<u>35</u>
Appendices	<u>37</u>
A: Attitudes towards seeking professional help survey – English	<u>37</u>
B: Attitudes towards seeking professional help survey – Arabic	<u>39</u>
C: Sociodemographic questionnaire – English	<u>40</u>
D: Sociodemographic questionnaire – Arabic	<u>42</u>
E: Interview guide – English	<u>44</u>
F: Interview guide – Arabic	<u>45</u>
G: Participant consent form – English	<u>46</u>
H: Participant consent form – Arabic	<u>48</u>
I: Parental permission for child’s research participation – English	<u>50</u>
J: Minor assent form – English	<u>52</u>
K: Combined parental consent and minor assent form – Arabic	<u>54</u>



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Abstract

Trauma-inducing experiences during conflict can significantly impede the ability to function and effectively learn in the classroom; thus, it is essential to integrate mental health services into the school setting for refugee populations. This study investigated the state of integrated mental healthcare for Syrian refugees in Jordan by surveying Syrian students on their attitudes towards seeking mental health and interviewing educators on their classroom practices. The scope of the study was extremely limited, as data was collected on only 21 students and 5 educators in one school and a number of biases could have skewed the results. It was found that among students, there is a substantial but not debilitating stigma against seeking professional help for mental health issues, yet older students have more positive attitudes. Meanwhile, teachers reported multiple student behaviors that indicate trauma and impede classroom functioning. Teachers coped by developing close relationships with students, providing academic and emotional support, intervening in classroom conflict, and drawing on religious and cultural ethics to inspire hope. Despite positive attitudes and strategies, teachers lacked formalized training.

Keywords: Education, curriculum and instruction, educational psychology, guidance and counseling, teacher training, mental health, cognitive psychology, social-emotional learning, refugee studies, Syria crisis, regional studies: Middle East.

Introduction

Education has always been and will always be the most powerful tool against poverty, inequality, and extremism. When a society fails to provide quality education – fails to protect this most essential human right, it not only squanders time and resources, but also impedes the industrial and intellectual contributions those girls and boys can make for the country's own future advancement.

The need for quality education only becomes more critical in the context of disasters both natural and man-made. Having no choice but to flee from their homes, refugees must leave behind their schools, textbooks, and degrees as food, shelter, and safety take precedence over education. Pushed out of the education system, impoverished and bored young men and women are ripe for radicalization and exploitation. Education would potentially enable this lost generation to provide for themselves and break the cycle of aid dependency. While the international humanitarian community decries the challenges of inadequate funding in the face of unending need, it continues to band-aid problems with short-term interventions rather than more powerful systems change. Education empowers youth to help themselves and those around them; in the long term, an educated generation will be necessary to contribute productively to host countries as well as for rebuilding and reconciliation efforts in their war-destroyed homelands.

Yet, not any education will do. While the researcher has previously conducted a study on girls' access to education in the Za'atari refugee camp, a course on educational pedagogy showed her that it is not only access but also quality that impedes the empowerment through education. Mental health, which is often jeopardized in contexts of conflict, is an essential factor in a student's ability to learn. The Academy for Academic, Social, and Emotional Learning (CASEL) explains the theory of social-emotional learning by stating, "learning is possible only

after students' social, emotional, and physical needs have been met. When those needs are met, students are more likely to succeed" (Fredericks, 2003).

While the international humanitarian community has developed significant research and guidelines for the provisions of education and mental healthcare, it has largely failed to draw a connection between the two. As a result, there is an absence of literature pertaining to social-emotional learning in the context of crises and humanitarian aid ("Jordan Response Plan for the Syria Crisis 2016-2018," 2015).

It is thus the author's intention to bridge this gap between the educational and mental health sectors through this finite examination in the Jordanian educational system and to highlight the importance of further discussion about the integration of education and mental health services.

Research Questions and Parameters

The purpose of this research is to (a) explore school-based mental health services for refugee children in Jordan, and (b) identify the barriers to providing quality trauma care and psychological support. The research will investigate the following questions:

- What mental health services are available for Syrian refugee children in Amman schools?
- What are the barriers to providing quality trauma care and psychological support for Syrian refugee children in Amman schools?
- What are teachers' attitudes about providing space for trauma care and psychological support in their classrooms?
- How do government officials prioritize and invest in providing training to schools about trauma care and psychological support?

- What are the outcomes of existing initiatives to include trauma care and psychological support in schools?

Literature Review

The Syrian Crisis, Education, and Jordan

Since the outbreak of the Syrian civil war in 2011, 1.4 million Syrians have fled to Jordan to seek safety and a better future for their children (“Jordan Response Plan for the Syria Crisis 2016-2018,” 2015). Unfortunately, as the conflict drags on past its seventh year, the refugee crisis can no longer be considered a temporary problem, and countries like Jordan will have to sponsor more permanent solutions for refugees who still have no home and no schools to return to. Investing in quality education should be the top priority in the Jordanian response plan because leaving this population bereft of quality education will only create more economic and social strains on Jordan, whereas sponsoring an educated generation will allow Syrians to contribute as productive members of Jordanian society.

For those Syrians who have resettled in Jordan, educational opportunities are being provided both in camps and integrated into cities (Van Esveld, 2016). The government of Jordan has committed to providing schooling for Syrian children, yet many of its policies continue to engender obstacles for refugee youth. In order to obtain sufficient documentation for school enrollment, each child must provide a birth certificate and have a relative over 35 years of age (Human Rights Watch, 2016). Additionally, children who have already missed more than three years of schooling are deemed ineligible for enrollment in any program because they are too far behind (Education Sector Working Group, 2014).

Once enrolled, children face overcrowded, understaffed, and underfunded classrooms whether in or out of camps. While the government of Jordan has generously committed to

providing access to education for Syrians both in refugee camps and integrated into local communities and has added a second shift in 98 public schools to increase capacity (UNICEF, 2016), there is much left to desire in the education system in terms of quality. As a result, 38% of Syrian children who live integrated into Jordan's cities lack access to education, and the dropout rate among Syrians is twice that of native Jordanians (Christophersen, 2015). Much has been written about the factors that prohibit access to education for Syrian children such as early marriage, economic constraints, and safety concerns while walking to school (Beste, 2015; Education Sector Working Group, 2014, MercyCorps, 2012; Van Esveld, 2016), but even those who manage to enroll and stay in school are most likely unable to fully engage in the learning process due to due to psychological stress.

Trauma-Informed Learning in the Context of Jordan

Within the human brain, social and emotional processes function in conjunction with the executive functions that are essential to learning (Immordino-Yang, n.d.). Thus, it is essential that students feel comfortable in the school environment in order to fully engage in the learning process (Hammond, 2015). Adverse childhood experiences, such as violence and trauma interfere with the development of cognitive executive functioning, consequently inhibiting important classroom tools such as memory and self-control (Fisher, 2016). Furthermore, the human body, which adapted to respond to fight or flight situations, is built with mechanisms to respond to short bursts of stress but is less prepared to process long-term, or toxic, conditions of stress (Fisher, 2016); therefore, manmade disasters such as the Syrian civil war are more difficult to deal with due to their prolonged nature (Fisher, 2016).

By the time Syrian refugee children step foot in Jordanian schools, they have already been subjected to innumerable traumatic experiences. UNICEF reports that within Syria,

children face torture, detainment, conscription, physical injury, disease, and sexual violence (Dineen, 2013). These traumas are then compounded by additional adverse events experienced during migration and resettlement in Jordanian camps and host communities where impossible circumstances and negative coping mechanisms result in early marriage, continued sexual violence, isolation, fear, and hopelessness (Dineen, 2013). Existing evidence identifies the prevalence of PTSD and depression among this population, which manifests most commonly as aggressiveness and withdrawal (Dineen, 2013).

Ideally, schools should serve as a safe space that provides support, routine, and a sense of normalcy. Integrating mental health campaigns in schools has the potential to result in greater impact than any other intervention because a significant portion of the target population can be reached in one place (Dardas et al., 2017). Unfortunately, the current school environment in Jordan is extremely negative and even harmful for many Syrian children. Generations for Peace reports that in host communities in Northern Jordan, there is an epidemic of bullying in the form of physical and verbal violence between Jordanian and Syrian students (Seeley, 2015). The study notes that teachers play a crucial role as vital allies to support Syrian children, but far too often they turn a blind eye to or even participate in the violence due to their own negative attitudes towards Syrians (Seeley, 2015):

Overall, the ability of school staff and administration to provide a safe and productive learning environment appeared to influence whether Syrian students remained in school. School attendance or non-attendance seemed to be an important factor in whether these students had any opportunities for positive interaction with Jordanians, whether they developed positive or at least nonconfrontational relationships with Jordanians, and

whether students' parents felt positively or negatively about the Jordanian society around them (Seeley, 2015)

Through teacher intervention, schools have the ability to provide transformative mental health support for students that could radiate out to their families and the greater community. However, there are many preventative factors that inhibit the successful integration of mental health care in schools. As noted above, teachers' negative attitudes towards Syrian children contribute to an unsafe environment in Jordanian schools. Additionally, the entrenched stigma surrounding mental health issues in the culture of Jordan and surrounding Arab cultures discourages youth from seeking professional help (Dardas et al., 2017).

The following study will investigate additional barriers and existing services provided in schools for the mental health of Syrian refugees.

Methodology

Methods

The goal of the researcher was to interview 5-7 teachers in Amman to gather qualitative data on their attitudes, experience, and training regarding mental health care and a sample of 3-4 government officials/school administrators to collect qualitative data on funding, resources, and training opportunities offered by the Ministry of Education on the subject of mental health care. In preparation, interview questions were translated from English to Arabic. The researcher also intended to survey a sample of 50-150 Syrian refugee adolescents to gather quantitative data on their willingness to seek professional help for mental health.

In execution, a convenience sampling method was employed to accommodate the limited time-frame of the study. SIT staff reached out to their contacts and got permission to distribute the survey in an apartment building in north Amman that is inhabited solely by Syrian refugees.

Prior to data collection, SIT staff met with the building manager and resident mothers to discuss the program and research projects and obtain consent to conduct studies. On the date of survey distribution, the researcher, SIT staff member, and translator traveled to the apartment building where the house manager gathered boys and girls ages 10 -17 to participate in the survey. Assent forms were signed by the children and consent was signed by the house manager who has power of attorney for the resident children because they are mostly fatherless or orphaned. The survey was conducted in groups, two groups of girls, and one group of boys. The survey tools consisted of a sociodemographic questionnaire and the *Attitudes towards seeking professional help* scale, both of which had been previously validated and translated (Dardas et al., 2017). The *Attitudes towards seeking professional help* scale asks students to rate their level of agreement on a scale of 1-4 with various statements – with 1 being disagree, 2 somewhat disagree, 3 somewhat agree, and 4 agree. The translator walked the students through the survey and explained all questions.

The following day during school hours, the researcher and SIT staff member visited an elementary school in the same neighborhood of north Amman where some of the surveyed students attend school. The school, previously part of the public system, switched to the private classification during the height of the Syrian crisis so that it could serve Syrian students that were rejected by the public system because of a lack of paperwork or extended period of not enrolling in school. Operating in only one shift, the school has mixed classrooms of Jordanian, Syrian, male, and female students and consists of roughly 70% Syrian students and 30% Jordanian students according to the school's administrator. Four teachers and one administrator were interviewed separately in the administrative office. Excluding the interview with the English teacher, all interviews were conducted in Arabic with the SIT staff member translating. The

interviews were semi-structured, following the interview guide, but various follow-up questions were asked depending on what was mentioned in participant responses.

The collected quantitative data was entered and analyzed using the Statistical Package for Social Sciences (IBM, SPSS, 21). Many steps were conducted to secure reliable and valid statistical results. Firstly, the type of measurement level for each variable was defined to help decide how to organize and display data. For the *Attitudes towards seeking professional help* scale, responses of both 1 and 2 were counted as “disagree,” while 3 and 4 were counted as “agree.” A univariate analysis was conducted. Each variable was examined separately to ensure the quality of the data that was entered into the SPSS program. More specifically, the data was checked for its accuracy and legibility, and whether all important questions are answered, and responses are complete. Non-directional statistical tests were conducted with the level of significance set at 0.05 for each test. Due to the exploratory nature of the study, the level of significance was not adjusted for multiple tests. Descriptive statistics are used to describe sample characteristics as well as the study survey.

The qualitative data collected during interviews was also analyzed. With the consent of participants, audio recordings were taken during interviews, so the researcher could listen back at a later date. Subsequently, important quotes and ideas were transcribed by the researcher who then organized responses into common themes.

Obstacles and Adjustments

While the researcher hoped to study a larger sample of students and teachers in Amman, time and access constraints limited the scope of the study considerably.

Convenience sampling allowed the researcher to survey Syrian students in only one building. In order to respect the time of both the children and translator, surveys were distributed

in groups. This however allowed the students to ask questions and converse not only with the researcher and translator but also other children. During survey completion, students were talking and joking with one another and talking about their answers. These factors very likely affected students' answers as they might have felt obliged to conform to their peers' opinions. The translator also helped one student fill out the survey, and the students of one group blatantly asked for the researcher's opinion on one question. Thus, students may have adapted their answers to align with what they thought the researcher wanted.

Interviews were conducted at the school, during school hours for the convenience of teachers. Because classes were in session, the only room available for interviews was the administrative office, so during interviews, the researcher and translator were not alone with interviewees. The school administrators and various other people were also present during interviews and commented/contributed to answers which may have caused interviewees to curate their responses.

The researcher hoped to conduct interviews with officials at the Ministry of Education, however, these failed to occur. Because of recent tragic events pertaining to Jordanian schoolchildren, staffing at the ministry was transitioning during the time of this study. Therefore, it was difficult to communicate with staff members at the ministry and meetings never materialized.

Ethical Considerations

This study surveyed a vulnerable population of refugee youth about their willingness to seek mental health services. The subject of mental health is a stigmatized and sensitive subject in Arab societies. To mitigate the potential stress induced by questions about mental health, the researcher used a previously translated and validated survey tool that had been adapted for

appropriateness within Arab cultures (Dardas et al., 2017). Additionally, the translator who conducted survey completion was trained in psychology and experienced in dealing with the sensitive subject of mental health

The researcher, coming from a Western setting, brought a different understanding of mental health issues. While conducting interviews, the researcher took care to acknowledge and respect the different perceptions of mental health issues in the culture of Jordan.

Because stigma is attached to mental health interviews, the researcher refrained from collecting data that would identify participants. The specific location of the apartment building and the name of the school are intentionally undisclosed in order to protect the identity of participants. Additionally, all interviews and surveys were deleted/destroyed upon completion of the project.

Approval was obtained from the SIT, institutional, local review board for ethical and cultural appropriateness prior to the execution of this study.

Findings

Sample Characteristics

The cohort of 21 surveyed students consisted of 13 females and 8 males. Ages ranged from 10 to 17 years with an average of 12.5 years and a median of 12 years. In terms of GPA, 9.5% (n=21) of students were earning within a C range, 23.8% (n=21) students within a B range, and 66.7% (n=21) students within an A range. Reportedly, none of the students are currently employed. All the participants' fathers had completed at least 11th grade of their schooling, with one father achieving his Tawjihi (completion of secondary schooling) certificate and 42.9% (n=21) of fathers earning a bachelor's degree or higher. One father's educational status was unreported. All mothers as well had completed at least 11th grade, with 19% (n=21) of mothers

achieving the Tawjihi certificate, and 33.3% (n=21) attaining a bachelor's degree or higher. The monthly family income of all participants falls below the 2017 Jordanian poverty of 365 JOD per month (Jordan News Agency, 2018); 57% (n=21) of families were earning a monthly income of less than 150 JOD, while 33.3% (n=21) families were earning between 150 and 300 JOD per month; two family incomes were unreported. For medical health insurance, 33% (n=21) of students were covered and 66.7% (n=21) were not. 2 children reported suffering from asthma, 1 from kidney problems, 1 from stuttering, and 1 from an undisclosed issue, while 76.2% (n=21) had no physical illness. In terms of psychological problems, 1 student reported suffering from anxiety, 2 from depression, 1 from trouble sleeping, 1 from an undisclosed issue, and 81% (n=21) claimed not to have any psychological issues. Only one student had a learning disability pertaining to reading, and the rest of the cohort had no learning disability at all. None of the participants had ever received a psychiatric diagnosis. 4.8% (n=21) of students had a parent with a mental health issue, 14.3% (n=21) had a relative with a mental health issue, and 9.5% (n=21) had a close friend with a mental health issue. Only one participant (4.8% (n=21) of students) admitted to having previously sought professional, psychological help.

Student Attitudes towards Seeking Professional Psychological Help

On the *Attitudes towards seeking professional help* scale, 66.7% (n=21) of students agreed that if they were having a mental breakdown, their first inclination would be to get professional help, while 33.3% (n=21) disagreed. 38% (n=21) agreed and 62% (n=21) disagreed that the idea of talking about problems with a psychologist strikes them as a poor way to get rid of emotional conflicts. If they were expecting a serious emotional crisis at this point in their lives, 52.4% (n=21) agreed and 47.6% (n=21) disagreed that they would be confident that they could find relief in psychotherapy. 76.2% (n=21) agreed that there is something admirable in the

attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help while 23.8% (n=21) disagreed. 57.1% (n=21) agreed and 42.9% (n=21) disagreed that they would want to get psychological help if they were worried or upset for a long period of time, but 42.9% (n=21) agreed and 57.1% (n=21) disagreed that they might want to have psychological counseling in the future. 47.6% (n=21) of participants agreed that a person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help, and 52.4% (n=21) disagreed. Considering the time and expense involved in psychotherapy, 66.7% (n=21) agreed and 33.3% (n=21) disagreed that it would have doubtful value for a person like them. 76.2% (n=21) agreed and 23.8% (n=21) disagreed with the statement that a person should work out his or her own problems; getting psychological counseling would be a last resort. Lastly, 71.4% (n=21) of students agreed while 28.6% (n=21) disagreed that personal and emotional troubles, like many things, tend to work out by themselves.

When disaggregating data by gender and age, the results revealed no significant differences in attitudes toward seeking professional help between male and female participants, however, significant correlations were found between age and attitudes towards the perceived helpfulness of professional help, the willingness to seek help, and the consideration of professional help as a last resort. Older participants were more likely to disagree that the idea of talking about problems with a psychologist strikes them as a poor way to get rid of emotional conflicts. Similarly, older students were also more likely to agree that they would want to get psychological help if they were worried or upset for a long period of time and were more likely to disagree that a person should work out his or her own problems; getting psychological counseling would be a last resort.

Student Behavior

Teachers reported minimal differences in academic performance between Syrian and Jordanian students but recognized many adverse psychosocial repercussions of trauma that manifest in the behavior of Syrian students.

Three out of five of the educators reported no significant differences academically and attributed this to the fact that they teach elementary levels, so all children are starting with the basics. Despite a lack of general trend, multiple interviewees emphasized the importance of considering students as individuals with varying capabilities and needs. However, two educators did note that there is a gap for some students who were out of school for multiple years due to the crisis, and one teacher blamed the Syrian education system for insufficiencies even before the crisis. Another obstacle reported by two participants is the differentiation in accent between the Syrian to Jordanian dialect. Although this inhibited communication at first, the administrator perceived this as a mutual learning experience for students and teachers to learn from each other and broaden their cultural horizons. Lastly, one teacher reported multiple cases where students suffered memory loss due to trauma that affected academic performance.

All five participants readily confirmed the adverse psychosocial effect of trauma on Syrian students in their classrooms including aggressiveness, distractedness, hyperactivity, and depression:

But of course, I can feel sometimes from the psychosocial perspective that they are really suffering. And most of all of them they are depressed a little bit or sometimes when they are in the class you feel that they are not with you.

Four out of five of the educators admitted that conflict occurred between students, but one participant made sure to qualify that problems occur just as often between Syrians and Syrians or Jordanians and Jordanians, not just between Syrians and Jordanians:

Of course, you can tell they are coming from war and coming from crisis because sometimes you will observe they are aggressive. Sometimes you will see that they are being sad... and sometimes they bully even each other.

Two participants reported events in the classroom that trigger students who have suffered from trauma. The administrator stated the general feeling of fear saying that causes students to be jumpy and nervous for no apparent reason. Another teacher referred to a specific incident during a group lunch activity:

A Syrian refugee kid, he lost his father during the crisis, he started crying and was upset and was saying 'I just remembered my father. He was getting the food for us and he was also doing lunch activities.'

Two participants also indicated aspects of students' home environment that contributed to their negative psychosocial coping mechanisms. The administrator stated that many widowed mothers delegate the role of the male head of household to their young sons, which places an excess burden on the kids and accustoms boys to getting their way. Meanwhile, another teacher commented that she can tell when parents are also suffering from the war because this has an impact on children who reflect their parents' behavior.

Teacher Attitudes

Teachers' attitudes towards Syrian students were warm and welcoming, and all participants described student-teacher relationships in familial terms. Additionally, teachers claimed to deal with their own frustrations in healthy, respectful expressions.

One teacher expressed the cultural value of hospitality, describing Syrian students as their guests and emphasizing that the war and all of its effects of their behavior is not the fault of students. Multiple interviewees drew on their religious values of acceptance:

First of all, this is our Islamic culture... it asks us to respect all of the people. Don't pay attention to their origins, don't pay attention to their religion.

The administrator stated that the student-teacher relationship is akin to parent and child and that the first priority is to build this relationship before any academic learning can take place.

Before giving them any lesson, they are supposed to accept me as a mother and as a teacher and part of this society and then I can carry on with the lesson and academic issues.

All other interviewees repeated this sentiment of familial relationships. One teacher said:

We consider them as part of our families. I deal with my own children the same way... During our break, we sit outside with the kids. They come up to me and offer me their food. This shows the trust and mutual love.

One participant described herself as a second mother to her students, and another even stated that she encourages her students to call her 'mama' rather than address her formally:

Frankly speaking there's never never never been any obstacle between me and my students. I'm always encouraging them to address me by 'mama' not 'teacher' not 'miss.'

In terms of dealing with their own stress, teachers reported the need for patience, understanding, and communication. Most participants admitted that they sometimes get frustrated with students as any person spending hours on end with children would, but all expressed their desire to talk through problems with their students:

I would love always to solve the problem between kids and between kids and teacher... as a friend or as a dad not even as a teacher.

Another teacher described her coping strategy:

Deep inside I cannot even be angry from students. Sometimes I am a little bit mad with them but then I sit with them and talk and tell them 'I need you to be a good person in future.'

Strategies for Student Support

Educators described a multitude of strategies they use to support their Syrian students including extra academic help, emotional support, intervening in conflict between students, avoiding sensitive subjects, and building resilience.

Multiple teachers noted the need to give extra academic assistance to Syrians who may have fallen behind their Jordanian peers from missing multiple years of schooling. Teachers offered these students extra help in the classroom, tutoring opportunities outside of class time, and encouraged them to work side by side with Jordanians to learn from them. One teacher explains:

We are supposed to give them extra academic efforts... [we] encourage working with Jordanian students...we make a huge effort to encourage them to reach the same academic level.

All participants emphasized the importance of providing emotional support to their students. A popular tactic was the verbal expression of appreciation to make students feel valued:

He must feel that you appreciate him. He must feel that you love him, you respect him, that you are a friend.

A second teacher reiterated this approach, articulating:

I'm always motivating by appreciating. I'm always appreciating whatever they have.

By making them feel involved and included, teachers build a foundation of trust and friendship.

Two educators conveyed the need to make students feel safe in the classroom. Iterating how they go about making a safe space for their students, one teacher said:

They need a maybe a special atmosphere to sit and discuss and to help. Let them forget what they have faced. It's war, it's destruction...they need to rebuild.

The administrator also demonstrated that they design activities based on formal methods, including, color therapy, sound therapy, and art therapy, and she boasted beneficial results.

All of the participants conveyed that they intervene whenever they notice conflicts between their students:

First of all, I try to solve the problem for the student... I try to find the reasons of their problems, and then I immediately solve the problem. I don't want to make the classroom consist of a lot of problems with the students.

Educators strive to instill the cultural values of forgiveness and teach children how to apologize.

Another teacher described how they try to maintain harmony in their classroom to contribute to the feeling of family:

I would like to make the relationships way better by enhancing the ethics and how they are doing like brothers and like sisters.

Multiple participants made sure to elaborate that they always strive to solve the problems themselves within the classroom, instead of sending students to the principal's office, but even when kids are sent to the administration, they are welcomed by an understanding rather than a punitive response:

Even when we would love to transfer the problems to the management office... we just would like to enhance the idea that even the management office is not the war house they are going to. It's not a scary house that they are going to. These days the students feel like they are going to their second home.

They also make sure to analyze student needs on a case by case basis:

Some of them really need the emotional support, and some of them no they need you to use the authority as management.

In order to avoid triggering students traumatized by the conflict, multiple participants expressed their efforts to avoid sensitive subjects. Two educators conveyed the inappropriateness of discussing politics, especially pertaining to the war and military. Another teacher discussed specifically abstaining from mentioning fathers since so many Syrians have lost theirs to the war. She even goes as far as avoiding topics of conversations where Jordanian students might unthinkingly talk about their own fathers.

But when students are troubled by the conflict they have witnessed and the struggles of their current refugee status, teachers attempt to inspire hope through anecdotes. Two teachers recount times when they reference success stories of Palestinians:

Sometimes I am telling them stories about our religion and about our prophet Mohammad...And other stories from the reality, how the Palestinian refugees suffered from the wars before and now they are doing very good.

One educator also tries to build resilience in her students by framing struggle as motivation that will build character and lead to achievement:

War and the bad results you get from the war are supposed to be motivation. They will motivate you to be a better person.

On the importance of addressing emotions, one teacher expressed that it is essential for building ethics, hope, and motivation:

Yeah of course we discuss emotions with the students. I'm always talking in emotions and I'm always trying to implant the ethics... I would just like to talk about ethics, hope, make the emotional perspective to make them things easy for them and make it into motivation for them in later stages.

Teacher Training

None of the teacher interviewed except for the administrator had received any sort of training regarding the support of Syrian children or mental health issues. Instead, participants relied on previous experience and cultural ethics. Meanwhile, the administrator described her training workshops with the Ministry of Education.

Teachers brought to the classroom a variety of life experience that they drew on to support Syrian children. One participant explained that he previously worked with Iraqi refugees in Jordan and, during the interview, often referenced similarities between his work with both communities. According to this educator, everything he needed to know about student-teacher relationships was learned from his own time as a student. Another teacher indicated that he works as a part-time teacher at another school for the second shift that caters to Syrian students. Before joining the school where she currently teaches, one interviewee opened a center with her husband to provide extra learning opportunities for Jordanians, Syrians, and Iraqis, so she uses this experience to inform her teaching.

When asked about their training, most interviewees related that it is unnecessary because their culture and religion instill the ethics needed to address mental health and emotional issues:

It does not need any training. This is a value we get from our religion...from our prophet Mohammad and, also from our ethics and our humanity, so it does not need any training.

The administrator was the only participant who had received any type of training, and still, it did not pertain specifically to mental health issues. Instead, she described learning about teaching strategies such as visual versus verbal learning and how to form relationships with students. She also claimed to share what she learned by giving workshops to the teachers at her school.

Obstacles and Needs

In general, none of the participants admitted to any obstacles that prevented them from supporting the mental health of Syrian children in their classroom. When asked if there were any needs or tools that would help them to better their support in the future, a couple interviewees mentioned funding and supplies for sports and music activities, and one teacher said she would like to be able to give small gifts to her students.

Discussion

The purpose of this study was to explore the state of mental health services offered to Syrian refugees in schools and how support is integrated into the classroom setting. Students' perception of seeking help was analyzed through the *Attitudes towards seeking professional help* scale and educators' attitudes towards Syrians and pedagogical techniques were explored through a series of interviews.

The mixed results of the student survey indicate that a stigma against mental health and the seeking of professional help continues to prevail but is not completely prohibitive. While responses to most questions were split close to evenly between agreement and disagreement, there was a consensus that getting professional help would be a good idea in dealing with mental

health issues. Nevertheless, students still looked down on people who sought professional help and believed that it is possible and preferable to deal with emotional issues independently. This may be due to the fact that the majority of students indicated their doubts that professional mental health services would provide more benefits than costs, especially since the associated costs in this cultural context include both monetary fees and stigma and the ostracization that may accompany it. For these reasons, most students do not plan on seeking professional help in the future. However, it remains unclear whether students place teachers under the category of professional help. Because interview findings indicated that students have close, familial relationships with their teachers, students may consider seeking help from teachers more akin to getting help from family and friends. Additionally, the correlation between age and more positive attitudes toward seeking professional help could indicate that the school environment is mitigating the ingrained social stigma against mental health issues, however, there is no evidence to support this claim.

The need for mental health support is visible in the behavior of Syrian students described by interviewees. Depression, fear, aggression, distraction, and memory loss were prevalent and indicate manifestations of trauma that actively interfere with the ability to learn. However, the language used by participants to describe the issues above exemplifies that they attribute behavioral and academic issues to the effects of conflict rather than student deficits.

Educators in general exhibited positive attitudes towards Syrian students. At minimum, teachers considered to Syrians as their guests, deserving of hospitality and help, and at most like their own children. Every participant described students in terms of close, family dynamics and displayed the desire to form relationships with students and get to know Syrians and their needs on an individual basis.

The formation of close relationships is an extremely beneficial method for student support, encouraging positive coping mechanisms, and enabling teachers to act as allies for their students so that they feel comfortable and safe in the classroom. Participants consistently conveyed their willingness to interfere in bullying and other conflicts between students in the classroom and encourage healthy, communicative, resolution styles. To cope with their own normal frustration, educators expressed the need for patience and understanding but failed to mention any practices to relieve stress and address the secondhand trauma they are exposed to. For students, teachers offered academic and emotional support seemingly in tangent and acknowledged that they are mutually dependent for proper development. In addition to making students feel loved, appreciated, and safe in their current situation, educators also stressed the importance of transforming tragedy to productivity by instilling hope, ethics, and motivation that will build resilience and help children overcome their trauma in the long-term. However, while the avoidance of sensitive subjects helps students to not be triggered in the classroom, the experiences of war and loss must be expressed and addressed head-on at some point, to facilitate full healing. It may be best that teachers do not approach these topics since they are not trained in psychology, but students must be referred to proper professionals.

A large gap was demonstrated in the area of teacher training, and instead of evidence-based pedagogies, educators relied heavily on their previous experience, religious ethics, and cultural values. The administrator claimed to give workshops on the strategies that she learned from the Ministry of Education (which did not pertain specifically to mental health), but no other participant mentioned these workshops. While the educators in this study demonstrated positive attitudes and support strategies, the lack of formalized training leaves the quality of mental

health support in education at the mercy of the experience, personality, and benevolence of the teacher.

Lastly, the only needs highlighted by interviewees were for funding/supplies for extracurricular activities. While these do not pertain specifically to mental health issues, they could have emotional benefits by encouraging physical activity and a sense of normalcy for refugee children.

Conclusion

Mental health care is essential in the school setting to enable refugee students to overcome trauma, learn successfully, and develop into well-adjusted adults. Jordanian teachers should continue to foster close relationships with their students, intervene in classroom conflicts, and build resiliency. However, it is also necessary to formalize training for teachers and develop a specific, culturally appropriate and trauma-sensitive pedagogy for teaching Syrians displaced by conflict.

Limitations

Due to the limited scope of the study, the sample interviewed and surveyed was small, and therefore was not representative of the greater population. Additionally, the saturation of qualitative data was not reached because of time and access limitations. Both qualitative and quantitative data may have been compromised by response bias that caused participants to choose answers aligned with what they thought the researcher would want to hear. Additionally, and the presence and influence of peers during survey collection and administrators during interviews may have also skewed answers to conform to societal expectations.

Recommendations for Further Research

It would be beneficial to continue this line of research, to expand the scope, and reduce the limitations of this study. Similar studies should be conducted throughout Jordan, including in refugee camps, to investigate public, private, and informal schools. Qualitative data should be gathered on students' perspectives on the school environment and mental health care. Mental health support for populations other than Syrian refugees should also be explored, and a cross-cultural comparison could be conducted for mental health support for refugees in Middle Eastern versus Western host countries.

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Tables

Table 1

Socio-demographic breakdown of surveyed students.

		Frequency
Gender	Female	13
	Male	8
Age*		
GPA	70-79	2
	80-89	5
	90-100	14
Employed	Yes	
	No	21
Father's level of education	11 th grade or higher	10
	Tawjihi ¹	1
	Bachelor's or higher	9
Mother's level of education	11 th grade or higher	10
	Tawjihi	4
	Bachelor's or higher	7
Monthly family income	< 150 JOD	12
	150-300 JOD	7
Health insurance	Yes	7
	No	14
Physical illness	Asthma	2
	Kidney problem	1
	Stuttering	1
	Other	1
	None	16

¹ Tawjihi is the completion certificate of secondary education in Jordan

Psychological problem	Anxiety	1
	Depression	2
	Trouble sleeping	1
	Other	1
	None	17
Learning disability	Reading	1
	None	20
Received psychiatric diagnosis	Yes	0
	No	21
Parent has mental health issue	Yes	1
	No	19
Relative has mental health issue	Yes	3
	No	18
Close friend has mental health issue	Yes	2
	No	18
Has sought professional psychological help	Yes	1
	No	20

Note: Some participants neglected to answer various questions, therefore the sum total of frequencies does not always equal the 21, the total number of participants.

*Age is a continuous variable, and thus it does not make sense to report frequency. Ages ranged from 10 to 17 years, and the mean age was 12.5 years.

Table 2

Attitudes towards seeking professional help of surveyed students.

		Female frequency	Male frequency	Total frequency
If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	Agree	8	6	14
	Disagree	5	2	7
The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	Agree	6	2	8
	Disagree	7	6	13
If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	Agree	7	4	11
	Disagree	6	4	10
There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	Agree	11	5	16
	Disagree	2	3	5
I would want to get psychological help if I were worried or upset for a long period of time.	Agree	9	3	12
	Disagree	4	5	9
I might want to have psychological counseling in the future.	Agree	7	2	9
	Disagree	6	6	12
A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	Agree	9	1	10
	Disagree	4	7	11
Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	Agree	12	2	14
	Disagree	1	6	7

A person should work out his or her own problems; getting psychological counseling would be a last resort.	Agree	11	5	16
	Disagree	2	3	5
Personal and emotional troubles, like many things, tend to work out by themselves.	Agree	9	6	15
	Disagree	4	2	6

Appendices

Appendix A

Attitudes toward Seeking Professional Help

Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

_____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention. _____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

_____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

_____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

_____ 5. I would want to get psychological help if I were worried or upset for a long period of time.

_____ 6. I might want to have psychological counseling in the future.

_____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

_____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

_____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort. _____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

Adapted from: Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36, 368–373.

The Attitudes towards Seeking Professional Psychological Help (ASPH) Scale - Arabic Version

The ASPH scale was translated to Arabic language using a systematic procedure that was approved by Duke University School of Nursing Institutional Review Board.

The translation procedure ensured the reliability, validity, and cultural sensitivity of the translation. Two bilingual (Arabic/English), masters' level professional language editors conducted the initial translation of the measure. First, one of the editors translated the measure into Arabic. Another professional language editor translated the Arabic translation of the measure back into English. Both translators were aware that the overarching goal of the translation was to obtain linguistic and conceptual equivalence of the original measures, and to ensure the language was simple, clear

and concise; suitable for the most common audience; and included no jargon. Where there were discrepancies between the original measures and their translated versions, the translators worked together to resolve conflicts.

To ensure that the translated Arabic version had the same meanings as the original measures, an expert panel was used. The panel included three bilingual health professionals and researchers; two had PhD in nursing and one had a Master's degree in nursing. The three members were familiar with the terminology of the area covered by the measures. Further, one of the panel members was an expert in instrument development and validation. Together, the panel reviewed the three forms (original English, translated Arabic, and back-translated English) to identify and resolve any inadequate expressions/concepts within the translations, as well as any discrepancies between the forward translation and the existing version of the measure that the two translators could not adequately resolve. The panel also suggested alternative words or expressions as needed. After reviewing the final edits, the panel agreed on final Arabic translations that were accurate representations of the original English measure. The translation is attached in this document.

The translated Arabic version of the scale was piloted with 88 Arab Jordanian adolescents aged 15-17 (Dardas, Silva, Noonan, & Simmons, 2016).

Dardas, Silva, Noonan, & Simmons, (2016a). A Pilot Study of Depression, Stigma, and Attitudes towards Seeking Professional Help among Arab Adolescents. *International Journal of Adolescent Medicine and Health*. DOI: 10.1515/ijamh-2016-0070

Appendix B

**The attitudes towards seeking professional psychological help
(ASPH) scale - Arabic Version**
مقياس الاتجاهات نحو طلب المساعدة النفسية

التعليمات: يُرجى وضع دائرة حول الرقم الذي يمثل مدى موافقتك أو عدم موافقتك على العبارات التالية:

أوافق	أوافق جزئياً	لا أوافق جزئياً	لا أوافق	
4	3	2	1	1. إذا شعرت أنني أعاني من انهيار نفسي، فإن أول ما سأقوم به هو طلب الرعاية النفسية من مختص
4	3	2	1	2. إن فكرة الحديث عن المشاكل النفسية و العاطفية مع طبيب نفسي تشعرني بالضعف
4	3	2	1	3. لو تعرضت إلى أزمة نفسية حادة في هذه المرحلة من حياتي، سأكون على ثقة من أنني يمكن أن أجد راحة باستخدام العلاج النفسي
4	3	2	1	4. هناك شيء مثير للإعجاب في موقف الشخص الذي هو على استعداد للتعامل مع مشاكله ومخاوفه دون اللجوء إلى مساعدة نفسه
4	3	2	1	5. سوف أبدأ إلى طلب المساعدة النفسية لو كنت قلقاً أو منزعاً لفترة طويلة من الزمن.
4	3	2	1	6. قد أرتب في الحصول على مشورة نفسية في المستقبل
4	3	2	1	7. إن الشخص الذي يعاني من مشاكل نفسية لن يستطيع على الأغلب أن يحلها لوحده، ومن الممكن أن يستطيع حلها إذا حصل على علاجات نفسية مناسبة
4	3	2	1	8. بالنظر إلى الوقت والنفقات اللازمة للعلاج النفسي، فإنني أشك أن يكون العلاج النفسي مفيداً لشخص مثلي إذا احتجت إليه
4	3	2	1	9. ينبغي للإنسان أن يعمل على حل مشاكله بنفسه، وأن يكون طلب الاستشارة النفسية هو آخر خيار
4	3	2	1	10. المشاكل الشخصية والعاطفية والنفسية، مثل أمور كثيرة، يمكن أن تُحل من تلقاء نفسها

Appendix C

Sociodemographic questionnaire

INSTRUCTIONS: Please select the answer that best represents you:

1. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Age in years Year
3. What is your employment status?	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed If you are working, how many hours you work on average per day?
4. What is your current GPA?	<input type="checkbox"/> (90-100) <input type="checkbox"/> (80-89) <input type="checkbox"/> (70-79) <input type="checkbox"/> ≤ 69
5. What is the highest level of education for your father?	<input type="checkbox"/> Illiterat <input type="checkbox"/> ≤ 11th <input type="checkbox"/> <input type="checkbox"/> Diploma <input type="checkbox"/> BSN or higher
6. What is the highest level of education for your mother?	<input type="checkbox"/> Illiterat <input type="checkbox"/> ≤ 11th grade <input type="checkbox"/> Tawjihi <input type="checkbox"/> BSN
7. What is your family average monthly income (ID)?	<input type="checkbox"/> ≤ 500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> 1001-1500 <input type="checkbox"/> > 1500
8. Do you have health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have any physical illness or health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify
10. Do you have any mental health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify
11. Do you have any learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify

<p>12. Have you ever received any psychiatric diagnosis?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select from the following: <input type="checkbox"/> Depression <input type="checkbox"/> Conduct disorder <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other (please specify):</p>
<p>13. Have any of your parents had any mental health problem?</p>	<p><input type="checkbox"/> Yes (Father, Mother, both) <input type="checkbox"/> No If yes, please select from the following: <input type="checkbox"/> Depression <input type="checkbox"/> Conduct disorder <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other (please specify):</p>
<p>14. Have any of your relatives had any mental health problem?</p>	<p><input type="checkbox"/> Yes (relationship) <input type="checkbox"/> No If yes, please select from the following: <input type="checkbox"/> Depression <input type="checkbox"/> Conduct disorder <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other (please specify):</p>
<p>15. Have any of your close friends had any mental health problem?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select from the following: <input type="checkbox"/> Depression <input type="checkbox"/> Conduct disorder <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other (please specify): </p>
<p>16. Have you ever sought professional psychological help?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the type of help from the following: <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker <input type="checkbox"/> General practitioner <input type="checkbox"/> Sheikh <input type="checkbox"/> Family or friend <input type="checkbox"/> Other (please specify): </p>

Appendix D

الجزء الأول

استبانة البيانات الشخصية والاجتماعية

التعليمات: يُرجى اختيار الإجابة المناسبة مما يلي:

1.	الجنس	<input type="checkbox"/> ذكر	<input type="checkbox"/> أنثى
2.	كم يبلغ عمرك بالسنوات؟	<input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
3.	كم بلغ معدلك تقريباً في السنة الدراسية الماضية؟	<input type="checkbox"/> (100-90)	<input type="checkbox"/> (89-80) <input type="checkbox"/> (79-70) <input type="checkbox"/> (أقل من 69)
4.	هل تعمل حالياً؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا
	إذا كنت تعمل، كم عدد الساعات التي تعملها في المتوسط في اليوم الواحد؟.....		
5.	ما هو أعلى مستوى تعليمي حصل عليه والدك؟	<input type="checkbox"/> غير متعلم	<input type="checkbox"/> أول ثانوي فما دون <input type="checkbox"/> بكالوريوس أو أعلى
		<input type="checkbox"/> دبلوم	<input type="checkbox"/> توجيهي
6.	ما هو أعلى مستوى تعليمي حصلت عليه والدتك؟	<input type="checkbox"/> غير متعلم	<input type="checkbox"/> أول ثانوي فما دون <input type="checkbox"/> بكالوريوس أو أعلى
		<input type="checkbox"/> دبلوم	<input type="checkbox"/> توجيهي
7.	ما هو متوسط الدخل الشهري لأسرتك؟	<input type="checkbox"/> أقل من 150 دينار	<input type="checkbox"/> 150-300 دينار <input type="checkbox"/> 300-500 دينار
		<input type="checkbox"/> 1000-501 دينار	<input type="checkbox"/> 1500-1001 دينار
8.	هل أنت مؤمن صحياً؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا
9.	هل تعاني من أي مرض أو مشكلة صحية؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا
	إذا كانت الإجابة نعم، يرجى تحديد المشكلة أو المرض الصحي.....		
10.	هل تعاني من أي مشاكل نفسية؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا
	إذا كانت الإجابة نعم، يرجى تحديد المشكلة النفسية.....		
11.	هل تعاني من أي صعوبات في التعلم؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا
	إذا كانت الإجابة نعم، يرجى تحديد نوع صعوبة التعلم.....		
12.	هل سبق وأن تم تشخيصك بمرض نفسي؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا
	إذا كانت الإجابة نعم، يرجى اختيار نوع التشخيص مما يلي: <input type="checkbox"/> الاكتئاب <input type="checkbox"/> الاكتئاب ثنائي القطب <input type="checkbox"/> القصور <input type="checkbox"/> اضطراب القلق <input type="checkbox"/> غير ذلك (يرجى التحديد):		

<p> <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم، يرجى اختيار نوع التشخيص مما يلي: الأب: <input type="checkbox"/> الاكتئاب <input type="checkbox"/> الاكتئاب ثنائي القطب <input type="checkbox"/> الفصام <input type="checkbox"/> اضطراب القلق <input type="checkbox"/> غير ذلك (يرجى التحديد): الأم: <input type="checkbox"/> الاكتئاب <input type="checkbox"/> الاكتئاب ثنائي القطب <input type="checkbox"/> الفصام <input type="checkbox"/> اضطراب القلق <input type="checkbox"/> غير ذلك (يرجى التحديد): </p>	<p>13. هل لدى أي من والديك مرض نفسي؟</p>	
<p> <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم، يرجى تحديد صلة القرابة.....، واختيار نوع التشخيص مما يلي: <input type="checkbox"/> الاكتئاب <input type="checkbox"/> الاكتئاب ثنائي القطب <input type="checkbox"/> الفصام <input type="checkbox"/> اضطراب القلق <input type="checkbox"/> غير ذلك (يرجى التحديد): </p>	<p>14. هل لدى أي من أقاربك مرض نفسي؟</p>	
<p> <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم، يرجى اختيار نوع التشخيص مما يلي: <input type="checkbox"/> الاكتئاب <input type="checkbox"/> الاكتئاب ثنائي القطب <input type="checkbox"/> الفصام <input type="checkbox"/> اضطراب القلق <input type="checkbox"/> غير ذلك (يرجى التحديد): </p>	<p>15. هل لدى أي من أصدقائك مرض نفسي؟</p>	
<p> <input type="checkbox"/> نعم <input type="checkbox"/> لا إذا كانت الإجابة نعم، يرجى تحديد المصدر الذي طلبت منه المساعدة النفسية: <input type="checkbox"/> مرشد نفسي <input type="checkbox"/> طبيب نفسي <input type="checkbox"/> طبيب عام <input type="checkbox"/> شيخ أو رجل دين <input type="checkbox"/> أحد أفراد الأسرة <input type="checkbox"/> غير ذلك (يرجى التحديد) </p>	<p>16. هل سبق لك وأن طلبت مساعدة نفسية؟</p>	

Appendix E

Interview Guide

1. How long have you been teaching?
 - a. Do you teach Jordanians or Syrians?
 - b. What differences have you observed between Jordanian and Syrian students?
 - c. What kinds of issues have you noticed with Syrian students?
2. How many times a day do you deal with troublesome students who are upset, distracted, or aggressive?
 - a. How do you deal with these students?
3. How many times a day do you get frustrated with students?
 - a. How do you deal with this?
4. How many times a day do you witness conflict between students?
 - a. How do you react in these situations?
5. Have you received any training on how to support children psychologically?
 - a. From who did you receive training?
 - b. What techniques did you learn?
 - c. Have you applied any of these techniques to your classroom? Why or why not?
 - d. How do you deal with students who have experienced trauma?
 - e. Do you talk about emotions in the classroom?
6. What barriers do you think prohibit you from supporting your students emotionally?
 - a. Are there any additional tools or information you would like in order to psychologically support your students?
 - b. What do you need in order to help students with emotional problems?

Appendix F

عنوان الدراسة: واقع خدمات الرعاية الصحية النفسية المتكاملة للطلاب السوريين اللاجئين: دراسة استطلاعية لعينة من مدارس عمان.

اسم الطالب: ايميلي جولدستين

نموذج المقابلة للمعلمين

1. منذ متى تمارس مهنة التعليم؟
 - ا. هل تدرس طلبة أردنيين أم سوريين؟
 - ب. ما هي الاختلافات التي لاحظتها بين الطلاب الأردنيين والسوريين؟
 - ج. ما هي أهم القضايا التي لاحظت أنها ذات أهمية عند تدريس الطلاب السوريين؟
2. كم مرة في اليوم تتعامل مع الطلبة الذين يعانون من مشاكل معينة، فمثلاً يشعرون بالضيق أو التشتت أو العدوانية؟
 - ا. كيف تتعامل مع هؤلاء الطلاب؟
3. كم مرة في اليوم تغضب من الطلاب؟
 - ا. كيف تتعامل عند اثاره غضبك من الطلبة؟
4. كم مرة في اليوم تشهد صراعاً بين الطلاب؟
 - ا. كيف تتصرف في هذه المواقف؟
5. هل تلقيت أي تدريب حول كيفية دعم الأطفال نفسياً؟
 - ا. من قام بتدريبك؟
 - ب. ما التقنيات التي تعلمتها؟
 - ج. هل طبقت أيًا من هذه الأساليب في غرفة الصف التابعة لك؟ لما و لما لا؟
 - د. كيف تتعامل مع الطلاب الذين عانوا من الصدمات؟
 - ه. هل تتحدث عن العواطف في الفصل؟
6. ما هي العوائق التي تعتقد أنها تمنعك من دعم طلابك عاطفياً؟
 - ا. هل هناك أي أدوات أو معلومات إضافية تحتاجها من أجل تقديم الدعم النفسي لطلابك؟
 - ب. ما الذي تحتاجه لمساعدة الطلاب الذين يعانون من مشاكل عاطفية؟

Appendix G

PARTICIPANT INFORMED CONSENT FORM

INDEPENDENT STUDY PROJECT TOPIC: The State of Integrated Mental Health Care for Syrian Refugee Children in Amman Public Schools

STUDENT NAME: Emily Goldstein

Thank you for taking the time to participate in this project.

My name is Emily Goldstein. I am a student with SIT Study Abroad Jordan Refugees, Health and Humanitarian Action program. I would like to invite you to participate in a study I am conducting. However, before you agree to participate in this study, it is important you know enough about it to make an informed decision. If you have any questions, at any time, please ask me. You should be satisfied with the answers before you agree to be in the study.

Brief description of the purpose of this study

The purpose of this study is to explore the state of integrated mental health care for Syrian refugee students in Amman public schools.

Your participation will consist of responding to interview questions and will require approximately 30 minutes of your time.

There are no foreseeable risks in participating in this study and no penalties should you choose not to participate; participation is voluntary. During the interview you have the right to not answer any questions or discontinue participation at any time.

Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop participation. Please take some time to carefully read the statements provided below.

- a. *Privacy* - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.
- b. *Confidentiality* - all confidential information will be protected.
- c. *Withdraw* – you are free to withdraw your participation in the project at any time and may refuse to respond to any part of the research. Participants who desire to withdraw shall be allowed to do so promptly and without prejudice to their interests

If you have any questions about your rights as a participant, you may visit the World Learning website and check its policies on Human Subjects Research at:

<http://studyabroad.sit.edu/documents/studyabroad/human-subjects-policy.pdf> or contact the Academic Director at bayan.abdulhaq@sit.edu.

If you have any questions or want to get more information about this study, please contact me at phone: 0791847013 or email at: emily.goldstein@tufts.edu.

Consent to Quote from Interview

I may wish to quote from the interview with your child either in the presentations or articles resulting from this work. A pseudonym will be used to protect your identity.

Initial one of the following to indicate your choice:

_____ (initial) I agree to the use of quotes from my interview.

_____ (initial) I do not agree to the use of quotes from my interview.

Consent to Publish the Title of Your Position

I may wish to name the title of your position in the final publication.

Initial one of the following to indicate your choice:

_____ (initial) I agree to the use of the title of my position.

_____ (initial) I do not agree to the use of the title of my position.

Please sign below if you agree to participate in this research study and acknowledge that you are 18 years of age or older.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

Interviewer's signature _____ Date _____

Appendix H



نموذج موافقة على المشاركة في بحث

عنوان البحث: واقع خدمات الرعاية الصحية النفسية المتكاملة للطلاب السوريين اللاجئين: دراسة استطلاعية لعينة من

مدارس عمان.

الهدف من هذه الدراسة هو: تقييم خدمات الرعاية الصحية النفسية المتكاملة للطلاب السوريين اللاجئين في عينة من مدارس

عمان.

نأمل أن تساهم نتائج هذه الدراسة في تسليط الضوء على واقع الخدمات النفسية المقدمة للأطفال اللاجئين في المدارس في

الأردن وتوفير مقترحات عملية من شأنها تحسين جودة الخدمات المقدمة.

يعتبر هذا البحث احدى متطلبات مؤسسة التعلم الامريكية في الأردن: دراسات عامه حول الصحة وتنمية المجتمع.

نتائج هذا البحث ستكون متوفرة على شبكة التواصل العنكبوتية (الانترنت), و من الممكن أن تستخدم هذه النتائج في

المستقبل لأغراض بحثية أخرى.

الخصوصية والسريه:

كل المعلومات التي سيتم جمعها ستعامل بسرية تامة من قبل الباحثه ولن يطلع على البيانات إلا الباحثه نفسها. بالاضافه الى ذلك

سيتم اتلاف البيانات فور الانتهاء من الدراسه وتحليل النتائج.

حقوق المشاركين:

المشاركة في البحث طوعية وبمحض اختيارك. لا يتطلب الاشتراك في البحث ذكر الاسم او ما يدل عليه ومهما كانت اجابتك او

رأيك فان هذه الاجابات والآراء لن تؤثر بأي شكل كان على وضعك. كما انه لديك الحق بعدم المشاركة في البحث ان شئت، واذا ما غيرت

رأيك وقررت الانسحاب بعد المشاركة فيمكنك الانسحاب كذلك. ومن حقك رفض السماح للباحثه باستخدام بيانات الدراسه في اي

دراسات أخرى ستقوم بها الباحثه الرئيسييه.

المعايير الاخلاقية لمؤسسة التعلم الامريكية:

أ. الخصوصية - كل المعلومات سيتم تسجيلها وحمايتها كما ستعامل بسرية تامة, من حقك رفض تسجيل المقابلة وذلك من خلال

الباحث الرئيسي.

ب. عدم الكشف عن الهوية - لا يتطلب الاشتراك في البحث ذكر الاسم او ما يدل عليه إلا إذا اختار المشاركون خلاف ذلك.

ج. السرية - إن جميع الأسماء ستبقى سرية تماما ومحمية بالكامل من قبل الباحث.

من خلال التوقيع أدناه، فإنك تعطي الباحث المسؤولية الكاملة لحفظ هذا العقد ومحتوياته. كما سيتم توقيع نسخة من هذا العقد

واعطائها للمشارك.

5. اقرار موافقه:

من خلال التوقيع أدناه، فإنك توافق على استخدام ردودك على أسئلة الاستطلاع في دراسة بحثية بعنوان (واقع خدمات الرعاية

الصحية النفسية المتكاملة للطلاب السوريين اللاجئين: دراسة استطلاعية لعينة من مدارس عمان). كما أن توقيعك يعني أنك لا تمنع

باستخدام ردودك على أسئلة الاستطلاع خلال هذه الدراسة في دراسات مستقبلية على مواضيع مماثلة . وعلاوة على ذلك ، توقيعك يعني

فهمك الكامل لحقوقك أثناء المشاركة في هذه الدراسة.

وافق على تسجيل المقابلة علما بان المقابلة سيتم اتلافها خلال شهر عند الانتهاء من تحليل المعلومات.

نعم ---- لا ----

توقيع المشارك _____ التاريخ: _____

6. اقرار سرية:

من خلال التوقيع أدناه فإنك ملتزم بحفظ المعلومات المقدمة من قبل المشاركين في الدراسة بسرية في جميع الأحوال. وهذا يشمل هوياتهم، اجوبتهم على الأسئلة، أو أي معلومات أخرى.

توقيع الباحثة _____ التاريخ: _____

توقيع المترجمه _____

التاريخ _____

Appendix I

PARENTAL PERMISSION FOR CHILD'S RESEARCH PARTICIPATION

Title of the Study: The State of Integrated Mental Health Care for Syrian Refugee Children in Amman Public Schools

Researcher: Emily Goldstein

Your child is being asked to take part in a research study. This form has important information about the reason for doing this study, what we will ask your child to do, and the way we would like to use information about your child if you choose to allow your child to be in the study.

Why are you doing this study?

Your child is being asked to participate in a research study about the state of mental health care in schools.

The purpose of the study is to explore the access of your children to mental health services in schools.

What will my child be asked to do if my child is in this study?

Your child will be asked to complete a survey about their willingness to seek professional help for mental health. Participation should take about 15 minutes

What are the possible risks or discomforts to my child?

To the best of our knowledge, your child's participation in this study involves zero physical risk and limited emotional risk. Your child may feel uncomfortable addressing their state of mental health, but your child will have the option to opt out of the study at any time and will not be required to complete the survey if they do not wish to do so.

As with all research, there is a chance that confidentiality of the information we collect about your child could be breached – we will take steps to minimize this risk, as discussed in more detail below in this form.

What are the possible benefits for my child or others?

Your child is not likely to have any direct benefit from being in this research study. This study is designed to learn more about the mental health services provided in schools. The study results may be used to inform future educational policies and practices.

How will you protect the information you collect about my child, and how will that information be shared?

Results of this study may be used in publications and presentations. No identifying data such as name or specific class will be collected about your child. The survey form will be destroyed once data is analyzed, and the data represented in the final research paper will be in the form of generalized statistics so that your child will not be identifiable.

Financial Information

Participation in this study will involve no cost to you or your child. Your child will not be paid for participating in this study.

What are my child’s rights as a research participant?

Participation in this study is voluntary. Your child may withdraw from this study at any time -- you and your child will not be penalized in any way or lose any sort of benefits for deciding to stop participation. If you and your child decide not to be in this study, this will not affect the relationship you and your child have with your child’s school in any way. Your child’s grades will not be affected if you choose not to let your child be in this study.

If your child decides to withdraw from this study, the information already collected will not be used.

Who can I contact if I have questions or concerns about this research study?

If you or your child have any questions, you may contact the researcher, Emily Goldstein at Emily.goldstein@tufts.edu or 0791847013.

If you have any questions about your child’s rights as a participant in this research, you can contact the following office at the School for International Training:

School for International Training
 Institutional Review Board
 1 Kipling Road, PO Box 676
 Brattleboro, VT 05302-0676 USA
irb@sit.edu
 802-258-3132

Parental Permission for Child’s Participation in Research

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I give permission for my child to participate in the research study described above and will receive a copy of this Parental Permission form after I sign it.

 Parent/Legal Guardian’s Name (printed) and Signature
 Date

 Name of Person Obtaining Parental Permission
 Date

Appendix J

MINOR ASSENT FORM

For minors aged 12-17

Title of the Study: The State of Integrated Mental Health Care for Syrian Refugee Children in an Amman School

Researcher: Emily Goldstein

I am doing a study about mental health care in schools.

Why have you been asked to be part of this study?

The purpose of the study is to explore your ability access mental health services in school.

What will you be asked to do?

If you agree to be in this study, you will be asked to do the following things complete a survey about your willingness to seek professional help for mental health.

Participation should take about 15 minutes.

Are there any potential risks or discomforts for you?

Participation in this study carries no reasonable foreseeable (or expected) risks. There may be unknown risks.

Your parents know about the study and have agreed that you can participate if you want to.

Are there benefits to being in this study?

The study will not benefit you but may be used to inform future educational policies and practices.

Confidentiality

The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. We will not include any information in any report we may publish that would make it possible to identify you.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the investigator of this study or Smith College. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

Who will see the information collected about you?

When I am finished with this study, I will write a report about what I learned. This report will not include your name or that you were in the study. I will give you a fake name and I will not keep any of the materials you recorded.

Please feel free to contact me if you have any questions about the study.

Advisor: Dr. Latefa Dardas

I understand what I will be asked to do in this study. I understand that I can stop participating at any time.

I want to take part in the study.

Signature of Minor

Date

Principal Investigator Signature

Date

Appendix K

SIT Study Abroad

School for International Training



نموذج موافقة على المشاركة في بحث للناشئين

عنوان الدراسة: واقع خدمات الرعاية الصحية النفسية المتكاملة للطلاب السوريين اللاجئين: دراسة استطلاعية لعينة من مدارس عمان.
اسم الطالب: ايمني جولديتين

شكرا لأخذك الوقت للمشاركة في هذا المشروع.

أنا طالبة في برنامج SIT Study Abroad program. أود أن أدعوك للمشاركة في دراسة أجريها. ولكن قبل الموافقة على المشاركة في هذه الدراسة، من المهم أن تعرف ما يكفي عنها لاتخاذ قرار سليم. إذا كانت لديك أي أسئلة، من فضلك اسأل في أي وقت. يجب أن تكون راضياً عن الإجابات قبل العلى الموافقة على المشاركة في هذه الدراسة.

لماذا تُطلب منك أن تكون جزءاً من هذه الدراسة؟

الهدف من هذه الدراسة هو تقييم خدمات الرعاية الصحية النفسية المتكاملة للطلاب السوريين اللاجئين

في عينة من مدارس عمان.

ماذا سيطلب منك أن تفعل؟

في حال موافقتك على المشاركة في هذه الدراسة، فسيطلب منك تعبئة استبيان و/ أو المشاركة في مقابلة. وهذا يتطلب 30 دقيقة من وقتك.

هل هناك أي مخاطر أو إزعاجات محتملة لك؟

المشاركة في هذه الدراسة لا تحمل مخاطر. وقد تكون هناك مخاطر غير معروفة. ووالداك على علم بهذه الدراسة وقد تم أخذ موافقتهم على مشاركتك فيها إذا كانت لديك الرغبة في ذلك.

السرية

سيتم الاحتفاظ بسجلات هذه الدراسة بسرية تامة حيث سيتم الاحتفاظ بسجلات الأبحاث في ملف مغلق مع ترميز جميع المعلومات الإلكترونية وتأمينها باستخدام ملف محمي بكلمة مرور. لن نقوم بذكر أي معلومات في أي تقرير قد ننشره مما يجعل تحديد هويتك مستحيلاً.

الحق في رفض المشاركة أو الانسحاب

قرار المشاركة في هذه الدراسة هو قرارك خاص بك تماماً. يمكنك رفض المشاركة في الدراسة في أي وقت دون التأثير على علاقتك مع القائم على هذه الدراسة أو على أي خدمات تتلقاها حالياً. لن يؤدي قرارك إلى أي خسارة أو أي مزايا غير التي يحق لك الحصول عليها. لديك الحق في عدم الإجابة عن أي سؤال، وكذلك الانسحاب كلياً من البحث في أي مرحلة خلال العملية؛ بالإضافة إلى ذلك، يحق لك أن تطلب من الباحث عدم استخدام أي من إجاباتك.

من سيتطلع على المعلومات التي تم جمعها عنك؟

عند الانتهاء من هذه الدراسة ، سأكتب تقريراً عن ما تعلمته. ولن يتضمن هذا التقرير اسمك أو مشاركتك في هذه الدراسة. سأعطيك اسمًا مزيّفًا ولن أحتفظ بأي المواد التي سجلتها. إذا كان لديك أي أسئلة متعلقة بهذه الدراسة ، فلا تتردد في الاتصال بي على رقم الهاتف 07-9_ أو عبر البريد الإلكتروني email: يمكنك أيضًا التواصل مع المدير الأكاديمي لبرنامجي على bayan.aabdulhaq@sit.edu.
يرجى التوقيع أدناه إذا:
أفهم ما سيطلب مني القيام به في هذه الدراسة وأنه يمكنني التوقف عن المشاركة في أي وقت. وأود المشاركة في هذه الدراسة.

التاريخ _____ توقيع القاصر
التاريخ _____ توقيع الباحث
التاريخ _____ توقيع المترجم

SIT Study Abroad

School for International Training



نموذج إذن الوالدين لمشاركة الطفل في البحث

عنوان هذه الدراسة المستقلة: واقع خدمات الرعاية الصحية النفسية المتكاملة للطلاب السوريين اللاجئين: دراسة استطلاعية لعينة من مدارس عمان
اسم الطالب: ايميلي جولدستين
طلب من طفلك المشاركة في دراسة بحثية. يحتوي هذا النموذج على معلومات مهمة حول سبب إجراء هذه الدراسة ، وما سيطلب من طفلك القيام به ، والطريقة التي سيتم فيها استخدام المعلومات المتعلقة بطفلك إذا وافقت على السماح لطفلك بالمشاركة في هذه الدراسة.
أنا طالبة في برنامج SIT Study Abroad . أود أن أدعو طفلك للمشاركة في دراسة أجريها. ولكن، قبل موافقتك وموافقة طفلك على المشاركة في هذه الدراسة ، من المهم أن تكون على دراية كافية بها لاتخاذ قرار سليم. إذا كان لديك أي أسئلة ، من فضلك اسألني في أي وقت . يجب أن تكون راضيًا عن الإجابات قبل أن توافق على السماح لطفلك بالمشاركة في هذه الدراسة.
لماذا تقوم بهذه الدراسة؟
سوف يشارك طفلك في دراسة بحثية هدفها هو تقييم خدمات الرعاية الصحية النفسية المتكاملة للطلاب

السوريين اللاجئين في عينة من مدارس عمان.

ماذا سيطلب من طفلي أن يفعل إذا كان مشاركاً في هذه الدراسة؟

سيُطلب من طفلك تعبئة استبيان وقد يطلب منه القيام بمقابلة. ستحتاج المشاركة في هذه الدراسة حوالي 30 دقيقة.

ما هي المخاطر أو الإزعاجات المحتملة لطفلي؟

حسب معرفتنا ، فإن الأشياء التي سيطلب من طفلك فعلها في هذه الدراسة ليس فيها أي مخاطر أكثر من مخاطر الحياة اليومية.

السرية

كما هو الحال مع جميع الأبحاث ، هناك احتمال أن يتم اختراق للمعلومات التي سيتم جمعها عن طفلك - وسنقوم باتخاذ خطوات لتقليل هذه المخاطر ، كما هو موضح بالتفصيل أدناه في هذا النموذج. سيتم الاحتفاظ بسجلات هذه الدراسة بسرية تامة حيث سيتم الاحتفاظ بسجلات الأبحاث في ملف مغلق مع ترميز جميع المعلومات الإلكترونية وتأمينها باستخدام ملف محمي بكلمة مرور. لن نقوم بذكر أي معلومات في أي تقرير قد ننشره مما يجعل هويتك مستحيلاً.

ما هي المنافع الممكنة لطفلي أو غيره؟

إن المشاركة في هذه الدراسة البحثية قد لا تفيد طفلك شخصياً ، ولكن قد نتعلم أشياء جديدة من الممكن أن تساعد الآخرين.

المعلومات المالية

لن تشمل المشاركة في هذه الدراسة أي تكلفة عليك أو على طفلك. لن يتم دفع راتب لطفلك مقابل المشاركة في هذه الدراسة.

ما هي حقوق طفلي كمشارك في هذا البحث؟

المشاركة في هذه الدراسة طوعية. ويجوز لطفلك الانسحاب من هذه الدراسة في أي وقت. لن تتعرض لا أنت ولا طفلك لأي عقوبة بأي شكل من الأشكال أو تخسر أي نوع من المزايا إذا قررت إيقاف المشاركة في البحث. إذا قرر طفلك الانسحاب من هذه الدراسة ، فيسأل الباحثون ما إذا كان من الممكن استخدام المعلومات التي قد تم جمعها من طفلك.

عند الانتهاء من هذه الدراسة ، سأكتب تقريراً عن ما تعلمته. ولن يتضمن هذا التقرير اسمك أو مشاركتك في هذه الدراسة. سأعطيك اسمًا مزيّفًا ولن أحفظ بأي المواد التي سجلتها. إذا كان لديك أي أسئلة متعلقة بهذه الدراسة ، فلا تتردد في الاتصال بي على رقم الهاتف 07-9xxxxxxx أو عبر البريد الإلكتروني على email XXX يمكنك أيضاً التواصل مع المدير الأكاديمي لبرنامجي على

bayan.aabdulhaq@sit.edu

يرجى التوقيع أدناه إذا:

لقد قرأت هذا النموذج وتم شرح هذه الدراسة البحثية لي. لقد قرأت هذا النموذج. لقد تم إعطائي الفرصة لطرح الأسئلة وتمت الإجابة على أسئلتي. إذا كانت لدي أسئلة إضافية ، فقد تم إخباري بمن يجب علي التواصل معه. أعطي تصريحاً لطفلي للمشاركة في الدراسة البحثية الموضحة أعلاه وسأحصل على نسخة من نموذج إذن الوالدين بعد التوقيع عليه.

التاريخ _____

توقيع الوالد / الوصي القانوني

التاريخ _____

الاسم الوالد / الوصي القانوني كتابة

التاريخ

اسم الطفل المشارك