

The Effect Of Counseling Program Based On Emotional Intelligence On Reducing The Symptoms Of PTSD Among A Sample Of Children Who Are Victims Of Wars And Crises

Dr. Mimas Thaker Kamour^{1*}

^{1*}Assistant Professor / Department of Education, Specialization: Psychological and Educational Counseling
Arab Open University / Jordan Branch, ORCID no: <https://orcid.org/0000-0002-2491-4494>,
Email: m_kamour@aou.edu.jo

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ABSTRACT

This study aimed to measure the effect of counseling program based on emotional intelligence skills in reducing the symptoms of PTSD among a sample of refugee children ranged in age from 11-13. The sample consisted of 60 boy and girls children deliberately selected from among 600, and randomly distributed equally into two groups: the control and experimental groups. The results showed that there were significant differences between the means of the experimental and control groups scores in the post test on the reducing the symptoms of PTSD, in favor of the experimental group. To achieve the goals of the study, counseling program and PTSD scale were used.

Keywords. Counseling Program, Emotional Intelligence, symptoms of PTSD, Children who are Victims of Wars and Crises

Introduction

Traumatic and distressing events are among the most significant experiences that can have a profound impact on the psychological and emotional well-being of individuals, particularly children who are exposed to events such as armed conflicts, wars, and displacement. Children are considered a vulnerable group susceptible to being greatly affected by traumatic and distressing events due to their ongoing biological and psychological development and their limited ability to cope and comprehend like adults. When they experience such events, their lives undergo radical and sudden changes that affect their stability and psychological well-being.

War disasters are some of the most recurring calamities in human history and are directly linked to death. They create a threatening environment of death that affects large numbers of people, often accompanied by the loss of loved ones, family members, and relatives. There is a growing general sense that such wars pose a collective threat to humanity, and the resulting disorders are undoubtedly a form of the suffering left behind by destructive warfare. Alongside this suffering come feelings of anxiety, panic, fear, nightmares, and insomnia, experienced by many who have lived through wars and the resulting destruction, especially children (Bani Omar, 2018).

Among the most common psychological disorders afflicting war-torn and occupied populations is Post-Traumatic Stress Disorder (PTSD), or Posttraumatic Stress Disorder (PTSD) as it was renamed in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association. The credit for the discovery of this disorder goes back to the Vietnam War in the 1970s. Psychological studies revealed that half a million American soldiers were suffering from this disorder 15 years after the end of that war. Additionally, the disorders that affected American soldiers after the Gulf War are considered to be a type of these disorders (Belaid, 2018).

Post-Traumatic Stress Disorder (PTSD) is a psychological condition that arises from an individual's exposure to a traumatic or distressing experience, and it can persist for an extended period after the conclusion of that experience. Its symptoms manifest in various ways, such as sudden panic, recurring painful memories,

avoidance of places or things associated with the traumatic event, feeling of suffocation, and an inability to control emotions. These symptoms can significantly impact the lives of children, affecting their academic performance, social relationships, and emotional growth (Ibrahim, 2022).

A child affected by Post-Traumatic Stress Disorder (PTSD) experiences numerous symptoms that may hinder them from performing various roles and can cause severe psychological distress, distancing them from the world of childhood. The theories of counseling and psychotherapy have provided different explanations for these symptoms, along with various programs associated with therapeutic approaches, such as behavioral school, cognitive school, cognitive-behavioral therapy, and analytical school. Among the newer theories that have explained symptoms of post-traumatic stress disorder and introduced therapeutic programs is the theory of emotional intelligence. Therefore, this research aims to present a therapeutic program based on the theory of emotional intelligence to reduce symptoms of post-traumatic stress disorder among a sample of children who have experienced wars and disasters (Saadeh, 2021).

Research Problem

Post-Traumatic Stress Disorder (PTSD) is one of the most significant psychological and emotional issues that has captured the attention of psychology, counseling, and psychotherapy schools. These fields have raced to provide explanations and treatments for the symptoms of this disorder, including the theory of emotional intelligence (Hreez, 2022). Studies by Abu Hammour (2021) have revealed that the fundamental reason behind the emergence of PTSD symptoms is the lack of emotional skills among students. There is a critical need to educate the victims of this disorder in emotional skills that can assist them in overcoming the psychological and social damages resulting from this disorder.

Refugee children exposed to armed conflicts, wars, and displacement are among the most vulnerable groups prone to developing Post-Traumatic Stress Disorder (PTSD) due to the traumatic and distressing events they witness. This psychological disorder can lead to significant negative impacts on their mental and emotional well-being, as well as their ability to adapt to the new environment and cope with their surroundings (Jabbar, 2019).

Despite the importance of addressing Post-Traumatic Stress Disorder (PTSD) in refugee children, there is a lack of effective programs and interventions aimed at reducing the symptoms of this disorder among them. This problem is partially rooted in the difficulty of dealing with refugee children who undergo fundamental changes in their lives. Additionally, expressing their emotions and psychological challenges becomes challenging due to their limited ability to articulate their feelings linguistically.

Research Objectives

The aim of the research is to assess the impact of an emotional intelligence-based counseling program on reducing symptoms of Post-Traumatic Stress Disorder (PTSD) among a sample of children aged 11-13 who have experienced wars and are suffering from symptoms of PTSD.

Importance of the Research

The significance of the research can be summarized in two main areas:

Theoretical Significance

This study contributes to enriching the general understanding of the impact of counseling programs based on emotional intelligence skills in alleviating symptoms of Post-Traumatic Stress Disorder (PTSD) among refugee children. The study presents a specific theory to demonstrate how the concepts of emotional intelligence can be applied within the context of psychological and counseling interventions to enhance the well-being of affected refugee children. The study also provides a theoretical framework that can serve as a basis for future research and guide research efforts towards expanding theories related to psychological interventions for this group of children.

Practical Significance

This study introduces a counseling program based on the theory of emotional intelligence that can enhance the quality of counseling practices conducted by school counselors in addressing PTSD symptoms among children. By directing efforts towards improving the psychological and emotional experiences of these children, such programs can have a significant positive impact on enhancing their quality of life and strengthening their ability to cope with challenging circumstances they face. Furthermore, the results of this study can contribute to enhancing government and international policies and programs related to supporting refugee children and those affected by conflicts and wars.

Research Hypotheses

The study tested the hypothesis: There are no statistically significant differences at the ($\alpha \geq 0.05$) level between the mean scores of the research participants on the Post-Traumatic Stress Disorder scale in the dimensional measurement attributed to the variables of the groups (experimental and control) and gender (males and females), as well as the interaction between them.

Definition of Terms

Emotional Intelligence: Bassiouny (2021) defined emotional intelligence as the ability of an individual to perceive their own emotions, recognize the emotions of others, and their capacity to effectively and adeptly motivate themselves and manage their own emotions.

Symptoms of Post-Traumatic Stress Disorder: Ibrahim (2022) defined symptoms of post-traumatic stress disorder as manifestations or signs indicating illness or disorder resulting from the presence or interconnection of specific symptom clusters.

Post-Traumatic Stress Disorder (PTSD): Belaid (2018) defined PTSD as a psychological disorder occurring in individuals who have experienced traumatic events that are beyond their usual experience and expectations, such as natural disasters, wars, and torture. This disorder is often chronic or long-lasting.

Counseling Training Program: Al-Khanshiyyah (2022) defined it as a set of strategies and procedures derived from the theory of emotional intelligence, encompassing five dimensions: self-awareness, self-regulation, motivation enhancement, empathy, and social skills. The program consists of 12 training sessions.

Study Limitation:

The study is limited to children in the age group of 11-13 who have experienced wars and are suffering from symptoms of post-traumatic stress disorder.

Sample Selection: The sample was selected in collaboration with the Traumas Center, affiliated with the Noor Al Hussein Foundation. The study utilized the Post-Traumatic Stress Disorder scale as its measurement tool.

Training Program: The training program involves organized and planned efforts aimed at providing trainees with renewed skills, knowledge, and experiences that target continuous positive changes in their experiences, attitudes, and behaviors, ultimately enhancing their performance effectiveness.

The Theoretical Framework

Post-Traumatic Stress Disorder (PTSD)

When an individual is exposed to sudden danger, witnesses a distressing scene, or hears tragic news, it can lead to a psychological shock for the recipient. Shock is commonly used to describe severe psychological impact. This condition, known as trauma, is defined as a state of psychological pressure that surpasses an individual's capacity to endure and return to a state of permanent equilibrium thereafter. It is a response to the traumatic incident, which attacks the individual and breaches their defense mechanisms, potentially severely disrupting their life. This incident can result in changes in personality or even physical illness if not swiftly and effectively managed. Trauma gives rise to deep fear, helplessness, or terror (Soma, 2023).

Post-Traumatic Stress Disorder (PTSD) is a psychological condition that arises from exposure to a traumatic or distressing experience, or a horrifying event. This experience can range from natural disasters and serious accidents to assaults, wars, torture, or other events that threaten the person's life or personal safety (Buti, 2022).

Post-Traumatic Stress Disorder (PTSD) Symptoms

The symptoms of PTSD vary and encompass psychological, emotional, and behavioral effects on the affected individual. The central psychopathological feature of this disorder is "Traumatic Memory," which is reflected in specific psychological symptoms. These symptoms include recurrent, intrusive, and distressing recollections of the event, which may manifest as mental images, thoughts, or perceptions. The person also experiences repeated and distressing event replays in dreams, acts, or sensations, as if the traumatic event were recurring.

Additionally, there is intense psychological distress upon exposure to internal or external stimuli reminiscent of or resembling certain aspects of the event. Physiological responses occur when encountering these stimuli. The individual engages in persistent avoidance of any stimuli associated with the event. Furthermore, a general numbing of responses is observed (Mubarak, 2023).

Jabbar (2019) noted that children exhibit post-traumatic stress symptoms associated with intense fear, terror, and panic, which manifest as fear of others, sleep disturbances, nightmares, and the repetition of symbols or games representing the traumatic event. Involuntary urination and defecation, a state of dissociation or daydreaming, as well as continuous purposeless movements, are also observed in addition to these symptoms.

Factors Increasing the Likelihood of Post-Traumatic Stress Disorder (PTSD)

There are several factors that can increase the likelihood of developing post-traumatic stress disorder (PTSD) in individuals who have experienced traumatic or distressing events. These factors can influence how a person reacts to such events and their ability to cope with them. Among these factors (Belaid, 2018):

1. **Severity of the Traumatic Event:** Highly intense traumatic events involving life-threatening situations or physical harm increase the risk of developing post-traumatic stress disorder, such as wars, terrorist attacks, plane crashes, and natural disasters.
2. **Repeated Exposure to Traumatic Events:** Experiencing multiple traumatic events over time increases the likelihood of developing PTSD.
3. **Lack of Social Support:** The absence of strong social support from friends and family after the traumatic event can elevate the risk of developing PTSD.
4. **History of Previous Traumatic Events:** If an individual has a history of previous exposure to traumatic events and the development of PTSD, there is a higher likelihood of it occurring again.
5. **Personal Factors:** Certain personal factors like a history of previous mental health issues, psychological stress, and genetic predisposition may increase the likelihood of developing PTSD.
6. **Age-Related Factors:** Children and the elderly may be more susceptible to the effects of PTSD due to their differing abilities to cope with psychological challenges.
7. **Socioeconomic Factors:** Challenging socioeconomic conditions such as job loss, financial instability, and life pressures can increase the likelihood of developing PTSD.
8. **Quality of Support After the Traumatic Event:** The quality of psychological and emotional support received by an individual after the traumatic event can impact the likelihood of developing PTSD. Effective and supportive assistance can help mitigate the effects of the event.

Modern Treatment and Psychotherapeutic Approaches Addressing Post-Traumatic Stress Disorder

Bani Omar (2018) mentioned that there are methods for treating post-traumatic stress disorder (PTSD).

Brief Psychological Treatment and Counseling:

Modern brief psychological treatment follows a unified direction aimed at alleviating distress, whether through rational and cognitive therapy or emotional catharsis. Focusing on alleviating psychological frustration becomes a legitimate and justified objective. This approach includes:

Rational-Emotional Counseling: Rational-emotional counseling is a direct guidance method that employs educational, cognitive, and emotional techniques to assist the client in rectifying irrational beliefs associated with emotional disturbances and behavioral disorders. It aims to transform irrational beliefs into rational ones, accompanied by emotional regulation and adaptive behavior.

Emotional Catharsis: Also known as emotional discharge or emotional purification, emotional catharsis refers to the process of releasing emotionally charged experiences. It involves allowing the client to discharge their own emotions, serving as a form of emotional purification and psychological unburdening.

Emotional Intelligence Concept

Emotional intelligence is a relatively modern psychological concept that has captured the attention of scholars and researchers in the field of psychology over the past two decades. It is regarded as a process inseparable from cognition. Emotion and cognition are interactive and intertwined processes that cannot be separated. Emotional intelligence is based on the fundamental idea that an individual's success in social and professional life is not solely dependent on cognitive abilities (cognitive intelligence), but also on their possession of emotional and social skills. These components constitute the essence of this intelligence (Al-Badia, 2021).

In 1988, Bar-On developed his concept of emotional intelligence in the field of mental health and personality traits. He considered emotional intelligence as reflecting how an individual interacts with a situation and utilizes their emotional states within that context (Al-Badia, 2021).

In 1990, Salovey and Mayer published a scientific paper on emotional intelligence, defining it as the ability to monitor one's own and others' emotions and feelings. They further refined their definition of emotional intelligence in 1997 and revised it in 2000, stating that it involves the capacity to process emotional information, including recognizing, understanding, and managing emotions (Abu Hammour, 2021).

Daniel Goleman was influenced by Salovey and Mayer's theory and released his first book in 1995 titled "Emotional Intelligence." In this book, he emphasized that academic, personal, and professional success cannot be achieved without individuals acquiring emotional and social skills. Goleman defined emotional intelligence as the ability to perceive one's own emotions and the emotions of others, the capacity to motivate oneself, and effectively manage one's emotions. He observed that emotional intelligence is a set of personal competencies, including self-regulation, enthusiasm, perseverance, and the ability to motivate oneself. He saw these competencies as teachable skills that can be imparted to our children to ensure better opportunities for them to utilize their psychological potential, whether genetically or environmentally (Hreez, 2022).

What distinguishes emotional states are the accompanying bodily and physiological changes. Thus, different emotional states and their associated changes can impact the interpretation of individuals' behaviors by others. Emotional intelligence is linked to fundamental emotional skills, encompassing its five components: self-awareness, self-regulation, empathy, motivation, and social skills (Al-Khanshiyyah, 2022).

The theory of emotional intelligence

It is a theoretical framework that provides an understanding and explanation of the emotional and social capabilities of humans and how they influence behavior and performance in various contexts. One of the most significant models in this field is the concept of emotional intelligence introduced by Daniel Goleman in his book "Emotional Intelligence," published in 1995. One of the noteworthy achievements in therapeutic psychology is the utilization of the theory of emotional intelligence in guiding and treating various psychological disorders at different stages of life, particularly during childhood. Training children in emotional intelligence skills helps them succeed in their lives, attain psychological well-being, establish friendships, solve problems, engage in social interactions, achieve academic and professional success, and develop empathy (Goleman, 1995).

Emotional intelligence has introduced many fundamental principles to guidance and psychological therapy in its modern concept. It has presented psychological therapy as a form of emotional re-education. So, what is emotional intelligence, and how did the theory explain the occurrence of emotional disorders?

Goleman model of emotional intelligence

Emotional competencies are divided into the Houlman model as stated in Goleman (1995):

First - Personal Competence: It determines how the individual manages his own affairs and includes the following three dimensions of emotional intelligence:

Self-awareness: it is the knowledge of an individual's internal states, his preferences, and his perceptual knowledge

Self-regulation: It means the individual's management of his internal states, motives and sources, and includes the following sub-competencies

Motivation: Motivation is the emotional tendencies that lead an individual towards goals or facilitate their achievement.

Second - Social Competence: It is estimated by how the individual manages his relationships with others and includes the fourth and fifth dimensions of emotional intelligence, namely:

Empathy: Awareness of other people's feelings, needs, and concerns.

Social Skills: These are the skills aimed at inducing the required reactions in others.

Several studies have examined the symptoms of post-traumatic stress disorder (PTSD) and presented them chronologically from the most recent to the oldest:

The study conducted by (Al-Halak & Al-Shobaki ,2021) aimed to explore the effectiveness of a cognitive behavioral group counseling program in reducing symptoms of depression and post-traumatic stress disorder (PTSD) among a sample of Libyan war survivors. The researchers employed both quasi-experimental and descriptive-analytical methods. The study population consisted of all Libyan war survivors. The sample comprised 34 injured individuals who scored highest on the Zung Depression Scale. The Mississippi Scale for Post-Traumatic Stress Disorder (PTSD) revealed statistically significant differences between the experimental and control groups in total and subscale scores on the Zung Depression Scale and the Mississippi Scale for PTSD in the experimental group. Meanwhile, statistically significant differences in the levels of depression and PTSD among the injured participants were attributed to these variables (social status, type of injury, educational level).

The study conducted by (Sakarneh & Ghaith, 2020) aimed to investigate the effectiveness of a group counseling program based on the mind-body model in reducing symptoms of post-traumatic stress disorder (PTSD) among a sample of Syrian women who were refugees and victims of trauma in Jordan. The study included 27 Syrian women experiencing symptoms of PTSD, who were beneficiaries of the Family Health Care Institute / Noor Al Hussein Foundation. These women volunteered to participate in the counseling program. The results showed statistically significant differences between the scores of the experimental and control groups on the PTSD symptom scale, both on the post-assessment and in favor of the experimental group. The experimental group exhibited a reduction in post-traumatic stress symptoms and sustained improvement one month after the treatment, indicating the effectiveness of the utilized counseling program.

The aim of Mostafa's study (2020) was to identify patterns of cyberbullying among victims of cyberbullying among middle school students. The study also aimed to enhance self-compassion among the study sample and reduce the severity of post-traumatic stress disorder (PTSD) symptoms through a counseling program centered around compassion. The study sample consisted of a descriptive sample of 429 students who were victims of cyberbullying. The experimental group comprised 7 students who were victims of cyberbullying, had low self-compassion, and experienced PTSD. The results indicated the presence of various patterns of cyberbullying experienced by the victims, including suspicious communications, electronic social exclusion, online humiliation, deliberate humiliation, and electronic deception. Furthermore, the results demonstrated the effectiveness of the counseling program in enhancing self-compassion and reducing PTSD symptoms among the study sample. The results were interpreted within the context of theoretical frameworks, previous studies, as well as the cultural and societal context of the current study sample.

The study conducted by(El-Khodary & Samara, 2019) aims to investigate the relationship between emotional intelligence, positive social behavior, parental support, and parental psychological control on one hand, and post-traumatic stress disorder (PTSD) and depression symptoms on the other hand, following exposure to traumatic war events among Palestinian children and adolescents in Gaza. Methodology: The sample consists

of 1,029 participants. The results also revealed a prevalence of PTSD diagnosis at 53.5%. Furthermore, there is a negative correlation between trait and positive social behavior on one hand, and parental psychological control, PTSD, and depression symptoms on the other hand. Similarly, a negative correlation was found between parental support and depression symptoms. The low EI trait and parental psychological control significantly mediated the relationship between exposure to war trauma, PTSD, and depression.

All previous studies aimed at clarifying the psychological, emotional and social symptoms experienced by people with post-traumatic stress disorder.

Rizkalla & Segal (2018) conducted a study aimed at exploring the factors influencing well-being and the development of post-traumatic stress disorder (PTSD) symptoms among a sample of 974 refugees who are beneficiaries of non-governmental organizations in Jordan. The results indicated that increased well-being is associated with income, health, and absence of emotional disorder. Additionally, the findings suggest that income and sufficient humanitarian assistance can contribute to the mental health of Syrian refugees. The research sample comprised 60 children, evenly distributed with 30 males and 30 females, aged between 11-13 years, who scored highest on the PTSD scale. The research tool was administered to 600 children, 300 females and 300 males, selected randomly to ensure equivalence between the experimental and control groups. The participants were chosen from the Nour Al-Hussein Foundation's Sammeh Center, and the children who have experienced the effects of wars were from Gaza camps and the Zaatari camp.

Study tools

The study relied on building a post-traumatic stress disorder scale, by referring to many related studies, and many scales were referred to, such as the Harvard questionnaire trauma scale (Shoeb, Weinstein & Mollica, 2007). and the Trauma Scale for Children (TSCC), which was built by Briere in 1989 (Briere, 1989). and the Gaza scale for measuring posttraumatic stress disorder in children (Thabet, 2014). Where the researcher developed the initial paragraphs of the post-traumatic stress disorder scale, where (41) paragraphs were formulated, which fit the Jordanian environment, and several things were taken into account when formulating the paragraphs.

The researcher developed the initial paragraphs of the post-traumatic stress disorder scale, where (41) paragraphs were formulated to suit the Jordanian environment. Paragraphs agree with Jordanian values and culture, ensuring that they do not conflict with local beliefs and practices, and take into account the sensitivity of the topic and the privacy of the participants, while providing paragraphs that respect the privacy of individuals and reduce any potential negative impact.

Questionnaire validity

The validity of the content was verified by presenting the tool to 10 arbitrators with specialization in the field of psychological counseling and psychology, where the paragraphs that had an agreement of 80% of the opinions of the arbitrators were fixed.

Questionnaire stability

The stability was calculated using the internal consistency coefficient (Cronbach's alpha). The questionnaire was administered to 35 children aged 11 to 13 years, who were selected from outside the study sample. The reliability coefficient was computed and yielded a value of 0.94. This indicates that the questionnaire possesses a high degree of reliability and can be considered dependable.

The suggested therapeutic program to reduce the symptoms of post-traumatic stress disorder

The theoretical framework of the programme

The therapeutic program is based on the dimensions of emotional intelligence, which included two areas:

Personal sufficiency: It includes the following dimensions (self-awareness, self-regulation, and motivation).

Social competence: It includes two dimensions: (empathy and social skills).

The program focuses on emotional re-education and undergoes three stages: acquiring a sense of security, which involves calming down heightened emotional reactions and facilitating a smooth transition; recalling the details of the trauma and grieving the accompanying loss; and finally, returning to normal life. The program will also emphasize reducing the following post-traumatic symptoms: hyperactivity, heightened alertness, distressing dreams and nightmares, and intrusive memories.

Program Objectives:

1. Develop emotional intelligence skills: (Self-awareness - Self-regulation - Motivation - Empathy - Social skills).
2. Reduce the symptoms associated with post-traumatic stress disorder.
3. Provide emotional rehabilitation for the child.

Counseling Program Strategies: (Storytelling, Games, Relaxation, Visualization).

Program Components

The proposed program consists of (12) sessions. The first session is an introduction and getting acquainted, lasting for 45 minutes. The program involves one weekly session, with each session lasting for one hour.

Study Design

A quasi-experimental approach was utilized, employing both experimental and control groups. The counseling program was administered to the experimental group, while the control group did not undergo the program. Pre- and post-measurements were taken for both groups.

Statistical Analysis

Arithmetic means and standard deviations of the scores of the study sample on the post-traumatic stress disorder scale were calculated. Then, a repeated measures analysis of covariance (ANCOVA) was employed. Correlation coefficients were also calculated to ensure the reliability of the study instruments.

Study Results and Discussion

Hypothesis 1: There were no statistically significant differences at the significance level ($\alpha \geq 0.05$) between the means of the study participants' scores on the post-traumatic stress disorder scale in the pre-test and post-test measurements attributed to the variables of group (experimental and control) and gender (males and females), as well as their interaction. To verify the validity of this hypothesis, arithmetic means and standard deviations of the sample's scores were calculated according to the group and gender variables on the pre-test and post-test measurements on the post-traumatic disorder scale, as shown in Table 1.

Table (1) Arithmetic means and standard deviations of the scores on the post-traumatic stress disorder scale were calculated for the pre-test and post-test measurements according to the variables of group and gender.

Measurement Variables		pre		post	
		arithmetic mean	standard deviation	arithmetic mean	standard deviation
Group	Experimental	90.40	11.88	67.13	12.44
	Control	87.86	11.41	84.27	11.36
Gender	Male	91.26	13.24	78.27	16.41
	Female	87.00	7.97	73.13	12.35

Table (1) shows that there is a difference between the means of scores of the experimental and control groups on the post-traumatic stress disorder scale in the post-test measurement. The mean scores for the control group of the total sample (males and females) was 84.27, while the mean scores for the experimental group of the total sample was 67.13, indicating a decrease in symptoms of post-traumatic stress disorder in the experimental group. It is also evident that there is a difference between the means of scores for males and females on the post-traumatic stress disorder scale, with a mean score of 78.27 for males and 73.13 for females.

To determine the significance of these differences between the means of scores of the experimental and control groups, as well as between the means of scores for males and females, and to assess the interaction effect between group and gender on the post-traumatic stress disorder scale in the post-test measurement while controlling for the pre-test effect, the analysis of covariance (ANCOVA) was employed. The results are presented in Table (2).

Table (2) Analysis of Covariance (ANCOVA) to indicate the significance of differences between the means of scores on the post-traumatic stress disorder scale in the post-test measurement based on group, gender, and their interaction.

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F Value	Significance Level
Pre-intervention	5692.59	1	5692.59	148.96	0.00
Group (Program)	7478.71	1	7478.71	195.70	0.00
Gender	279.43	1	279.43	7.31	0.00
Gender × Group Interaction	88.41	1	88.41	2.31	0.13
Error	2101.80	55	38.22		
Total	12634.60	59			

From Table (2), regarding the differences between the experimental and control groups in post-traumatic stress disorder symptoms, it is evident that the differences are statistically significant. The F value was 195.70, which is statistically significant at the 0.000 level. Referring to the means table, we observe that the average scores of the individuals in the experimental group were lower than the average scores of the individuals in the control group, indicating the impact of the counseling program in reducing post-traumatic stress disorder symptoms among the experimental group.

As for the significance of differences between males and females in post-traumatic stress disorder symptoms, the F value was 7.31, which is statistically significant at the 0.000 level. This suggests that there is a difference in the impact of the counseling program attributed to gender. Referring to the means table, we note that the counseling program had a greater effect on females compared to males, leading to a greater reduction in post-traumatic stress disorder symptoms among females with higher statistical significance.

The table also demonstrates no statistically significant differences at the significance level ($\alpha \geq 0.05$) in post-traumatic stress disorder symptoms attributed to the interaction between group and gender. The F value was 2.13, which is not statistically significant. This can be interpreted as there being an independent effect of each factor separately on post-traumatic stress disorder symptoms.

Discussion of Results and Recommendations

The results of the analysis of variance (ANCOVA) indicated a statistically significant difference at the 0.05 level of significance (α) between the mean scores of the experimental and control groups on the post-traumatic stress disorder scale in the post-assessment, in favor of the experimental group. This result can be interpreted in light of the nature of the counseling program based on Goleman's theory of emotional intelligence. The program encompasses the five dimensions of the theory: self-awareness, self-regulation, empathy, motivation, and social skills.

It appears that the characteristics of these dimensions contributed to the development of emotional and social competencies in children in general, leading to a better understanding and awareness of their emotions, as well as the emotions of others. The program facilitated recognizing their strengths and weaknesses, enhancing their ability to manage and comprehend their emotions.

These findings support the effectiveness of the counseling program in reducing post-traumatic stress disorder symptoms among the experimental group. Therefore, it can be recommended that similar counseling programs based on emotional intelligence theory be implemented in other contexts to help children develop emotional and social skills, improve their emotional well-being, and enhance their ability to cope with and understand their emotions and those of others. Further research is also encouraged to explore the long-term effects of such programs and to investigate their potential benefits for various populations and age groups.

Furthermore, the positive impact of the emotionally intelligent-based counseling program on reducing post-traumatic stress disorders can be explained by its enhancement of self-awareness, a fundamental pillar of emotional intelligence. Self-awareness is intricately linked to a child's understanding of their emotions and emotional responses. When children are trained to enhance this capacity, they become more adept at recognizing their emotional reactions following traumatic experiences and pressures. This, in turn, enables them to process these feelings in healthier and more effective ways.

The emotional regulation and control techniques taught in the program empower individuals to manage the levels of stress and tension resulting from post-traumatic experiences. This ability contributes to diminishing anxiety and emotional disturbances associated with trauma. In essence, the emotionally intelligent-based counseling program equips children with the tools to navigate their emotional landscapes more skillfully, allowing them to cope with the aftermath of trauma in a more adaptive and resilient manner.

In addition, the program enhances communication skills and interactions with others, which can lead to improving social support for individuals suffering from post-traumatic disorders. This contributes to alleviating feelings of isolation and loneliness. The program also strengthens empathy skills and understanding of others' emotions, thereby enhancing individuals' ability to cope with their psychological and emotional challenges. This positive interaction with others may mitigate the impact of trauma-related disorders.

Recommendations: In light of the study's findings, the following recommendations are suggested:

- 1- There is a need to focus on developing emotional intelligence among refugee children who have experienced wars and disasters, by relevant authorities and humanitarian organizations, so that these children can better overcome future challenges they may encounter.
- 2-Design a tailored counseling program for refugee children affected by post-traumatic disorders, taking into consideration their cultural and social backgrounds, to ensure that the program is applicable and effective within their living context.
- 3-Utilize interactive and educational activities to teach concepts of emotional regulation, enhance self-awareness, and develop empathy skills.
- 4-Provide counseling sessions for parents to assist them in addressing the needs of their children and offering emotional support.
- 5-Train children in emotional control techniques, such as deep breathing and mindfulness.
- 6-Establish a multidisciplinary team comprising of psychologists, social workers, and child education experts to ensure comprehensive and effective support for children.

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