



RESEARCH PAPER

Effect-study

Creative workshop cycle

WORLD CHILD KOSOVO

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Abstract

Objective

This study was set up to examine three topics. (1) The effect of the World Child Kosovo creative workshop intervention on the psychosocial well-being of the children involved is assessed. (2) The intervention itself is being evaluated by the children involved, as well as by their parents and teachers. (3) We examined the psychosocial well-being of 204 children in two villages in Western Kosovo, six years after the conflict has ended.

This study was conducted in Kosovo by War Child Holland, in cooperation with World Child Kosovo. The overall objective of World Child is to improve psychosocial well-being of children and youth in Kosovo. In order to reach this goal, World Child organizes creative workshop cycles (apart from other activities that are not further described here). In the World Child creative workshops, means like art, music, drama, movement and sports activities are being used. The creative workshops took place in a school in Western Kosovo. The experimental group consisted of 90 children who were involved in the 8-week creative workshop intervention. Four workshop groups participated in this study, consisting of 18 to 30 boys and girls, in the ages of 9 to 15. Two groups were 4th graders, the other two groups were 5th graders. The control group consisted of 114 children who were not involved in any intervention.

Method

Pre- and post-test data were collected from the children themselves and from their parents and teacher. Questionnaires were administered to the children by trained interviewers. Social and behavioural problems were measured by means of Child Behaviour Check List (CBCL). Children completed the Youth Self-Report (CBCL-YSR), parents the CBCL and teachers the Teacher's Report Form (CBCL-TRF). Self-esteem was measured using the Culture Free Self-Esteem inventory (CFSEi) and hyperactivity, attention and impulsive behaviour by means of the AVL (ADHD questionnaire).

Results

(1) We found some tentative positive effects of the creative workshop intervention on decline of social behavioural problems, thought problems, and attention problems of the children involved. However, it seems that the creative workshop cycle has no positive effect on internalizing and externalizing behaviour.

(2) We found that children, parents and teachers are highly appreciative of the creative workshop intervention. Overall, the children indicated that they learned a lot of new activities, games and songs; participation was a very positive experience for them. In line with the children, parents and teachers reported that the children benefit from the creative workshops.

(3) We found strong evidence that the Kosovar children in this sample enjoy a healthy psychosocial well-being, or at least don't show any apparent signs of behavioural and social problems. This is indicated by the very positive results on self-esteem, social behaviour, thought skills, attention skills and concentration skills, as well as low prevalence of anxiety, depression, withdrawal, somatic complaints and rule-breaking and aggressive behaviour. Furthermore, children in general seem to have adequate social skills and active social lives and are engaged in many sports and other hobbies, and they seem to be able to do those activities well. Their support structures like family and friends seem to be well in place, providing them with opportunities to deal with stress and difficult life circumstances. All these aspects are indicative of normal, healthy psychosocial well-being of these Kosovar children.

Conclusion

The study provides some evidence that creative workshops can have a beneficial effect on social behavioural skills, thought skills, and attention skills of the children involved. These quantitative results are supported by the qualitative results showing that participation was a very positive experience for the children, as reported by themselves, their parents and teachers. Furthermore, it can be concluded that these children in Western Kosovo enjoy a healthy psychosocial well-being.

Considerations regarding research on psychosocial well-being in non-western settings and evidence-based programming are discussed, as well as limitations of this study.

1. Introduction

War Child is, as an organization in development should be, focused on continuously improving its programs. One type of activity in the War Child programmes is the creative workshop. Therefore, it is important to study the effects of the creative workshop intervention on the psychosocial well-being of the children participating in these workshops. Through gathering information, by means of quantitative and qualitative research techniques, War Child will gain information on ways of measuring success of its work in the field. It should also yield valuable information on how to improve and expand different kinds of methodological intervention methods. Furthermore, these types of studies can provide us with valuable information about the general psychosocial well-being of children in post-conflict situations.

Within the field of humanitarian aid programs, attention for accountability has increased enormously in the past few years. Also, many scientists have stressed the need for more research on the effect of humanitarian interventions, especially those related to mental and psychosocial aid. In 2005, War Child investigated the 'State of the Art' in psychosocial interventions for children in war-affected areas (Kalksma-Van Lith, 2005). It is concluded that to date little is known about the effects and effectiveness of such programs. However, there are a lot of descriptions available of psychosocial programs for children in war-affected areas, especially in the 'grey literature' (semi-scientific publications) mainly based on anecdotal evidence and qualitative research techniques, such as case studies.

2. Research context

2.1 Background Kosovo conflict ¹

Kosovo is (still) officially a province of the former Yugoslav republic of Serbia. It borders by Serbia, Montenegro, Albania and Macedonia. Its population consists of around 2 million people. The majority (90 percent) is Kosovar Albanian, 10 percent is Kosovar Serbian and there are minorities like Roma, Ashkalia, Bosniacs and Turks. More than 50% of the population is below 25 years old. Although relationships between Albanians and Serbs were never very good, the real problems started after former Serbian dictator Slobodan Milosevic abolished the autonomy of the province in 1989. From one day to another everything Albanian was forbidden. Ten years of growing oppression followed, in which Albanians formed a kind of parallel society with secret schools and hospitals. Discrimination and gross human rights violations occurred regularly. Finally in 1999 a real war broke out between Serbian armed forces and the Albanian Kosovo Liberation Army. In a matter of weeks an estimated 800,000 Albanians were driven from their homes and fled to neighbouring countries. The international community under the leadership of NATO fought a bombing campaign against Serbia. After three months of intense fighting and many deaths, a peace deal was brokered in July 1999. Serbian troops retreated and NATO entered the province, at which time most of the Serbian civil population fled. The 100.000 Serbs that have remained now live in cramped, depressing enclaves, protected by KFOR. ² Many Serbs (and Roma) have been murdered by Albanian extremists or “have disappeared” in the past years.

After the war the country was in complete shatters. Especially in the countryside and in cities like Peja and Gjakova, the destruction was enormous. Schools and houses were destroyed. Since then the United Nations has been ruling the province and, with the help of numerous NGOs ³ and local bodies, is working to rebuild it. Most houses and schools have now been rebuilt, and generally children have returned to school. The Kosovo government is gradually taking over responsibility from the UNMIK administration, but this is a slow process. Socio-political tension remains, not only between the Albanian and Serbian communities, but also between the two main communities and the UNMIK ruling bodies. The persisting uncertainty about the future of Kosovo, combined with an unemployment rate of about 70%, is proving to be a destabilizing factor. In March 2004 there was a short, renewed flare up of hostilities. Albanian mobs attacked Serbian enclaves, destroying many houses and displacing another three thousand people. Nineteen were killed. Negotiations about a final status solution for Kosovo were due to start end of 2005, but are delayed because of the death of president Rugova. The process of negotiations may lead to new unrest.

2.2 Background World Child Kosovo

World Child Kosovo is a local NGO that was officially established in January 2002 (till October 2003 operating under the name War Child Kosovo). The project staff is composed of a Program Coordinator and three teams (in Peja/Pec, Gjakova/Gjakovica and Prishtina), each comprised of four workshop leaders and one driver. The Program Coordinator oversees the day-to-day management of the whole organization. World Child Kosovo has been formed out of, and is a follow-up to, the international NGO War Child Holland, that was active in Kosovo since October 1999. International experts (creative therapists, psychologists, pedagogues, etc.) have trained the three teams to work independently.

¹ Information based on: M. Euwema (2000). Kosovo's Albanians and Kosovo's Serbs: A bad marriage, a violent divorce. Article submitted for publication.

² Kosovo Force (KFOR)

³ Non Governmental Organization

By now the workshop leaders have directly provided over 10,000 children, from different ethnic backgrounds from all over Kosovo, with psychosocial assistance through creative workshop cycles. At the same time World Child staff has trained about 2.000 teachers and other (para-) professionals in using creative methods when working with children. World Child Kosovo has proved its value in Kosovo's society. It has built a very strong reputation in the psychosocial and educational field in Kosovo. Furthermore, many other organizations (UNICEF, UNDP, IRC, etc.) regard World Child as a solid partner for organising cultural and sportive events.

This study was conducted in Kosovo by War Child Holland, in cooperation with World Child Kosovo. The psychosocial program in Kosovo is recently described by Wertheim & Euwema (2005), who emphasized the need for more research on the effects of the program. World Child Kosovo was selected for this study for several reasons. First, from 2000 onwards there were plans within War Child Holland to conduct a study in Kosovo. Being War Child's oldest running psychosocial program, World Child Kosovo has become very experienced in applying the creative workshop methodology. War Child explicitly chose to evaluate the creative workshop cycle intervention in Kosovo, because this methodology has been practiced in Kosovo for almost six years now and is probably most shaped. Of the three World Child teams, the Peja team is the oldest, most thoroughly trained in the method and the team that is most closely adhering to the original creative workshop method. We therefore chose to conduct the study in Western Kosovo, in close collaboration with the Peja team. Also for practical reasons, Kosovo was deemed to be suitable to conduct this research. The region is reasonably stable and there was the possibility of conducting the study within an existing structure. Because this is the first time such an experimental study is conducted by War Child, we wanted to start in a 'western' country, where we expected to encounter less logistical problems and more possibilities to draw comparisons and conclusions.

From a wider contextual perspective it is also interesting to conduct this research in Kosovo. As a post-conflict area Kosovo probably received the most humanitarian aid ever (at least in relative terms). Many psychosocial support programs were set up by various international NGO's, especially in the first few years after the war. At the time many assumptions were made about the psychosocial problems of the population and several studies were conducted to look into this. (Barath, 2002; Cardozo et al, 2003; Jones et al, 2003; Fernandez et al, 2004). Fernandez et al (2004) argued that two years after the war, mental health problems among vulnerable populations are a significant public health concern in Kosovo. In a large cross sectional survey, Cardozo et al (2003) found that one year after the war the prevalence of PTSD increased significantly, compared to during the war, whereas social functioning improved. Little research is done during "post" post-conflict situations during the time when a conflict has really ended and international attention quickly decreases. It seemed appropriate and interesting to investigate the psychosocial situation of the children in Kosovo. How are they really doing now, several years after the conflict?

2.3 World Child Kosovo psychosocial intervention program

The overall objective of World Child is to improve psychosocial well-being of children and youth in Kosovo. In order to reach this goal, World Child organizes creative workshop cycles (apart from other activities that are not further described here). The creative workshops are carried out in order to improve and enhance the constructive coping mechanisms of children.

Specific objectives within the workshop depend on the situation analysis and characteristics of the group. Objectives can be:

- Improved functioning in the group (cooperation and communication skills)
- Improved ability to play
- Improved self-expression and creativity
- Improved concentration
- Improved self-confidence
- Improved self-control (dealing with its own and others aggression in a constructive way)
- Improved motor skills

The word 'psychosocial' underlines the dynamic relationship between psychological and social effects, each continually influencing each the other (Jansveld & De Jager, 2004). In Kosovo it is especially the social situation that is supposed to have profound effects on the psychosocial well-being of the children. After more than a decade of oppression and conflict, the society as a whole is said to have been disrupted: social facilities and services were destructed and there is little money to rebuild them, the school system is still very poor (lack of facilities and educated teaching staff) and future perspectives of the children are limited (in terms of further education and employment).

Creative workshops are carried out with the children in a group, using means like art, music, drama, and movement and sports activities. These workshops usually last between one to two hours and take place once or twice a week. Group size varies from 10 to 30 children. A typical workshop cycle lasts two to six months. The cycles mostly take place with existing groups of children, like children in one school class. Primary schools all over Kosovo request for participation and are assessed by the World Child teams for suitability and interest.

The choice of activities depends on the following variables:

- The problems and needs of the children in the group, and the goals set
- The characteristics of the children in the group (age, gender, disability)
- The setting (school, institute, camp)
- The cultural (local) use of creativity
- The availability of local materials and means
- The format (group size, duration of workshops and workshop cycle)
- The preferences of the children in the group and other stakeholders

The main goal of this study is to examine the effects of the creative workshop cycle on the psychosocial well-being of the children involved. In chapter 3, the hypotheses and design of the study, and tools to measure psychosocial well-being are explained.

3. Method

The study described is a field experiment in the sense that we compare two groups of children: children who were involved in the World Child creative workshops and children who were not involved in these workshops. Since we used a non-random selected group of participants, the results of this study refer to those groups of children who participated in this study and are not representative for children in all creative workshop cycles provided by World Child Kosovo, nor for children in creative workshop activities provided by War Child in other countries. Moreover, since there was not one protocol for all creative workshops and the content of workshops is partly a result of intra-group interactions, no definite conclusions based on this study can be drawn related to one creative method specifically. Results solely refer to the creative methods that were used in the workshops during this study. Finally, the living situation and psychosocial well-being of the children in this study are not necessarily comparable to the living situation and psychosocial well-being of children in other (post-) conflict situations.

3.1 Research topics

First research topic: Effects of the creative workshop cycle on psychosocial well-being of children

This study was first and foremost set up to examine the effects of a creative workshop cycle on the psychosocial well-being of the children involved. The main hypothesis of this study is that we expect the children who participate in the creative workshop intervention to show a significant improvement of their psychosocial well-being compared to children who are not involved in this intervention.

Second research topic: Evaluation of creative workshop cycle by children, parents and teachers

The second research question was again specific for the creative workshop cycle. How do children, parents and teachers evaluate this intervention?

Third research topic: Psychosocial well-being of Kosovar children

The third research question was broader. We wanted to see if we could get clear indications (using different instruments) on the psychosocial well-being of children in Kosovo, six years after the conflict has ended: how are children in two villages in Western Kosovo doing in terms of their psychosocial well-being?

3.2 Design of the study

To evaluate the effect of the creative workshop intervention there should be at least two moments in time when measurement takes place, in order to compare pre-test scores to post-test scores. By applying the same standardized measurement procedures before and after the workshop cycle, we can test for significant changes. However, mere improvement of these scores does not prove the workshop cycle to be solely responsible for this improvement. To be able to prove this, we need to take into account a group of children who are not participating in any creative workshop cycle, the so called 'control group'. The same pre- and post-test measurements are conducted with all the children, their parents and teachers. The pre-test was conducted in April 2005 and the post-test in June 2005. For an overview of times of measurement and types of measurement, see table 1 on the next page.

Table 1: Design of the study

	Workshop group	Control group
Children		
Parents	pre-test (T1-April 2005)	pre-test (T1-April 2005)
Teachers	post-test (T2-June 2005)	post-test (T2-June 2005)

The workshop cycle that is examined in this study, is an 8-week workshop cycle with two workshops every week. This means that a total of 16 workshops were carried out with the children in the workshop group.⁴ The 8-week time gap between the pre- and post assessment was applicable for both the workshop group and control group. Four workshop groups participated in this study, consisting of 18 to 30 boys and girls, ages 9 to 15 years. Two groups were from the 4th grade and two from the 5th grade. More information about the groups who participated in the study can be found in paragraph 3.6.

3.3 Instruments

The main objective of the creative workshop intervention is to improve psychosocial well-being of its participants. In this study, we tried to measure psychosocial well-being by using the instruments that are described below. We used a quantitative approach, by administering structured questionnaires. In addition, we also collected some qualitative data, based on semi-structured questions. There are three sources of information included in this study: children, parents and teachers.

Instrument translation

A certified translator who is a native speaker translated the original English version of the questionnaire into Albanian (in The Netherlands). In Kosovo, a bilingual translator translated the first Albanian version of the questionnaire back into English to check the first translation. Based on this reversed translation, some items were discussed with the World Child workshop leaders and some adaptations regarding the translation into Albanian were made. Some wordings needed to be adapted to the way of talking in rural Kosovar areas. In some cases it was not possible to find a suitable translation that fully covered the English original. For example, we could not find a one-word translation for 'nightmare' since this word does not exist in Albanian language. Therefore, this concept was described as 'dreaming bad dreams'.

Table 2, on the next page, summarizes all instruments in order to clarify which concepts are used in which questionnaire (e.g. children, parent, and teacher). Below, the content of the instruments (CBCL, CFSEi, AVL, and Life line) are described in detail.

The crosses in bold (**X**) refer to the instruments that are used to examine the effects of the intervention. The other instruments are used to gain more additional information about the psychosocial well-being of the children and also to evaluate the creative workshop intervention within the workshop group only.

⁴ For practical reasons, in the 5th grade a workshop was canceled, resulting in 15 workshops in total. As mentioned above, 16 workshops were conducted in the 4th grade.

Table 2: Summary of concept and instruments

Concept	Instrument	Children	Parents	Teachers
Anxious/depressed	CBCL	X	X	X
Withdrawn/depressed	CBCL	X	X	X
Somatic complaints	CBCL	X	X	X
Social problems	CBCL	X	X	X
Thought problems	CBCL	X	X	X
Attention problems	CBCL	X	X	X
Rule-breaking behaviour	CBCL	X	X	X
Aggressive behaviour	CBCL	X	X	X
Self-esteem	CFSEI	X		
Hyperactivity, attention, impulsive behaviour	AVL		X	
Stress reactions of children		X		
Social skills & social support	*	X		
General well-being (happiness)	Life line *	X		
Enjoyment of sports and creative arts	CBCL	X		
Evaluation of workshop	*	X		

*For these concepts, we developed the questions ourselves.

Child Behaviour Checklist (CBCL)

The Child Behaviour Checklist is developed in the USA by Achenbach & Edelbrock (1983) and revised in 1991 (Achenbach, 1991). The CBCL is a widely used standardized list that takes into account a broad range of behavioural and social problems reported either by the child itself, or observed by their parent or teacher.⁵ We explicitly chose to use a broadly focused instrument, since comprehensive assessment must encompass a wide spectrum of problems and adaptive functioning (Achenbach & Rescorla, 2001). If we rely on narrowly focused instruments, we may fail to detect problems and strengths not intercepted by these instruments. Since we did not select children with specific problems, but had all children of one school class take part in the workshop cycle (as is typical for World Child's and War Child's way of working), we expected the CBCL to be an appropriate screening tool. The advantage of the CBCL for this study is that different aspects of the child's behaviour can be measured, and scores on the subscales make it easy to differentiate between broad ranges of problems. A child can have a high score on one subscale, and a low one on another. This way, all different indicators of psychosocial problems and psychosocial well-being are taken into account.

The CBCL has proven to be useful in many cross-cultural settings and studies (Bird, Canino, Bould & Rigera, 1987; Kvernmo & Heyerdahl, 1998; Wiesz Suwanlert, Chayasit, Weiss, Achenbach & Trevathan, 1989; Mollica et al., 1997; Rousseau & Drapeau, 1998; Dvies & McKelvey, 1998; McKelvey, Davies, Sang, Pickering & Hoang, 1999). The teacher's part of the CBCL (TRF) has also been used by Allwood, Bell-Dolan and Husain (2002) in a study with young refugees in Bosnia. All parts of the CBCL have been used in Albania as well (since there is a translation of an earlier version of the CBCL available in Albanian), but no reports of it being used in a research study could be found. Although the CBCL has been used worldwide, it is not possible to state that the concepts that have been measured will be interpreted in the same way in different cultures. Norm scores have been constructed mostly

⁵ The questionnaire for children is called YSR (Youth Self Report form), the questionnaire for parents is called CBCL (Child Behaviour Check List), and the questionnaire for teachers is called TRF (Teachers Report Form). Note that when the CBCL is mentioned in this report, this is supposed to refer to the total instrument (e.g. children, parents, and teachers) except when we explicitly mention the parents' part of the CBCL. Full text versions of all questionnaires can be found in Annex 1,2,3, respectively.

within western cultures. Social and behavioural problems can have different meaning in different cultures.

Even though Crijnen et al. (1997, 1999) have concluded that differences in results on CBCL subscales over different cultures are generally small, it is still not known whether the meaning of the concepts are also stable across cultures.

The CBCL measures two general aspects of behaviour (internalizing and externalizing) and eight specific syndromes.⁶

Table 3: General and specific syndromes CBCL

General syndromes (2 dimensions)	Specific syndromes (8 Subscales)
Internalizing	Anxious/depressed
Internalizing	Withdrawn/depressed
Internalizing	Somatic complaints
	Social problems
	Thought problems
	Attention problems
Externalizing	Rule-breaking behaviour
Externalizing	Aggressive behaviour

Internalizing and externalizing behaviour are made up of two or more of the specific syndromes (Achenbach & Rescorla, 2001). Internalizing refers to psychological problems within the child itself and is made up of the subscales: anxious, depressed, withdrawn and somatic complaints. Externalizing encompasses those problematic behaviours that are related to the child in relation with others (social environment) and is made up of rule-breaking and aggressive behaviour. Not all subscales can be defined as either internalizing or externalizing (this is the case for social problems, thought problems and attention problems).

Table 4: Examples of CBCL questions in subscales

CBCL-subscale	Examples of questions in subscale
Anxious/depressed	<ul style="list-style-type: none"> ○ Cries a lot ○ Fears going to school ○ Feels worthless ○ Worries
Withdrawn/depressed	<ul style="list-style-type: none"> ○ Enjoys little ○ Would rather be alone ○ Shy, timid ○ Lacks energy
Somatic complaints	<ul style="list-style-type: none"> ○ Nightmares ○ Feels dizzy ○ Headaches ○ Other physical problems
Social problems	<ul style="list-style-type: none"> ○ Doesn't get along with others ○ Feels others are out to get him ○ Gets teased by others ○ Prefers being with younger kids
Thought problems	<ul style="list-style-type: none"> ○ Can't get mind off certain thoughts ○ Twitching ○ Repeat act over and over again ○ Sees things others say aren't there

⁶ Some of the CBCL items, related to sexual behaviour of children or suicidal tendencies, were deleted. After discussions with the World Child workshop leaders it was agreed that it is not appropriate to ask such questions in the Kosovar context. In Appendix A (children), B (parents) and C (teachers), all deleted items are listed.

CBCL-subcales	Examples of questions in subscale
Attention problems	<ul style="list-style-type: none"> ○ Acts too young for his/her age ○ Fails to finish things ○ Can't concentrate ○ Impulsive
Rule-breaking behaviour	<ul style="list-style-type: none"> ○ Lacks feelings of guilt ○ Lies, cheats ○ Runs away ○ Truant
Aggressive behaviour	<ul style="list-style-type: none"> ○ Argues a lot ○ Disobedient at home /school ○ Mood changes ○ Temper

The CBCL has three categories for answering the questions: (1) never or not true, (2) sometimes or somewhat true, (3) very true or often true. Table 4 gives examples of questions related to the different sub-scales which are mentioned shortly below.

At the pre-test (T1) questionnaire, all CBCL questions were related to the past 6 months. At the post-test (T2), the questions were related to the past 2 months, that is, the time gap in between T1 and T2.⁷

For all parts of the CBCL (children, parents and teachers) reliability (internal consistency) was calculated both on the pre- and post-test.⁸ In this study we regard Cronbach's alpha (α) above .60 as reliable. Since not all subscales are showing the expected reliability, we have to be careful when interpreting the results of these scales. Especially the YSR, and to a lesser degree, the CBCL for parents yields quite poor reliability scores on the subscales 'withdrawn/depression', 'social problems' and 'rule-breaking behaviour'. In contrast, the TRF shows high reliability scores ($\alpha >.60$) on all subscales.

Table 5: Reliability of YSR, CBCL and TRF at pre- (T1) and post- (T2) test

Subscales	Children (YSR)	Children (YSR)	Parents CBCL	Parents CBCL	Teachers TRF	Teachers TRF
	Reliability α T1	Reliability α T2	Reliability α T1	Reliability α T2	Reliability α T1	Reliability α T2
Anxiety/depression	.61	.65	.67	.72	.75	.75
Withdrawn/depression	.41	.54	.56	.64	.69	.68
Somatic complaints	.70	.66	.72	.80	.64	.63
Social problems	.54	.56	.51	.68	.76	.66
Thought problems	.65	.60	.69	.68	.70	.54
Attention problems	.48	.66	.68	.73	.90	.89
Rule-breaking behaviour	.49	.58	.56	.54	.75	.66
Aggressive behaviour	.75	.78	.81	.86	.91	.86
Internalizing	.78	.81	.80	.86	.85	.84
Externalizing	.80	.82	.84	.86	.93	.89

⁷ According to the CBCL manual, differences in rating are not apt to produce large differences in scale scores (Achenbach & Rescorla, 2001).

⁸ Reliability refers to the agreement between repeated assessments of phenomena that are expected to remain constant. When assessing several times with a reliable instrument, more or less the same results should be found on each assessment. This is called internal consistency and the Cronbach's alpha-coefficient (α) is the statistical name for this. When we refer to reliability in this report, we mean statistical reliability, which gives information about the 'strength' of the instrument within our specific research population.

Low reliability scores have been found in earlier research (Paardekooper, 2002). Paardekooper reasoned that a low reliability score does not have to hamper the validity of the results, when the number of symptoms are compared between pre- and post assessment. Furthermore, we decided to not only report and analyse the subscales, but also the two general syndrome scales (internalizing and externalizing).

Culture Free Self-Esteem inventory (CFSEi)

This scale is developed by Battle (1992). The CFSEi is only used as part of the questionnaire for children. We used the child-version of this instrument, which is suitable for children aged six years and older. The complete instrument consists of four subscales: general self-esteem, social-peer related self-esteem, academic-school related self-esteem, and parental-home related self-esteem. For practical reasons (length of the total questionnaire), we chose to use the general self-esteem subscale only, which consists of ten items. Respondents are asked how they 'usually felt' during the past six months (T1) or the past two months (T2). The children can simply respond to the questions by answering 'true' or 'false'. Examples of questions (or rather statements) are: "I wish I were younger", "I often feel ashamed of myself", and "I would change many things about myself if I could". Full text versions of the questionnaire can be found in Annex A. (The reliability analysis of the CFSEi yielded moderate results (at T1: α .52 and at T2 α .59)

AVL

Originally, this instrument is called the ADHD-questionnaire⁹ (Scholte & Van der Ploeg, 1998). This is a Dutch questionnaire, consisting of 18 items, measuring hyperactivity, attention and impulsive behaviour. The questionnaire is supposed to be filled out by parents or teachers of a child aged between four and 18 years. This instrument was added to the parent's questionnaire because based on the CBCL no clear distinction can be made between attention and hyperactivity. In this study we were not focused on ADHD, but on a more specific differentiation between hyperactive behaviour and attention problems. Answers are scored on a 5-point scale, ranging from 1 (=not at all) to 5 (=very often). Examples of questions are "How often does your child: – have difficulty waiting for his/her turn, for example when playing games; - have problems concentrating for long time on single task; - talk a lot, can not stop speaking about things". Full text of the AVL and specifications of the items that refer to hyperactivity, attention and impulsive behaviour can be found in Annex B. The reliability analysis of the AVL yielded good results (at T1: α .81 and at T2 α .83)

All instruments mentioned so far are standardized questionnaires that are specially designed and validated to measure behavioural and social problems (CBCL), self-esteem (CFSEi) and hyperactivity, attention and impulsive behaviour (AVL). Apart from this, we used a few other instruments to gain additional information about the psychosocial well-being of the children, such as stress reactions of children, social support, social skills, general well-being, enjoyment of sports and creative arts. For the workshop group children, questions were added to evaluate the experiences the children had with these workshops. Since these items are mostly self-developed and not validated, no reliability results are reported.

Stress reactions of children

We tried to explore the ways that children react to stressful situations. We asked the children how they usually react when they experience a difficult situation. This was an open question, and children could respond with all kind of answers.

⁹ In Dutch, it's called the ADHD VragenLijst (AVL).

Social skills and social support

Social skills were explored by asking the children: "How many friends do you have (outside of family or siblings)"; "How many times a week do you play with friends outside of regular school hours?" Other questions were: "Compared to others of your age, how well do you get along with: brothers/sisters, other kids and parents?" and finally: "How well do you do things by yourself?" These questions were answered using a 3-point scale (worse, average, and better). Social support was explored by asking the children: "Who do you talk to when you have experienced a difficult situation" (T1). At T2 it was asked: "If you don't talk with you parents, why not?"

General well-being

In this study we tried to learn more on how children interpret their history so far, by using the life line method. More specifically, we asked the children how happy they had been three years ago, two years ago, one year ago and how happy they feel now. At post-test (T2) they were asked how happy they had felt during the past two months. For every period, children were asked to respond on a scale from 1 (not happy at all) to 5 (very happy).

Enjoyment of sports and creative arts

Children were asked to list their favourite sports, hobbies, and clubs. In addition, they were asked to record how much time they spend at each hobby and how well they perform in each activity (compared to others of the same age).

Evaluation of the workshops

These questions were only asked to the children who participated in the workshop groups. At post-test they were asked several questions about how they experienced the workshops. Examples are: "How much did you enjoy the workshops?" and: "Which activity did you like most?"

3.4 Participants

In this field experiment, we performed no random assignment to conditions. This means, we did not randomly select children to participate in either the workshop or control group, but we took into account existing groups of children (all children from four school classes). Furthermore, before starting the research, we were fully dependent upon agreement by the schools for participation in this study. Children in the 4th and 5th grade of primary school were selected, all between 9 and 12 years of age. Children in the workshop group had not participated in any creative workshop activity of World Child Kosovo before. More information on the demographics of the participants is described in paragraph 3.6.

3.5 Procedure of data collection

Two schools in Western Kosovo were asked for participation in this study. With permission of the Department of Education in Kosovo, the school principals agreed to have their schools participate in the study, either as part of the creative workshop cycle, or as control group. Schoolteachers were informed by the principal, as well as by the researcher and the workshop leaders. World Child Kosovo had been working in these schools in the past, but had not been working with these groups of children before. For the school that participated as control group, the goal of this project was explained. Furthermore, it was explained that after the study was finished, creative workshop cycles would be started in this school as well (the children were not informed about this, though). All people involved (children, parents, and teachers) were informed that participation would be completely anonymous and all of the gathered data will be treated confidentially. Data collection took place in April and June 2005.

Children

Trained students interviewed all children individually. The interview team consisted of 25 female and 3 male interviewers who were fluent in Albanian. All interviewers were students Clinical and Community Psychology from the University of Prishtina. All of the students had some experience working with children. The students were trained over a two day period by the researcher, in close collaboration with their professor.

During this training they learned interview-techniques and practiced how to administer the CBCL, CFSEi and the other parts of the questionnaire for children in a correct manner. In addition, they were trained how to administer the questionnaire for parents. Supervision occurred on a day-to-day basis throughout the data-collection period. In addition, all interviewers reported after each interview by means of the administration form.

At both pre- and post-assessments, the interviews took place in the classroom. All interviewers were seated separately in the classroom and the children (one by one) entered the classroom to be interviewed. All questions were read aloud to the children. The other children were waiting in the classroom next door, and while waiting they did some creative activities with the workshop leaders. This procedure of data collection was found to be very suitable. Children could concentrate during the interviews and little distraction was noticed. At the days of data-collection, there were on average 12 interviewers present.

On average, the interview took about half an hour. As can be seen in table 6 below, the pre-test interviews lasted a little bit longer than the post-test interviews. This is most likely caused by the fact that the interviewers were becoming more skilled and experienced with administering the questionnaire. The response of the children in this study is very good. Only eight children could not be interviewed at both times of measurement (four children in both the workshop- and control group were absent from school at either the first or second measurement). Data from these eight children were not included in the study, and also their parents' and teachers' information was excluded.

Table 6: Average time (in minutes) of interviews with children

	Workshop group N=90 children	Control group N=114 children
First interview (T1)	40.9 (11.43) range: 25 – 90 N=75*	38.6 (10.2) range 20-70 N=102*
Second interview (T2)	32.1 (9.94) range: 16 – 85 N=90	29.9 (9.82) range: 13 – 90 N=109*

*In these conditions, some data regarding the duration of the interview is missing.

The teachers were asked whether the child had been absent during the period between pre- and post-test. In the control group, 16.8% of the children had been absent one or several days. In the workshop group, 32.2% (N=28) of the children had been absent during the project period. From these 28 children, only 13 had been absent at a day creative workshops took place.

Parents

Parents were invited to the schools and filled out the questionnaires individually. Those who had difficulty understanding or filling out the questions (in some cases because of illiteracy) received assistance from the interviewers. Overall, most of the parents understood the questions well and were able to fill out the questionnaires by themselves. Some of the parents had to fill out more questionnaires because they were parent and/or caregiver of several children in the 4th and 5th grade. Parents' participation in this study was good. See table 7 on the next page for the response.

Table 7: Response of parents

	Workshop group T1	Workshop group T2	Control group T1	Control group T2
Number of parents invited	90	90	114	114
Number of parents present at the school meeting	55 (61.1%)	32 (35.6%)	83 (72.8%)	56 (49.1)
Number of parents who filled out the questionnaire at home	-	48 (53.3%)	-	54 (47.4%)
Number of parents non-response	35 (38.9%)	10 (11.1%)	31 (27.2%)	4 (3.5%)
Final NETTO number of parents who responded at pre- and post-test (T1 + T2)		51 (56.7%)		82 (71.9%)

At the pre-test assessment (T1), the response was very good. In the workshop group, 61% of all parents showed up at a Saturday morning meeting at the school. In the control group, 72.8% of the parents were present at the meeting on a Wednesday afternoon. At the post-test (T2), parents' response was initially decreasing. Only 35.6% of the parents in the workshop group and 49.1% of the parents in the control group showed up. Therefore, it was decided to ask the parents to fill out the questionnaire at home, since the schools were closing for summer holidays and there was no opportunity to invite the parents to the schools again. Children of these parents were asked to hand over the questionnaire to their parents and return it to school within a few days. This resulted in a good response. In the workshop group, 53.3% of the parents filled out the questionnaire at home as well as almost half of the control group parents (47.4%). We are aware of the disadvantages of this method (differences between methods of data-collection; no control of the process; no further explanation offered to the parents while filling out the questionnaire). However, in the parents' analysis we will statistically control for differences between the various ways of data-collection (by means of a co-variance analysis).

As can be seen in the lowest row of table 7, the net response of parents (those who filled out both questionnaires) in this study was good. In this study, we only took into account parents/caregivers who responded to both pre- and post-tests questionnaires, because this is the only way to test the effects of the creative workshop programme and to control for changes due to time.¹⁰

Teachers

Eight teachers completed the CBCL Teacher's Report Form (TRF) for every child in their class. Both 4th and 5th grade were split up in two classes at the two schools, as not to make the workshop groups too big.¹¹ A small remuneration was paid for the teachers' cooperation. For every child, the teachers were asked how long they had known this pupil and how well they know him/her. Results are shown in table 8.

Analysis was performed to examine whether the teachers in both conditions know their pupils equally well. However, we found significant differences at both pre-test and post-test, indicating that the teachers in the workshop group seemed to know their pupils relatively better compared to the teachers in the control group.¹² This finding may be explained by the fact that the teachers in the workshop group, and especially the teachers in the 4th grade, are teaching these pupils for four years already. In addition, these 4th grade classes are smaller than regular classes (18 pupils versus 30 pupils). We took this into account in our analysis.

¹⁰ Note that we did not differentiate between types of parent. This means that it might be possible that at the pre-assessment the mother filled out the questionnaire and that the father did so during the post-assessment. Since both questionnaires are filled out for the same child, we still regard this as a reliable way to measure pre- and post-assessment differences.

¹¹ Note that in the control group school the 5th grade was split up in 3 classes, meaning that one of them was not included in the study. The school principal requested this for practical reasons.

¹² One-way Anova test results: pre-test ($F(1,199)=41.82$ $p<.001$) and post-test ($F(1,203)=79.61$; $p<.001$).

Table 8: Acquaintance with pupils

	Workshop group N=90				Control group N=114			
	T1	T1	T2	T2	T1	T1	T2	T2
	mean	s.d. ¹³	mean	s.d.	mean	s.d.	mean	s.d.
How long do you know this pupil (months)	24.3	19.54	-	-	16.84	12.47	-	-
How well do you know this pupil*	2.44	.50	2.52	.50	2.08	.27	2.05	.22

*3-point scale used: (1) not well; (2) moderately well; (3) very well

3.6 Demographics

Participants were:

- 204 children (104 boys and 100 girls) in 4th and 5th grade of 2 primary schools.
- 133 parents of children who participated in the workshop group (51) or control group (82).¹⁴
- 8 teachers (who filled out a questionnaire for all children in their class).

Table 9: Demographics children

Demographics children		Workshop group N=90		Control group N=114	
		N	%	N	%
Gender	Boy	43	47.8	61	52.2
	Girls	47	53.5	53	46.5
Age		11.2 (mean) range: 9-15	1.11 (s.d)	11.2 (mean) range:10-13	.77 (s.d.)
Grade	4 th grade	35	38.9	51	44.7
	5 th grade	55	61.1	63	55.3
Ethnic background*	Albanian	66	73.3	107	98.2
	Egyptian ¹⁵	24	26.7	2	1.8
# of friends in class *	Quite a lot	68	75.6	74	64.6
	A few	22	24.4	40	35.4

* As reported by the teachers

In table 9 on the previous page, the children's demographic characteristics can be found, for the workshop and control group separately. No statistical differences were found (using a Chi-square test) between important demographics such as gender (number of boys and girls) and average age (in the workshop group compared to the control group).¹⁶

¹³ 's.d.' means standard deviation and can be defined as a measure of the variability of the data about the mean. For example: the numbers 1, 4, 7, 7, 11 have mean 6, but they deviate from the mean quite a lot. The smaller the s.d. the more similar are the numbers that are used to calculate the mean.

¹⁴ In this study most of the people who responded were the child's parent. However, it should be kept in mind that in some cases it was another relative or caregiver. In the study all are referred to as 'parents'.

¹⁵ To add to the already complex ethnographic build up of Kosovo, there is Egyptian ethnicity. Despite what their name may suggest, they are in fact in no way related to Egypt or the Egyptians. It is a self-proclaimed name that a certain group of Roma (Gypsy) has given itself. This way they distinguish themselves from regular Roma and Ashkalia (another group of Roma descent), although links with the Ashkalia community are quiet strong. These people live peacefully next to Albanians, albeit usually in their own neighbourhoods. They speak Albanian.

¹⁶ We tested for all demographic differences between the two conditions (workshop vs. control). In the remainder of this paragraph only significant differences will be mentioned.

Regarding ethnic background, a Chi-square test showed a significant difference between conditions ($\chi^2(1, N=199)=108.59; p<.001$). As can be seen in table 9, the workshop group sample contains relatively more children from Egyptian ethnicity, compared to the control group. This is caused by the fact that the two villages, and therefore also the two schools that participated in this study, consist of different types of populations. The same difference between villages can be observed in the matter of religious background. As shown in table 10, the children in the workshop group are all being raised as Muslim, whereas the children in the control group are all being raised as Catholic. Normally speaking this could be a confounding factor. However, in Kosovo, cultural practices between Muslim and Catholic Albanians hardly differ. Kosovo Albanians do not define their national identity through religion, but through language and have a relatively relaxed approach towards the observance of the forms of the Islamic religion.¹⁷ Or, as the 19th century Albanian patriot (and Catholic) Pashko Vasa Shkodrani once said: "The religion of the Albanians is Albanianism."¹⁸ The Egyptian people speak Albanian and are culturally quite similar to the Albanian Kosovar people, although their social economic position is usually lower compared to Albanians. In conclusion, within the scope of this study we expect religion and ethnicity to exert limited influence on the outcomes, since these groups are in general close to each other. However, since these differences are between the workshop and control group, we cannot statistically check for the effects of religion and ethnicity.¹⁹

In this study, mostly fathers attended the school meeting that was organized to fill out the questionnaires. However, at the post-test questionnaire, relatively more mothers were involved, which might be explained by the fact that many post-test questionnaires were filled out at home. This means that the same parent did not always fill out the pre- and post-test questionnaire.²⁰

Table 10: Demographics parents²¹

Demographics parents		Workshop group N=51		Control group N=82	
		N	%	N	%
Gender of child	Boy	24	47.1	47	57.3
	Girl	27	52.9	35	42.7
Parent at T1	Father	37	72.5	55	67.1
	Mother	4	7.8	10	12.2
	Other*	10	19.6	17	20.7
Parent at T2	Father	27	52.9	43	52.4
	Mother	15	29.4	19	23.2
	Other**	5	9.8	18	22.0
	Missing	4	7.8	2	2.4

* Other: Other family member, brother, sister, uncle, grandfather, other caregiver.

¹⁷ For an overview of religion in Kosovo see the International Crisis Group Report 105, 2001 (www.crisisgroup.org).

¹⁸ For an account of religion and Albanian national identity see Vickers, M. (1998) *The Albanians - A Modern History*, London, I.B. Tauris.

¹⁹ Before we started the study, we were not aware of these religious and ethnic differences. In this study we do not evaluate the possible effects of the creative workshop cycle on integration and cooperation between Albanian and Egyptian children.

²⁰ Unfortunately, we could not prevent this from happening due to practical reasons. As mentioned before in paragraph 3.5, in the parents' analysis we will statistically control for differences between the two ways of data collection (at school versus at home).

²¹ The information in this table only refers to a part of the total group of children, since not all parents filled out the questionnaires.

Demographics parents		Workshop group N=51		Control group N=82	
		N	%	N	%
Age parent T1		40.81 (mean) range:15 -72	10.05 (s.d)	39.54 (mean) range:18-65	8.45 (s.d.)
Age parent T2		37.58 (mean) range: 17-49	7.88 (s.d)	38.77 (mean) range:13- 64	7.54 (s.d.)
Number of siblings**	Brothers	1.70 (mean)	.88 (s.d.)	1.45 (mean)	1.15 (s.d.)
	Sisters	1.36 (mean)	1.17 (s.d.)	1.59 (mean)	1.42 (s.d.)
Employment parents					
	Both parents have job	5	9.8	18	22.0
	Only father has a job	25	49.0	38	46.3
	Only mother has a job	-	-	1	1.2
	Both parents jobless	17	33.3	22	26.8
	Unknown (missing)	4	7.8	3	3.7
Religion	Muslim	50	98.0	1	1.2
	Catholic	1	2.0	81	98.8

** Number of siblings of the child

From the parents in our study, almost one third does not have a job, which is rather typical for the difficult situation families in Kosovo are living in nowadays.²² Parents who had a job were asked what their work entails. Most of them were farmer (19.7%), labourer or worker (15.6%), or teacher (13.1%). Other jobs that were mentioned are construction builder, salesman, mechanic and housewife.

To get some information about the family situation during the conflict in 1999, the parents were asked where the family had been living at that time.

Table 11: Where did the child live during the conflict and Nato bombing?

		Workshop group N=51		Control group N=82	
		N	%	N	%
In Kosovo	At home	8	15.7	72	87.8
	With a host family	8	15.7	-	-
	Moved several times	5	9.8	2	2.4
Outside Kosovo	Albania	19	37.2	1	1.2
	Switzerland	1	2.0	3	3.6
	Germany	9	17.6	2	2.4
	Serbia	1	2.0	-	-
	Unknown where	-	-	2	2.4

Most of the families in the control group stayed at their homes, whereas more than half of the families in the workshop group fled outside Kosovo, most of them 8 of March 1999.²³

²² It was observed during the meetings with parents at the schools that five fathers had been drinking alcohol (and some even asked for a drink while completing the questionnaire).

²³ This striking difference between workshop and control group is a result of a policy implemented by the Serbian forces. In an effort to create divisions and discord between muslim and Catholic Albanians, they let Catholic villagers stay in their homes, whilst Muslim villagers were expelled in large numbers. Although this policy may have created some tensions at the time, it never really lead to serious problems between Catholic and Muslim Albanians (Catholic Albanians have in fact always played an important role in Albanian nationalistic and independence movements).

The parents were asked whether any family members of the child are missing or have died during the war. In the control group, two children (2.4%) had lost a family member and in the workshop group this was the case for 14 children (27.5% of the total group).²⁴

At the pre-test questionnaire, parents were asked whether there is anything that concerns them about their child. In the table below, all concerns that were mentioned are listed, for both workshop and control groups. For this part, we did not differentiate between conditions because not all parents responded to these questions and the concerns are mentioned here just to give an idea of the types of issues that are prevalent.

Table 12: Concerns

Parents' concern about their children	N
o Poor school/study results/prefers playing too much and forgets about school	17
o Health related concerns/physical problems (e.g. eats too little/overweight)	11
o Withdrawn/shy	10
o Problematic behaviour (e.g. easily angry, very active, not listening well)	10
o Nervous/cries a lot or easily	9
o Limited future perspective (in terms of living condition, economy, political situation)	7
o Concern about traffic/busy roads that children cross	4
o Afraid to be left alone, anxious	4

3.7 Analysis

In order to test the effects of the creative workshop intervention, we look at the differences between the pre-test (T1) scores and the post-test (T2) scores of the children, parents and teachers. For every respondent we simply calculated the pre-test score minus the post-test score. This 'difference-score' is thus the main parameter that gives information about the changes between the pre- and post-test situation.

Questions that were not answered (e.g. missing values) were replaced with the mean value that was calculated for boys and girls separately. Overall, there were only a few missing values. We used 'independent t-test' and 'One-way Anova' to test for significant differences between the workshop and the control group. In case of significant results, test results are reported.²⁵ When the analysis yields no significant results, this is referred to as 'n.s.', meaning 'not significant'.

In this study, two different ways of interpreting the test results of CBCL are used. The first method is based on the t-scores and the second method is based on the clinical thresholds scores. In both cases, the Aseba norm-scores are used to convert the original test-scores into either t-scores or to divide them into the clinical thresholds categories.

²⁴ Of the sixteen children who lost a family member, ten children lost one or more uncles, three children lost their grandfather, and one child lost a brother. One child lost her mother, brother, grandmother and grandmother's sister in law during the war.

²⁵ Significant effects reported are $p < .05$ and $p < .01$ and $p < .001$. Marginal significant are: $p < .10$; Not significant: $p > .10$.

Effects based on t-scores

The t-scores are based on norm-scores. These norm-scores are validated for the American population and corrected for differences between age and gender.²⁶ For workshop and control groups, average t-scores are calculated for every subscale and subsequently tested between conditions for differences. Using t-scores is a good way of using the Child Behaviour Check List within research settings (Achenbach & Rescorla, 2001).

Effects based on clinical thresholds

The Aseba norm-scores for clinical thresholds divide the children into three categories: (1) scores within normal range, (2) scores within borderline range and (3) scores within clinical range.²⁷ The 'difference-scores' give information about whether respondents moved from one group to another (normal, borderline, clinical) between the pre-test and the post-test. Since this is the usual way of applying the CBCL (within clinical settings) we included this analysis in our study as well.

Using the clinical thresholds is a very strict way of measuring the effects of the creative workshop intervention, since relative changes within each category are left out of the analysis. For example: at pre-test the child can have a very high clinical score, whereas at the post-test this score decreased significantly, but is still within the clinical range. If this happens, no significant changes will be found based on the clinical thresholds analysis, whereas based on the t-scores analysis, a significant decline between pre- and post-test scores will be found. Therefore, both ways of measuring are reported in this study. Both methods are used to compare the results of the children, parents and teachers.

²⁶ Controlling for gender is important. In general, boys are more aggressive than girls. Based on the norm-score it is possible to interpret for boys and girls separately the meaning of a certain score. This way, a certain sum score let's say '12' might be a borderline score for girls, whereas for boys this score is still within normal range. This can also be applied for differences between ages.

²⁷ Based on American norm scores, these categories are constructed by Achenbach & Rescorla (2001), in order to provide a standardized description of functioning. A score within normal range means that the child shows no maladaptive functioning. A clinical score means that the child shows several aspects of maladaptive functioning. A borderline score is in between the normal and clinical score, indicating some, but not many, aspects of maladaptive functioning.

4. Results: The effects of the creative workshop cycle on the psychosocial well-being of children

4.1 Results: Children

As described in paragraph 3.7 on analysis, two different methods were used to test for the effects of the creative workshop intervention. First, we will describe the results based on the t-scores. Secondly, we describe the results based on clinical thresholds.

4.1.1. Children: Differences based on t-scores

For workshop and control group, the pre- and post-test t-scores are displayed in the table below. For every subscale a mean t-score is calculated, based on the CBCL norm-scores for the YSR. The mean t-scores in the upper half of the table can be interpreted easily, since all t-score below 65 are within normal range.²⁸ As can be seen in the table below, all t-scores on the eight subscales are below 65, meaning that in general the children in both the workshop and control group are doing quite well. At least they don't show any signs of behavioural and social problems based on this instrument (YSR).

Table 13: Mean t-scores (and s.d.) at pre-test (T1) and post-test (T2)

YSR-subscales	Workshop group T1 N = 90		Workshop group T2 N = 90		Control group T1 N = 114		Control group T2 N = 114	
	mean	s.d.	mean	s.d.	mean	s.d.	mean	s.d.
Anxious/depressed	60.82	6.77	58.18	6.63	59.84	5.49	56.76	5.62
Withdrawn/depressed	59.02	6.11	57.90	6.43	56.91	5.86	54.82	5.88
Somatic complaints	62.47	8.04	60.18	7.29	61.83	6.78	58.37	6.37
Social problems	61.02	7.62	57.88	6.08	59.03	6.89	57.44	6.98
Thought problems	58.15	6.99	55.09	5.15	56.81	5.79	53.96	4.69
Attention problems	54.48	5.18	53.62	4.77	53.89	5.12	53.52	5.27
Rule-breaking behaviour	51.77	3.28	51.46	2.85	52.01	3.24	52.29	3.86
Aggressive behaviour	53.47	5.01	52.30	4.23	54.30	6.35	54.03	5.80
Internalizing	61.71	7.73	59.33	7.21	60.26	6.93	55.68	7.86
Externalizing	47.44	8.45	46.38	7.01	48.87	8.72	48.25	9.34

The 'difference-scores' are presented in the table 14 on the next page. Almost all 'difference-scores' are positive, which indicates that all changes between pre-test and post-test are an improvement of the child's behaviour.²⁹ However, the most important test for effects of the creative workshop intervention is differences between the workshop and the control group. The workshop group did not improve significantly compared to the control group on any of the eight subscales, since no major significant differences were found between the workshop and control group.

²⁸ For the internalizing, externalizing and total YSR-CBCL scale, a lower clinical threshold should be used (<60). More on this will be discussed in paragraph 4.4.2.

²⁹ Positive score means progression (that is, a decrease in problematic behaviour). A score close to zero indicates that there is hardly any difference between the pre-test and post-test score.

Table 14: Mean 'difference-scores' (T1 minus T2)

YSR-subscales	T1-T2 Workshop group		T1-T2 Control group		t-test
	mean	s.d.	mean	s.d.	t (201) =
Anxious/depressed	2.64	7.62	3.17	6.71	n.s.*
Withdrawn/depressed	1.12	8.01	2.09	7.58	n.s.
Somatic complaints	2.29	8.44	3.46	7.22	n.s.
Social problems	3.14	8.79	1.60	6.85	n.s.
Thought problems	3.07	6.98	2.84	6.70	n.s.
Attention problems	.85	6.64	.37	6.22	n.s.
Rule-breaking behaviour	.31	3.17	-.28	3.99	n.s.
Aggressive behaviour	1.17	6.18	.27	5.96	n.s.
Internalizing	2.38	8.46	4.65	8.92	-1.85; p<.10
Externalizing	1.07	8.86	.61	8.43	n.s.

As can be seen in table 14, the only marginal significant difference we found is related to internalizing behaviour. However, this result is opposite to our expectations since the internalizing scores of the control group decreased more between pre- and post assessment than those of the workshop group. Internalizing behaviour is a composition of three subscales: anxious/depressed, withdrawn/depressed and somatic complaints (note that on these separate sub-scales, no significant differences were found between workshop and control group). This marginal effect means that the control group has changed more positively regarding internalizing behaviour, compared to the workshop group. More specifically, on the post-test children in the control group reported less feeling of anxiety, depression and less somatic complaints (it is unclear how to explain this, since the control group was not involved in any intervention between pre- and post-test).

Additional analyses regarding moderating effects of gender and school grade did not provide further information.³⁰

4.1.2. Children: Differences based on clinical thresholds

According to the norm-scores we use in this study, a t-score on a subscale that is below the clinical threshold of 65 indicates scores are within normal range. As mentioned before the mean t-scores on the subscales are all within normal range (table 13) which means that the majority of children in both workshop and control group show healthy behaviour (based on the self-report). Since the average t-score for each subscale do not differentiate into the clinical categories (normal, borderline, clinical), this distinction is made in table 15 on the next page.

³⁰ To check for any moderating effects of gender and school grade, additional analyses using Univariate Anova's with gender and grade as a covariate were performed. No effects of gender and school grade were found between conditions. However, we found an effect of school grade (4th vs. 5th grade) within conditions. In both the workshop and control groups, we found the 5th grade pupils to be more aggressive and showing less social behaviour, compared to the 4th grade.

Table 15: Scoring YSR on clinical threshold (within normal, borderline or clinical range)

Subscales YSR	Workshop group T1 (N=90)		Workshop group T2 (N=90)		Control group T1 (N=114)		Control group T2 (N=114)	
	%	N	%	N	%	N	%	N
Anxious/depressed								
Within normal range	71.1	64	84.4	76	78.9	90	93.0	106
Borderline clinical range	21.1	19	10.0	9	18.4	21	3.5	4
Clinical range	7.8	7	5.6	5	2.6	3	3.5	4
Withdrawn/depressed								
Within normal range	84.4	76	86.7	78	87.7	100	93.9	107
Borderline clinical range	10.0	9	7.8	7	11.4	13	5.3	6
Clinical range	5.6	5	5.6	5	0.9	1	0.9	1
Somatic complaints								
Within normal range	52.2	47	73.3	66	64.9	74	81.6	93
Borderline clinical range	35.6	32	13.3	12	21.1	24	11.4	13
Clinical range	12.2	11	13.3	12	14.0	16	7.0	8
Social problems								
Within normal range	67.8	61	83.3	75	76.3	87	85.1	97
Borderline clinical range	18.9	17	13.3	12	18.4	21	6.1	7
Clinical range	13.3	12	3.3	3	5.3	6	8.8	10
Thought problems								
Within normal range	81.1	73	95.6	86	92.1	105	96.5	110
Borderline clinical range	12.2	11	3.3	3	5.3	6	3.5	4
Clinical range	6.7	6	1.1	1	2.6	3	-	-
Attention problems								
Within normal range	93.3	84	93.3	84	94.7	108	93.9	107
Borderline clinical range	4.4	4	6.7	6	3.5	4	5.3	6
Clinical range	2.2	2	-	-	1.8	2	0.9	1
Rule-breaking behaviour								
Within normal range	98.9	89	98.9	89	99.1	113	97.4	111
Borderline clinical range	1.1	1	1.1	1	0.9	1	2.6	3
Clinical range	-	-	-	-	-	-	-	-
Aggressive behaviour								
Within normal range	97.8	88	96.7	87	92.1	105	92.1	105
Borderline clinical range	-	-	3.3	3	4.4	5	5.3	6
Clinical range	2.2	2	-	-	3.5	4	2.6	3
Internalizing								
Within normal range	31.1	28	50.0	45	36.8	42	68.4	78
Borderline clinical range	25.6	23	27.8	25	33.3	38	17.5	20
Clinical range	43.3	39	22.2	20	29.8	34	14.0	16
Externalizing								
Within normal range	95.6	86	97.8	88	87.7	100	86.8	99
Borderline clinical range	2.2	2	1.1	1	5.3	6	5.3	6
Clinical range	2.2	2	1.1	1	7.0	8	7.9	9

As shown in table 15 above, the number of children within the normal range is increasing or remains about the same between pre- and post-test for almost every subscale. This means that all changes between pre- and post-test are in a positive direction. Also, it clearly shows that at both pre- and post-test a large majority (over 70%) of all children are scoring on the subscales within normal range.

When we look at the internalizing and externalizing scales, it is remarkable that especially internalizing behaviour is present in both workshop and control group, whereas externalizing behaviour is not very present (the majority of children's scores are within normal range).

Internalizing behaviour refers to psychological problems within the child itself and is composed of the subscales: anxious, depressed, withdrawn and somatic complaints.

Although, the children's behaviour seems to be positive on the eight subscales, in this study our main focus is to test for differences between the workshop group and control group, in order to get to know more about effects of the creative workshop intervention. Therefore, the so-called 'difference-scores' are calculated again, but now within the clinical threshold categories. For every child, we calculated within every subscale its score on the pre-test minus the score on the post-test.

Table 16: 'Difference-scores' on clinical thresholds (based on the values in table 15)

	Workshop group T1-T2 N=90		Control group T1-T2 N=114		T-test t (202) =
	mean	s.d.	mean	s.d.	
Anxious/depressed	.16	.75	.13	.56	n.s.
Withdrawn/depression	.02	.70	.06	.45	n.s.
Somatic complaints	.20	.82	.24	.78	n.s.
Social problems	.25	.84	.05	.65	1.94; p<.10
Thought problems	.20	.56	.07	.43	1.85; p<.10
Attention problems	.02	.45	.00	.38	n.s.
Rule-breaking behaviour	.00	.15	-.02	.19	n.s.
Aggressive behaviour	.01	.35	.01	.45	n.s.
Internalizing	.40	1.00	.47	.97	n.s.
Externalizing	.03	.41	-.02	.62	n.s.

For these 'difference-scores' a positive score means improvement, a score close to zero means no changes between the pre- and post-test score and a negative score means deterioration (e.g. increase of problematic behaviour). All changes are calculated on the individual level.

Two marginal significant differences are found, related to social problems and thought problems. For the other subscales, no significant results were found. It is noteworthy that internalizing behaviour is present in both workshop and control group. Children in both conditions show an improvement related to internalizing behaviour. However, no significant differences were found. This means that, contrary to our expectations, internalizing problems of children in the workshop group did not decrease significantly compared to the control group. The two marginal significant results that were found are described below.

Social problems

The workshop group children are improving slightly more between pre- and post-test related to social behaviour (e.g. experience less social problems) compared to the control group. However, this result should be interpreted with care, since the effect is only marginal significant and the social problems subscale has failed to be very reliable (see paragraph 3.3, table 5). Nevertheless, this result shows some cautious evidence for the positive effect of the creative workshop intervention on the social skills of the children involved.

Thought problems

The workshop group children are experiencing less thought problems between pre- and post-test compared to the control group. This result should also be interpreted with caution, since the effect is marginal significant and furthermore there seems to be a 'ceiling-effect' for the control group. This means that for the children in the control group it is almost impossible to score lower at the post-test on thought problems since almost all of them (92.1%) are already scoring within normal range at the pre-test.

Still, the change in the workshop group is marginal significant, showing a positive effect of the creative workshop intervention on the thought capacities of the children.³¹

Additional analysis: School grade

Additional analysis showed a significant effect of school grade on social problems and thought problems. The effects of condition on changes related to social problems and thought problems are especially prevalent within the children in the 4th grade. This means that within the groups of children from the 5th grade, no differences are found between the workshop group and the control group (but as reported earlier, in both conditions, 5th grade children were showing more social problems than the 4th grade children). However, when only the children in the 4th grade are selected for analysis, we see clear significant differences between workshop and control group, and these differences are in line with the results found earlier within the total sample (4th and 5th grade together). This means that the differences found are restricted to the 4th grade children.³² It can be concluded that especially the workshop group children from the 4th grade are improving on social behaviour, and experience less thought problems between pre- and post-test, compared to the control group from the 4th grade. Again, limitations regarding statistical reliability (e.g. internal consistency within our specific research population) and the ceiling-effect should be taken into account. Also, it should be noted that it is remarkable that no effects of the intervention were found within the 5th grade children, whereas these children showed more social problems.

Additional analysis: Clinical scores

An in-depth analysis was performed to further examine the children who have clinical scores on one or more subscales. First, we calculated the number of normal versus the number of borderline and clinical scores for all children. Zero clinical scores and (all) 8 scales within normal range means that on none of the subscales there is any indication of a problem. This is the case for 28.7% of the children in the workshop group and almost half (44.5%) of the children in the control group.

Table 17: Scores at pre-test

Score at T1	Workshop group		Control group	
	N	%	N	%
0 clinical/8 scales normal	25	28.7	49	44.5
1 clinical/7 scales normal	24	27.6	35	31.8
2 clinical/6 scales normal	16	18.4	10	9.1
3 clinical/5 scales normal	14	16.1	5	4.5
4 clinical/4 scales normal	3	3.4	8	7.3
5 clinical/3 scales normal	4	4.6	1	0.9
6 clinical/2 scales normal	1	1.1	2	1.8
Total	87		110	

The next step was to exclude the children with no clinical scores from further analysis in order to select all children who have either a borderline and/or clinical score on one or more of the subscales. Also, within this selected group of children (who have some behavioural problems) no significant effects of the creative workshop intervention were found. For statistical reasons, no comparisons between specific types of subscales could be made (lack of a proper number of respondents with clinical scores on the different subscales).

³¹ It should be taken into account that this is a tentative conclusion. Because reliable information from the control group is actually lacking, we cannot fully conclude that the workshop group is improving because of the intervention.

³² Social problems: Workshop group (N=35): mean .37 (s.d. .88) vs. Control group (N=51): mean -.08 (s.d. .48). T-test result: $t(84) = 3.05$; $p = .003$. Thought problems: Workshop group (N=35): mean .26 (s.d. .50) vs. Control group (N=51): mean -.04 (s.d. .28). T-test result: $t(84) = 3.48$; $p = .001$.

Overall, it can be concluded that no major effects of the creative workshop intervention on the behavioural and social problems were found, as reported by the children themselves. We did however find some indications that, especially for children in the 4th grade (age 9-10), the workshops have had a positive effect on their social behaviour, as well as on their thought problems. Also, it can be concluded that based on their self-report, the children in this study do not show any problematic behaviour that could be seen as an indication of impaired psychosocial well-being.

4.1.3 Children: Self-esteem

Self-esteem was measured only in the children questionnaire, by means of the Culture Free Self-Esteem inventory (CFSEi). Full text of this questionnaire can be found in Annex A. In the table below, average sum scores on self-esteem are shown. Range of scores is between zero and ten and a high score is an indication of a low self-esteem.³³

Table 18: Self-esteem

Self-esteem	Workshop group N=88		Control group N=108	
	T1	T2	T1	T2
Average sum score on self-esteem	3.18 (s.d. 2.00)	3.16 (s.d. 1.82)	2.96 (s.d. 1.72)	2.66 (s.d. 2.06)
Range (0-10)	0-7	0-8	0-8	0-9

Although the children in the control group seem to score slightly better on self-esteem, no effects of condition on self-esteem were found. This means that no significant difference is found between the 'difference-scores' (T1 score minus T2 score) of the control and workshop groups. The overall scores for self-esteem were positive, being around 3 on the scale from zero to ten.

4.2 Results: Parents

As reported in chapter 3 not all parents of the children who participated in the study were present at both pre- and post-test meetings. Therefore, the results presented below are only applicable to a part of the total group of children (that is, 56.7% of the workshop group and 71.9% of the control group). This should be taken into account when interpreting the results described below. First, we will describe the results based on the t-scores. Secondly, we describe the results based on clinical thresholds.

4.2.1. Parents: Differences based on t-scores

For workshop and control group, the pre- and post-test t-scores are displayed in the table below. For every subscale a mean t-score is calculated, based on the CBCL norm-scores for parents. The mean t-scores in the upper half of the table can be interpreted easily, since all t-score below 65 are within normal range. As can be seen in the table on the next page, all t-scores on the eight subscales are below 65, meaning that in general, according to their parents the children in both the workshop and control group are quite healthy, that is, they show any signs of behavioural and social problems based on this instrument (CBCL).

³³ After recoding the items that were formulated in the opposite direction (in which a high score would indicate a high self-esteem).

Table 19: Mean t-scores (and s.d.) at pre-test (T1) and post-test (T2)

Subscales	Workshop group T1 N=51		Workshop group T2 N=51		Control group T1 N=82		Control group T2 N=82	
	mean	s.d.	mean	s.d.	mean	s.d.	mean	s.d.
Anxious/depressed	58.31	6.98	56.49	6.51	57.13	6.50	56.17	6.86
Withdrawn/depressed	61.41	7.62	59.84	6.85	59.06	6.94	58.94	8.39
Somatic complaints	58.10	7.94	59.88	9.59	56.10	6.65	57.56	7.63
Social problems	60.06	6.13	58.67	6.29	58.80	6.43	58.33	7.79
Thought problems	59.37	9.01	58.57	8.00	56.60	7.24	55.67	7.06
Attention problems	56.31	5.36	53.63	4.24	54.27	4.53	54.34	5.24
Rule-breaking behaviour	56.57	5.82	56.25	5.53	56.15	5.63	55.30	6.20
Aggressive behaviour	56.84	6.47	54.55	5.64	56.43	6.51	56.26	7.58
Internalizing	59.35	10.15	58.57	9.94	57.17	8.59	56.06	10.70
Externalizing	55.31	8.41	52.33	9.35	54.63	8.97	52.74	10.87

'Difference-scores' are calculated to examine the differences between the workshop- and control groups (see table 20 below). Since almost all 'difference-scores' are positive (except for somatic complaints), this indicates that all changes between pre-test and post-test are an improvement of the child's behaviour.³⁴ The most important test for effects of the creative workshop intervention in this study though, is the one between the workshop and the control group. On the attention subscale, the workshop group improved significantly more compared to the control group. No significant differences were found on the other seven subscales.

Table 20: Mean 'difference-scores' (T1 minus T2)

CBCL-subscales	T1-T2 Workshop group		T1-T2 Control group		t-test t (131) =
	mean	s.d.	mean	s.d.	
Anxious/depressed	0.82	8.60	.96	7.45	n.s.
Withdrawn/depressed	1.57	8.66	.12	9.29	n.s.
Somatic complaints	-1.78	11.60	-1.46	8.60	n.s.
Social problems	1.39	7.55	.47	7.95	n.s.
Thought problems	.80	10.62	.93	8.59	n.s.
Attention problems	2.69	5.87	-.07	5.26	2.81; p<.01
Rule-breaking behaviour	.31	6.63	.84	6.82	n.s.
Aggressive behaviour	2.29	7.87	.17	7.38	n.s.
Internalizing	.78	11.24	1.11	11.30	n.s.
Externalizing	2.98	10.92	1.89	10.32	n.s.

As can be seen in table 20, the only significant difference we found is related to attention problems. In line with our expectations, the parents from children in the workshop group have reported a decrease in attention problems, compared to parents of children in the control group.

Also, it was found that somatic complaints of the children have increased slightly in both the workshop- and control group, resulting in borderline scores. However, no differences were found between conditions (parents in both the workshop and control group report this increase). It is unclear how this deterioration in somatic complaints can be explained.

³⁴ Positive score means progression (that is, a decrease in problematic behaviour). A score close to zero indicates that there is hardly any difference between the pre-test and post-test score. A negative score means deterioration (increase of problematic behaviour) between the pre- and post-test.

4.2.2. Parents: Differences based on clinical thresholds

According to the norm scores we used in this study, a t-score on a subscale that is below the clinical threshold 65 indicates scores are normal. As mentioned before (table 20) all average t-scores on the subscales are within normal range, except for somatic complaints, which means that the vast majority of children in both workshop and control group show behaviour that is indicative of normal psychosocial well-being (based on their parents report). But since the average t-score for each subscale does not differentiate into the clinical categories (normal, borderline, clinical) these distinctions are made in table 21.

Table 21: Scoring CBCL on clinical threshold (within normal, borderline or clinical range)

Subscales CBCL	Workshop group T1 (N=90)		Workshop group T2 (N=90)		Control group T1 (N=114)		Control group T2 (N=114)	
	%	N	%	N	%	N	%	N
Anxious/depressed								
Within normal range	78.4	40	86.3	44	82.9	68	82.9	68
Borderline clinical range	11.8	6	5.9	3	12.2	10	11.0	9
Clinical range	9.8	5	7.8	4	4.9	4	6.1	5
Withdrawn/depressed								
Within normal range	76.5	39	74.5	38	75.6	62	75.6	62
Borderline clinical range	7.8	4	15.7	8	19.5	16	12.2	10
Clinical range	15.7	8	9.8	5	4.9	4	12.2	10
Somatic complaints								
Within normal range	78.4	40	70.6	36	85.4	70	84.1	69
Borderline clinical range	9.8	5	9.8	5	8.5	7	11.0	9
Clinical range	11.8	6	19.6	10	6.1	5	4.9	4
Social problems								
Within normal range	72.5	37	80.4	41	79.3	65	85.4	70
Borderline clinical range	23.5	12	13.7	7	13.4	11	2.4	2
Clinical range	3.9	2	5.9	3	7.3	6	12.2	10
Thought problems								
Within normal range	74.5	38	70.6	36	82.9	68	84.1	69
Borderline clinical range	7.8	4	15.7	8	7.3	6	7.3	6
Clinical range	17.6	9	13.7	7	9.8	8	8.5	7
Attention problems								
Within normal range	94.1	48	98.0	50	96.3	79	93.9	77
Borderline clinical range	5.9	3	2.0	1	3.7	3	4.9	4
Clinical range	-	-	-	-	-	-	1.2	1
Rule-breaking behaviour								
Within normal range	92.2	47	92.2	47	89.0	73	89.0	73
Borderline clinical range	2.0	1	5.9	3	6.1	5	6.1	5
Clinical range	5.9	3	2.0	1	4.9	4	4.9	4
Aggressive behaviour								
Within normal range	86.3	44	92.2	47	84.1	69	81.7	67
Borderline clinical range	9.8	5	5.9	3	9.8	8	13.4	11
Clinical range	3.9	2	2.0	1	6.1	5	4.9	4
Internalizing								
Within normal range	51.0	26	51.0	26	64.6	53	62.2	51
Borderline clinical range	9.8	5	19.6	10	12.2	10	9.8	8
Clinical range	39.2	20	29.4	15	23.3	19	28.0	23
Externalizing								
Within normal range	66.7	34	78.4	40	69.5	57	68.3	56
Borderline clinical range	19.6	10	11.8	6	14.6	12	14.6	12
Clinical range	13.7	7	9.8	5	15.9	13	17.1	14

At both pre- and post-test a large majority (over 70%) of all children are scoring on the eight subscales within normal range. When we look at the internalizing and externalizing scales, internalizing behaviour seems to be present in both the workshop and control group, whereas externalizing behaviour is not very present (since a majority of the parents' scores are within normal range).

Although children's behaviour seems to be within normal range on the eight subscales, in this study our main focus was to test for differences between the workshop group and control group, in order to get to know more about effects of the creative workshop intervention. Therefore, the so-called 'difference-scores' are calculated again, within the clinical threshold categories. For every parent, we calculated within every subscale the score on the pre-test minus the score on the pos-test.

For these 'difference-scores' a positive score means improvement, a score close to zero means no changes between the pre- and post-test score and a negative score means deterioration (e.g. increase of problematic behaviour). All changes are calculated individually.

Table 22: 'Difference-scores' on clinical thresholds (based on the values in table 21)

	Workshop group T1-T2 N=51		Control group T1-T2 N=82		T-test
	mean	s.d.	mean	s.d.	
Anxiety/depression	.10	.73	-.01	.64	n.s.
Withdrawn/depression	.04	.80	-.07	.68	n.s.
Somatic complaints	-.16	.81	.00	.63	n.s.
Social problems	.06	.78	.01	.79	n.s.
Thought problems	.00	.92	.02	.77	n.s.
Attention problems	.04	.28	-.04	.37	n.s.
Rule-breaking behaviour	.04	.60	.00	.57	n.s.
Aggressive behaviour	.08	.56	-.01	.64	n.s.
Internalizing	.02	.25	.01	.24	n.s.
Externalizing	.06	.24	.02	.23	n.s.

No significant differences were found between conditions. Also the earlier reported positive result with regard to attention problems is not replicated. Overall, the difference-scores are very small (almost all of them are below .10) and some were negative, indications of a slight deterioration. However, since no significant effects are found, we can conclude that behavioural problems and social behaviour in both the workshop and control group are not changing (not increasing, nor decreasing) between pre- and post-test.³⁵

4.2.3. Parents: hyperactivity, attention problems and impulsive behaviour

Hyperactivity, attention problems and impulsive behaviour were measured only in the questionnaire for parents, by means of the AVL-questionnaire. Full text of this questionnaire can be found in Annex B.

Mean scores on the AVL questionnaire are shown in the table on the next. For this questionnaire, a 5-point scale was used. A high score is an indication of high prevalence of this problematic behaviour.

³⁵ Note that in all analyses on the parents' results, we statistically controlled for differences between methods of data-collection. No effects were found for the way data was collected (parents who filled out the questionnaires at home versus parents who filled out the questionnaires during the school meeting).

Table 23: Hyperactivity, attention problems and impulsive behaviour

AVL- Subscales	Workshop group		Control group	
	T1	T2	T1	T2
	Hyperactivity	1.63 (.58) N=47	1.45 (.51) N=44	1.46 (.45) N=78
Attention problems	1.30 (.35) N=43	1.16 (.25) N=48	1.29 (.45) N=78	1.33 (.43) N=77
Impulsive behaviour	1.53 (.43) N=46	1.37 (.45) N=45	1.48 (.47) N=78	1.45 (.55) N=79

5-point scale used: (1) not at all or rarely; (2) sometimes; (3) on a regular basis; (4) often; (5) very often

Overall, the mean scores are low in all conditions and are declining between pre- and post-test, which indicates a decrease of problematic behaviour. To test for differences between the workshop group and control group 'difference-scores' are calculated once again. Results are shown in table 24.

Table 24: Mean 'difference-scores' (T1 minus T2)

AVL- Subscales	Workshop group T1-T2		Control group T1-T2		One-way Anova F (1,112) =
	mean (s.d.)	N	mean (s.d.)	N	
Hyperactivity	.21 (.73)	41	.04 (.43)	74	n.s.
Attention problems	.14 (.36)	41	.04 (.43)	73	5.21; p<.05
Impulsive behaviour	.17 (.66)	40	.01 (.56)	75	n.s.

A significant effect of condition on attention problems was found. This means that, according to the parents, the children in the workshop group are experiencing less attention problems between pre- and post-test compared to the control group. This result indicates a positive effect of the creative workshop intervention on the attention capacities of the children.

Overall, it can be concluded that parents report a clear effect of the creative workshop intervention on the attention skills of their children. This effect was found with two different instruments, the CBCL and the AVL.

4.3 Results: Teachers

Just as with the analysis of results for children and parents, again two different methods were used for the analysis of the teacher's results to test for the effects of the workshop cycle. First, we'll describe the results based on the t-scores. Second, we'll describe the results based on clinical thresholds.

4.3.1. Teachers: Differences based on t-scores

For workshop and control group, the pre- and post-test t-scores are displayed in the table on the next page. For every subscale a mean t-score is calculated, based on the TRF norm scores for teachers. The mean t-scores in the upper half of the table can be interpreted easily, since all t-scores below the clinical threshold of 65 are within normal range. As can be seen in the table 25 below, all t-scores on the eight subscales are below 65, which means that in general the children in both the workshop and control group are doing quite well. At least they don't show any signs of behavioural and social problems according to their teachers based on this instrument (TRF).

Table 25: Mean t-scores (and s.d.) at pre-test (T1) and post-test (T2)

TRF-sub-scales	Workshop group T1 N = 90		Workshop group T2 N =90		Control group T1 N =114		Control group T2 N =114	
	mean	s.d.	mean	s.d.	mean	s.d.	mean	s.d.
Anxiety/depression	63.27	5.75	61.59	5.77	59.64	6.75	55.39	5.32
Withdrawn/depression	59.22	6.60	58.01	5.89	55.89	4.89	53.46	3.88
Somatic complaints	58.78	6.99	57.65	6.62	53.21	4.92	52.41	4.74
Social problems	61.20	6.60	59.12	5.85	59.57	6.61	55.45	5.33
Thought problems	58.58	7.94	54.73	5.63	54.50	6.45	52.30	3.84
Attention problems	54.16	4.17	54.31	4.13	52.93	4.08	51.95	2.65
Rule-breaking behaviour	57.17	5.59	56.13	4.93	56.59	6.02	54.24	4.70
Aggressive behaviour	57.97	5.47	57.88	4.55	56.22	6.19	54.33	4.99
Internalizing	62.88	6.40	60.69	6.97	56.92	8.43	52.50	7.08
Externalizing	57.67	6.06	57.54	5.18	55.34	7.85	52.45	7.14

At first sight, it is remarkable that the workshop group average t-scores on all scales seem to be higher than the control group average t-scores. Nevertheless, all pre- and post-test scores are changing in positive direction, which indicates a general decrease of behavioural and social problems. Statistical analysis was done to examine whether the changes are more positive in the workshop group compared to the control group. Therefore, the 'difference-scores' are again calculated in table 26.

For these 'difference-scores' a positive score means improvement, a score close to zero means no changes between the pre- and post-test score and a negative score means deterioration (e.g. increase of problematic behaviour). All changes are calculated on the individual level. T-tests were performed to examine whether the 'difference-scores' in the workshop group are significantly higher compared to the control group.

In contrast to the earlier results of the children and their parents, analysis of the teachers yielded significant results on almost all scales. Not all of these results were in line with our expectations though.

Table 26: Mean 'difference-scores' (T1 minus T2)

TRF Sub-scales	Workshop group T1-T2 N=90		Control group T1-T2 N=114		T-test t (202) =
	mean	s.d.	mean	s.d.	
Anxiety/depression	1.68	5.20	4.25	6.27	-3.14; p <.01
Withdrawn/depression	1.21	4.05	2.42	4.96	-1.87; p<.10
Somatic complaints	1.12	5.63	0.80	5.89	n.s.
Social problems	2.08	5.13	4.12	6.28	-2.50; p<.05
Thought problems	3.84	7.84	2.20	5.38	1.77; p<.10
Attention problems	-0.16	3.25	1.03	3.23	-2.58; p<.05
Rule-breaking behaviour	1.03	4.34	2.34	4.84	-2.01; p<.05
Aggressive behaviour	0.09	4.05	1.89	4.67	-2.89; p<.01
Internalizing	2.19	5.70	4.42	8.47	-2.14; p<.05
Externalizing	0.12	4.11	2.89	6.28	-3.62; p<.001

Thought problems

A marginal significant effect of condition on thought problems was found. In line with the results of the children questionnaire (YSR), the teachers reported that the workshop group children are experiencing slightly less thought problems between pre- and post-test compared to the control group.

Other results

Except for thought problems, the other results found are contrary to our expectations since these results indicate that the control group is improving more between pre- and post-test than the workshop group. According to the teachers, children in the control group are improving more between the pre- and post-test compared to the workshop group children regarding: anxiety/depression, social problems, attention problems, rule-breaking and aggressive behaviour and a marginal effect was found on withdrawn/depression. The teachers report a decrease of anxiety and depression, a decrease of withdrawn behaviour and social- and attention problems, and less rule-breaking and aggressive behaviour in the control group, compared to the workshop group. These results will be further examined when we have a look at the clinical thresholds.

4.3.2. Teachers: Differences based on clinical thresholds

According to the TRF norm-scores we used in this study, a t-score on a subscale that is below the clinical threshold of 65 is considered within normal range. As mentioned earlier, all average t-scores on the TRF subscales are within normal range, which means that the majority of children in both workshop and control group show behaviour that can be seen as indicative of normal psychosocial well-being (according to their teachers). However, since the average t-score for each subscale does not differentiate into the clinical categories (based on the clinical thresholds), clear distinctions between the categories (normal, borderline, clinical) are made in table 27.

As shown in the upper part of table 27, the number of children within the normal range is increasing or remains about the same between pre- and post-test for almost every subscale. This means that all changes between pre- and post-test are relatively positive. Also, it is clearly shown that at the post-test a large majority (over 70% and mostly over 90%) of the children in the workshop and control group are scoring on the subscales within normal range. Therefore, in general there seem to have been few opportunities for improvement.

When we look at the internalizing and externalizing scales, again especially internalizing behaviour is present in both workshop and control group (as was also found in the parents' results), whereas externalizing behaviour is not very present (more than 70% of the children are scoring within normal range).

Table 27: Scoring TRF on clinical threshold (within normal, borderline or clinical range)

Subscales TRF	Workshop group T1 (N=90)		Workshop group T2 (N=90)		Control group T1 (N=114)		Control group T2 (N=114)	
	%	N	%	N	%	N	%	N
Anxious/depressed								
Within normal range	64.4	58	71.1	64	73.7	84	92.1	105
Borderline clinical range	21.2	19	23.3	21	21.1	24	7.0	8
Clinical range	14.4	13	5.6	5	5.3	6	0.9	1
Withdrawn/depressed								
Within normal range	84.4	76	93.3	84	96.5	110	99.1	113
Borderline clinical range	12.2	11	5.6	5	3.5	4	-	-
Clinical range	3.3	3	1.1	1	-	-	0.9	1
Somatic complaints								
Within normal range	71.1	64	77.8	70	96.5	110	93.9	107
Borderline clinical range	24.2	22	20.0	18	2.6	3	6.1	7
Clinical range	4.4	4	2.2	2	0.9	1	-	-
Social problems								
Within normal range	76.7	69	81.1	73	77.2	88	93.0	106
Borderline clinical range	13.3	12	15.6	14	14.9	17	6.1	7
Clinical range	10.0	9	3.3	3	7.9	9	0.9	1
Thought problems								
Within normal range	73.3	66	91.1	82	89.5	102	98.2	112
Borderline clinical range	16.7	15	7.8	7	6.1	7	1.8	2
Clinical range	10.0	9	1.1	1	4.4	5	-	-
Attention problems								
Within normal range	98.9	89	97.8	88	97.4	41	100.0	114
Borderline clinical range	-	-	2.2	2	2.6	3	-	-
Clinical range	1.1	1	-	-	-	-	-	-
Rule-breaking behaviour								
Within normal range	91.1	82	94.4	85	86.0	98	97.4	111
Borderline clinical range	7.8	7	5.6	5	12.3	14	2.6	3
Clinical range	1.1	1	-	-	1.8	2	-	-
Aggressive behaviour								
Within normal range	88.9	80	90.0	81	87.7	100	93.0	106
Borderline clinical range	11.1	10	8.9	8	8.8	10	7.0	8
Clinical range	-	-	1.1	1	3.5	4	-	-
Internalizing								
Within normal range	35.6	35	30.0	27	58.8	67	85.1	97
Borderline clinical range	16.7	15	27.8	25	16.7	19	8.8	10
Clinical range	47.8	43	42.2	38	24.6	28	6.1	7
Externalizing								
Within normal range	70.0	63	73.3	66	71.9	82	86.0	98
Borderline clinical range	14.4	13	13.3	12	10.5	12	6.1	7
Clinical range	15.6	14	13.3	12	17.5	20	7.9	9

In table 28, the 'difference-scores' are calculated again, within the clinical threshold categories. For every child, we calculated within every subscale its score on the pre-test minus the score on the post-test.

When interpreting the results, it should be noted that for many sub-scales, the ceiling-effect is clearly present. This means that on most of the subscales either the workshop group or the control group, or both, cannot improve anymore, since almost all scores are within normal range.

This is especially true for attention problems, rule breaking behaviour, aggressive behaviour, withdrawn/depression, somatic complaints and thought problems. For example, on attention problems more than 97% of the children in all groups are scoring within normal range.

Table 28: 'Difference-scores' on clinical thresholds (based on the values in table 27) ³⁶

TRF Sub-scales	Workshop group T1-T2 N=90		Control group T1-T2 N=114		T-test t (202) =
	mean	s.d.	mean	s.d.	
Anxiety/depression	.15	.68	.23	.58	n.s.
Withdrawn/depression	.11	.41	.02	.26	1.97; p<.05
Somatic complaints	.09	.61	-.02	.26	1.67; p<.10
Social problems	.11	.55	.23	.59	n.s.
Thought problems	.27	.65	.13	.47	1.72; p<.10
Attention problems	.00	.15	.03	.16	n.s.
Rule-breaking behaviour	.04	.33	.13	.39	-1.69; p<.10
Aggressive behaviour	.00	.21	.09	.39	-1.92; p<.10
Internalizing	.05	.14	.09	.17	-1.82; p<.10
Externalizing	.02	.13	.09	.18	-2.97; p<.01

Some of the effects indicate a marginal improvement of the workshop group compared to the control group. This is the case for withdrawn/depression, somatic complaints, and thought problems. However, when we look at the scores within the control group, most of them are already within normal range at the pre-test (for withdrawn/depression and somatic complaints this is true for 96.5% of the children and for thought problems this is the case for 89.5% of the children). In other words, the ceiling-effect is present in the control group.

The other effects found indicate a slight marginal improvement of the control group compared to the workshop group. This is the case for rule-breaking and aggressive behaviour, and internalizing and externalizing behaviour. However, for rule-breaking and aggressive behaviour, the ceiling-effect is clearly present in the workshop group, with respectively 98.9% and 88.9% of the children scoring within normal range at the pre-test.

There are two results left that are not reported yet. As can be seen in table 28, two other marginal significant differences were found related to internalizing and externalizing behaviour. These results are contrary to our expectations since they show that the internalizing and externalizing scores within the control group decreased more between pre- and post assessment, compared to the workshop group. Internalizing behaviour refers to psychological problems and is a composition of three subscales: anxious, depressed, withdrawn and somatic complaints. Externalizing behaviour refers to the child's relation with other factors (social environment) and is made up of rule-breaking and aggressive behaviour.

In addition, within all analysis on the teachers, we statistically controlled for grade, since the sizes of the classes differed between conditions as well as the teachers' acquaintance with their pupils. No effect of grade was found.

³⁶ For these 'difference-scores' a negative score means deterioration (e.g. increase of problematic behaviour), a positive score means improvement and a score close to zero means no changes between the pre- and post-test score. All changes are calculated on the individual level.

Overall, it is clear that the pattern of results of the teachers is very different compared to the pattern found for children and parents. The ceiling effect makes it very difficult to interpret these results in the first place, except for the clear fact that based on the teachers' report, the children are doing very well. Some other factors may also have influenced the apparent lack of consistency with earlier results from children and parents. The teachers filled out a large number of questionnaires, which makes it difficult to be very consistent for each individual child. Another factor is that one might assume that teachers know the children less well compared to parents, and the children themselves.

4.3.3. Teachers: Pupil behaviour in the classroom and school performance

Teachers were asked whether they had noticed any differences in each individual child's behaviour during the past two months.³⁷ In line with the expectations, the teachers in the workshop group noticed for 76.7% of the children behavioural differences between pre- and post-test and for the others (23.3% of the children) no differences were observed. The type of behavioural differences that were reported most by the teachers in the workshop group can be classified as positive pro-social behaviour. Examples are: The child became friendlier and closer with other pupils, the child became more active, more motivated, and seems to have become happier (during the past two months). These behavioural changes reported by teachers are much stronger and clearer compared to the results of teachers, children and parents on the CBCL .

In the control group the teachers noticed only for 3.0% of all children some behavioural differences and no differences for the others (97%). These observations are not in line with the results of the teachers on the TRF and thus add further confusion on how to interpret the different results.

Pupil behaviour in the classroom

On both pre- and post-test questionnaire, the teachers were asked about the behaviour of every child in the classroom. For example how hard the pupil is working, how appropriate he/she behaves during school time, how the pupil is learning and how happy he/she seems to be. All questions were answered on a 7-point scale: (1) much less; (2) somewhat less; (3) slightly less; (4) about average; (5) slightly more; (6) somewhat more; (7) much more. This means that a high score on these questions indicates positive behaviour. On all items, the scores are above average.

Table 29: Pupil behaviour in the classroom

Behaviour in the classroom	Workshop group T1 N=90		Workshop group T2 N=90		Control group T1 N =114		Control group T2 N =114	
	mean	s.d.	mean	s.d.	mean	s.d.	mean	s.d.
How hard is he/she working	4.35	1.65	4.33	1.66	4.56	1.49	4.81	1.47
How appropriately is he/she behaving	4.77	1.37	4.95	1.41	5.12	1.50	5.39	1.56
How much is he/she learning	4.51	1.73	4.53	1.75	4.62	1.58	4.84	1.55
How happy is he/she	5.07	1.42	5.23	1.29	5.73	1.41	5.83	1.43

School performance

Current school performance was measured for two subjects only: Maths and Albanian language. Teachers scored each pupil's performance on these subjects on a 5-point scale: (1) far below grade; (2) somewhat below grade; (3) at grade level; (4) somewhat above grade level; (5) far above grade level.

³⁷ It should be taken into account that when answering this kind of questions people are very sensitive for social desirable answers.

Table 30: School performance

School performance	Workshop group T1 N = 90		Workshop group T2 N =90		Control group T1 N =114		Control group T2 N =114	
	mean	s.d.	mean	s.d.	mean	s.d.	mean	s.d.
Maths	3.08	1.15	2.98	1.07	3.41	1.11	3.43	1.10
Albanian	3.16	1.14	3.27	1.08	3.48	1.09	3.62	1.10

Although the control group is (on average) ranked higher on school performance compared to the workshop group, no statistical differences in between pre- and post-assessment were found.

4.4 Summary and conclusion chapter 4

In this paragraph, a short overview is presented of all results so far. The first clear result that can be concluded from the children, parents, and teachers' scores (on all subscales of the Child Behaviour Check List), is that all average scores are within the normal range, and on all subscales there are trends of improvement. This means that social and behavioural problems of the children generally seem to decrease. These are all positive results because they show that -overall- the children in both the workshop and control group are doing quite well psychosocially, or at least don't show any apparent signs of behavioural and social problems. Furthermore, the results of the CFSEi indicate that the children in general have a positive self-esteem.

Table 31: Overview of results

Measurement	Children	Parents	Teachers
General tendency	<ul style="list-style-type: none"> 70% of the scores are within normal range on the 8 subscales 	<ul style="list-style-type: none"> 70% of the scores are within normal range on the 8 subscales 	<ul style="list-style-type: none"> 70-90% of the scores are within normal range on the 8 subscales
T-scores CBCL	<ul style="list-style-type: none"> Control group improves marginally more on -Internalizing behaviour 	<ul style="list-style-type: none"> Attention problems decline in the workshop group 	<ul style="list-style-type: none"> Ceiling-effect
Clinical threshold scores CBCL	<ul style="list-style-type: none"> Marginal decline of social problems and thought problems in the workshop group (<i>fully significant decline within the 4th grade</i>) 	<ul style="list-style-type: none"> No differences found between workshop and control groups. 	<ul style="list-style-type: none"> Ceiling-effect Internalizing and externalizing score decreased more in the control group
Other instruments	<ul style="list-style-type: none"> No effect of workshop cycle on self-esteem (CFSEi), but children report positive self-esteem 	<ul style="list-style-type: none"> Attention problems decline in the workshop group (AVL) 	<ul style="list-style-type: none"> Teachers report more -Positive pro-social behavioural changes in workshop group compared to control group
Summary of results supporting the hypotheses	<ul style="list-style-type: none"> Creative workshop cycle has positive effect on -Social problems -Thought problems (<i>especially in 4th grade</i>) 	<ul style="list-style-type: none"> Creative workshop cycle has positive effect on -Attention skills (<i>measured with two different instruments</i>) 	<ul style="list-style-type: none"> Creative workshop cycle has positive effect on - Positive and pro-social behaviour in the class room
Summary of results against the hypotheses	<ul style="list-style-type: none"> Creative workshop cycle has no positive effect on -Internalizing behaviour 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Creative workshop cycle has no positive effect on -Internalizing behaviour -Externalizing behaviour

5 Results: Evaluation of the creative workshop cycle by children, parents and teachers

In this chapter, the content of the creative workshops that were part of this case study are described and evaluated. Information in this chapter is based on observations by the workshop leaders (5.1) and questionnaires that were administered to the children after the creative workshop intervention (5.2).

5.1 Description of the creative workshops by World Child³⁸

The four groups participating in the workshop cycles showed some differences in their group dynamics. Workshop goals and activities were therefore adjusted to the specific groups needs.

The two 4th grade groups showed shy and reserved behaviour at the start of the cycle, so the workshop activities were directed towards improved self-expression during the first 5 weeks. The workshop leaders engaged the children by playing active, high-energy games and by encouraging them until they observed a shift towards more self-confident behaviour, enthusiasm (also towards other children) and expressiveness.

Once this point was reached, the team focused on goals such as concentration, imagination and cooperation. The concentration-related activities (for example story telling, ocean drum etc.) were well received and so were imagination-related activities as long as they were directly connected with real life situations. Exercises requiring more 'fictional' or abstract imagination (for example playing fictional roles) seemed to be challenging for the children, so this was worked on in the last part of the cycle.

The 5th grade groups were very active and of quick understanding from the start, but also talkative and easily distracted. The workshop leaders decided therefore to work with high focus games that promote leadership skills and concentration. Having to lead certain games in turns, the children experienced the need for concentration and listening within the group themselves. To keep the group interested, the number and alternation of games was kept high. Another way to increase involvement was letting the children choose what type of activities they preferred. They chose drama as a main focus and the level of attention improved.

(Initial) reluctance to cooperate was seen in three of the four groups, due to differences in ethnic background (Albanian and Roma) or gender (boys and girls not willing to cooperate). This was partly overcome through getting to know each other through the activities. Strictness and clear rules set by the workshop leaders were necessary in the 5th grade groups to control the tendency of the boys to dominate the group.

All the different media (art, drama, dance, music) and materials that were used during this workshop cycle were new to the children. Combining active games with more 'sit down' activities, and the combination of art, music, and drama was interesting for the children and through the course of the cycle different groups developed different preferences (and abilities) for the media used.

³⁸ Summary based on the evaluation reports written by the World Child workshop leaders.

5.2 Evaluation of the creative workshop cycle

The creative workshop cycle was evaluated by the children who participated in the workshops. Furthermore, their parents and teachers were asked about their ideas and opinions regarding the creative workshops of World Child.

5.2.1 Children: Evaluation creative workshops

This paragraph is focused on the children's evaluation of the creative workshops. Therefore, no comparisons are made between workshop and control groups.³⁹ The children were asked whether they had known of World Child before they started participating in the creative workshops. 23% of the children knew World Child already (most of them heard about it from a brother or sister, or from TV). But none of the children participated in these kinds of creative workshops before.

Table 32: Evaluation of the creative workshop group participants

		4 th grade sub grade 1 N=17	4 th grade sub grade 2 N=18	5 th grade sub grade 3 N=29	5 th grade sub grade 2 N=26
Did you know World Child already before they visited your class?	yes	35.3	27.8	11.5	17.4
	no	58.8	66.7	76.5	82.6
	not sure	5.9	5.6	11.5	-
How much did you enjoy the creative workshops of World Child Kosovo*		1.41 (.51)	1.17 (.38)	1.24 (.43)	1.04 (.20)
How was the atmosphere in your class during the Word Child Kosovo activities? **		1.23 (.56)	1.11 (.32)	1.34 (.67)	1.08 (.39)
Did you use learned activities or games to play with siblings, friends or classmates?	yes, many times	52.9	11.1	37.9	26.9
	yes, sometimes	29.4	27.8	41.4	42.3
	only once or twice	17.6	38.9	10.3	15.4
	no, not at all	-	22.2	10.3	15.4
Did you talk with your parents about the activities with Word Child Kosovo?	yes	82.4	83.3	82.8	92.3
	no	17.6	16.7	17.2	7.7
Did you talk with you teacher about the activities with Word Child Kosovo?	yes	88.2	77.8	82.8	69.2
	no	11.8	22.2	17.2	30.8
During the Word Child Kosovo activities, did you feel free to ask questions to the trainers? ***		1.76 (.97)	2.05(1.21)	1.48 (.63)	1.50 (.76)

*5-point scale used: (1) very much; (2) quite a bit; (3) moderately; (4) just a little bit; (5) not at all.

** 5-point scale used: (1) very good; (2) quite good; (3) moderately; (4) not so good; (5) not well at all.

*** 4-point scale used: (1) yes, very much; (2) yes, quite a bit; (3) only a little bit; (4) no, not at all.

On average, the children indicated that they had enjoyed the creative workshops very much. The atmosphere in the class during the workshops was evaluated as being very good.

³⁹ We did however make a statistical comparison within the workshop group only, between the children in the 4th and the 5th grade and checked whether they differ on the main dependent variables of the CBCL. Apart from withdrawn/depression, no significant differences were found between the children from the two grades. It was observed that the 4th grade showed a decrease in withdrawn/depressed behaviour between pre- and post-test, whereas in the 5th grade this kind of behaviour even slightly increased. (Test results are: $t(88)=2.27$; $p=.025/4^{\text{th}}$ grade $N=35$, mean $.32 (.64)$ /5th grade $N=55$; mean $-.11 (.71)$).

The majority of the children indicated that they played the games (they learned from World Child) also outside the workshops with siblings, friends and classmates. The number of times they report doing such games varied between the groups (see table 32 above).

The majority of the children talked with their parents and teachers about the activities they did with World Child Kosovo. With their parents they mostly talked about how much they enjoyed the activities, what they had been doing, the new games they learned, and in some cases children replied that they even had demonstrated the new activities and games at home. One of the children said: "I told my parents that World Child is an organization that helps children to learn new things, how to study and to sing". Sometimes parents asked the children whether they behaved well during the workshops.

With their teacher, the children also mostly talked about the activities they had been doing during the workshops and how much they enjoyed it and what they learned from it. In some groups the teacher was present during the workshops. Overall, the children felt free to ask workshop leaders questions during the workshops.

In order to evaluate the different methods used in the workshops, we asked what activity they had liked the most. The children could choose only one out of the list of activities. Preferences for activities differ a little bit between the four groups. However, drawing and sport seem to be very popular activities in all groups. In the 5th grade groups drama activities are very much liked.

Table 33: Most liked activity.

Activity you liked most	4 th grade		5 th grade	
	N=17 %	N=18 %	N=29 %	N=26 %
Drawing	23.5	27.8	20.7	30.8
Sports	35.3	16.7	13.8	11.5
Dancing	17.6	27.8	6.9	15.4
Drama	5.9	11.1	51.7	30.8
Music	11.8	11.1	6.9	7.7
Singing	5.9	5.6	-	3.8

In order to get an idea about how the children themselves think about the effects of the intervention, they were asked what they had learned from the creative workshops. Almost all children responded to this question and most of them mentioned the activities that were done during the workshops: dancing, singing, playing, drawing, games, drama games, and special songs. In the table below, some typical answers are listed.

Table 34: What did you learn?

What do you think you have learned from the World Child Kosovo activities?
○ How to play instruments, how to sing, play different games
○ I've learned a lot: new songs, games, drawing and dancing
○ Ball games, drawing, dances, face painting
○ We learned many things about the sea, drama(acting), we sang, danced, painted
○ I learned how to have fun
○ We have learned new songs, games, dances, we saw music instruments we have never seen before
○ I've learned face painting, games with music and ball, drawing (fish, snakes) writing messages, chair games
○ I learned that whatever your friend asks for, you should give that to him/her
○ We've played, danced, we've learned how to behave with others
○ How to communicate better with my friends
○ We learned how to behave, to be quiet, we learned different games
○ How to behave with older people, different games and activities I liked very much
○ I've had a great time and I learned many things that children need
○ We had a good time and World Child trainers were very nice to us and we learned new games

At the end we asked whether the children would like to participate in more creative workshops, if possible. 92% of the children responded that they would definitely like to, and the other 8% responded that they maybe would like to participate in more workshops.

5.2.2 Parents: Evaluation creative workshops

In the post-test questionnaire, we also asked the parents what ideas they have about the creative workshops of World Child. About 20% of the parents indicated that they had heard of World Child before they visited their child's class. 18% was not sure whether they had known something about World Child before and 62% indicated they had not. These parents knew World Child through television or were informed by the school. Some of the parents are actually teachers by profession and had been involved in a teacher training that was also organized by World Child. Overall, the parents indicated that they have the impression that their child enjoyed the creative workshops very much. The majority of the parents (and in some groups all parents) expressed that they appreciate the fact that their child participated in the World Child creative workshop cycle.

Table 35: Evaluation of parents

		4 th grade sub grade 1 N=13	4 th grade sub grade 2 N=12	5 th grade sub grade 3 N=11	5 th grade sub grade 2 N=15
Did you know World Child before they visited your child's class?	yes	30.8	91.7	18.2	26.7
	no	53.8	83.3	54.5	53.3
	not sure	15.4	8.3	27.3	20.0
Do you think your child enjoyed the activities of World Child Kosovo?*		1.46 (.97)	1.33 (.49)	1.27 (.65)	1.50 (.65)
Did your child talk with you about the activities with World Child Kosovo?	yes	91.7	91.7	100.0	86.7
	no	8.3	8.3	-	13.3
Have you noticed any differences in your child's behaviour during the past 2 months?	yes	58.3	20.0	72.7	46.7
	no	41.7	80.0	27.3	53.3
Do you appreciate that your child participates in the World Child Kosovo creative workshops?	yes	100.0	91.7	90.9	100.0
	not sure	-	8.3	9.2	-

*5-point scale used: (1) very much; (2) quite a bit; (3) moderately; (4) just a little bit; (5) not at all

5.2.3 Teachers: Evaluation creative workshops

The teachers were asked some questions related to the creative workshops in general. All eight teachers responded to these questions and their reactions are described below.

General opinion about World Child Kosovo activities:

- Appropriate in order to deal with children.
- I have a good impression about the activities. I think they are very effective.
- Very fruitful regarding bringing freshness, and encouragement of creativity.

What do you think is the main effect of the World Child Kosovo activities?

- Freedom of expression as well as freedom of children's behaviour.
- Actively involving all children in order to build a group (teambuilding). Even unwilling children were motivated to actively take part.
- Increased communication skills of the children; they were very cheerful and became more skillful in different situations.

Did you talk with the children about the activities organized by World Child Kosovo?

- Yes, I asked them how they enjoyed and felt during the activities.
- Yes, I discussed the workshops with the children and heard they were very satisfied, happy and have learned a lot of things.
- Yes, we discussed how they feel in the workshops and they really enjoyed them.

Do you have any suggestions for improvement?

- No, just continue this way.
- No, thanks for the happy atmosphere.
- Keep developing this program within the school curriculum.

5.3 Summary and conclusion chapter 5

We can conclude that children, parents and teachers are highly appreciative of the creative workshop intervention. Of course, this overwhelming positive response may be a result of the 'social desirability' tendency. One has to wonder though, how much that really has influenced the answers: World Child Kosovo does not provide children, parents and teachers with any material support. Teachers, principals or parents don't receive rewards before or after World Child has done an intervention. Schools are not supplied with materials or reconstruction aid, or anything of the kind. Maybe the positive reaction from parents and teachers is actually driven by another kind of reward: the happiness and pleasure they see their children obviously derive from the creative workshop activities.

6. Results: Psychosocial well-being of Kosovar children

The results reported in this chapter focus on some other aspects of the general psychosocial well-being of the Kosovar children that participated in this study. This part of the report is quite qualitative and results are not used to test for the effect of the creative workshop intervention and therefore no distinction is made between the workshop and control group (total group of children N=204). Questions were asked about: stress reactions of children (6.1); social skills (6.2); social support (6.3); general well-being (6.4); enjoyment of sports and creative arts (6.5); and chores/jobs (6.6). All of these questions appeared in the children's questionnaire only.

6.1 Stress reactions of children

All children were asked the following question: "Can you tell me what you do (in general) when something bad happens to you or when you are in a difficult situation?" Children could reply in many ways, since this was an open question. Categorical content analysis showed the following categories of answers (table 36).

Table 36: Stress reaction reported by children

Stress reactions of children	
<input type="radio"/>	I run away
<input type="radio"/>	I ask for help (from parents, friends, people who are around at that time)
<input type="radio"/>	I start to cry/I become sad
<input type="radio"/>	I try to solve the problem
<input type="radio"/>	I become frightened, nervous, upset
<input type="radio"/>	I go to home/to my room and try to calm down

6.2 Social skills

The children were asked how many close friends they have (apart from brothers and sisters). The majority of boys and girls have three or more friends.

Table 37: Number of friends and average playtime

Friends & play	Boys N= 104		Girls N= 100	
	%	N	%	N
none	-	-	1.0	1
1 friend	7.7	8	14.0	14
2 friends	18.3	19	19.0	19
3 friends	22.1	23	25.0	25
4 or more	51.9	54	41.0	41
Play *	2.02 (mean)	.67 (s.d.)	1.68 (mean)	.65 (s.d)

* About how many times a week do you do things with your friend(s) outside of regular school hours? (Do not include brothers & sisters). (1) less than once; (2) once or twice; (3) 3 times or more.

A significant difference was found between boys and girls regarding the average number of times a week they play with friends outside the regular school hours.⁴⁰ On average, the boys play more with friends (once or twice a week) than girls do.

The children were asked to indicate how they get along with their brothers and sisters, other kids, and their parents, compared to others of their age. In addition, they rated how well they can do things by

⁴⁰ Tests result One-way Anova: F (1, 203)=13.51; p<.001.

themselves, compared to peers. For all items, a 3-point scale was used, indicating: (1) worse, (2) average, (3) better. Scores on all items are above average and no significant differences were found between boys and girls.

Table 38: Social skills

How well do you:	Boys N= 104		Girls N= 100	
	mean	s.d.	mean	s.d.
Get along with brothers & sisters	2.74	.46	2.72	.45
Get along with other kids	2.44	.57	2.40	.55
Behave with your parents	2.79	.41	2.84	.37
Do things by yourself	2.25	.54	2.27	.58

6.3 Social support

All children were asked: "When you have experienced a difficult situation or something bad, do you talk with anyone about it?" As shown in table 39, about 30% of the children replied that they talk with their parents about difficult situations they experience. Others talk with brothers or sisters, or other family, or with friends.

Table 39: Social support

Who do you talk to	%	N
Parents	32.4	66
Family and friends	19.1	39
All family	10.8	22
Friends	8.8	18
Brothers/sisters	6.4	13
No one	22.5	46

Quite a lot of children (22.5%) indicated that they do not talk to anyone about difficult life experiences. We asked these children why they don't talk about it, for example with their parents. The following reactions were among the ones recorded.

Table 40: Reasons for not seeking social support

When you have experienced a difficult situation or something bad, why don't you talk about it, for example with your parents?
<ul style="list-style-type: none"> ○ No, I don't talk to anyone because I get beaten up ○ Because they might not understand me ○ I prefer to keep the anger within me ○ I'm afraid to tell my parents because they may hit me, and I would never tell my teacher such things ○ I'm afraid I might be judged ○ When I'm in a situation like that I want to be alone, not to talk with anybody ○ Because it is hard for me to tell about my problems ○ I can not talk to my parents because I think I will make them worry more if I tell them something bad ○ Because my parents have enough because of my sister's problems, and I don't want to pre-occupy them with my problems ○ I'm embarrassed to talk ○ I don't like to talk to my parents, because I think they would not be interested that much ○ I'm afraid they might shout at me ○ I'm afraid to tell them cause the might punish me ○ I solve problems myself ○ I don't speak to anybody because they make me nervous and I'm afraid of being punished so I keep that to myself until I solved the problem. For example, when I get a bad mark at school I don't tell my parents until I improved that mark.

6.4 General well-being

At the end of the questionnaire, the children filled out a graph with the interviewer. The interviewer introduced the graph and asked the child to indicate on a 5-point scale how happy he/she was at the moment (that is, April at pre-test and June at post-test). At the pre-test questionnaire the child was also asked to remember how happy he/she was one, two and three years ago.

Table 41: Happiness reported by children (N=204)

Happiness	mean	s.d.
2002	3.46	1.37
2003	3.72	1.14
2004	4.02	1.02
2005 (April)	4.53	.82
2005 (June)	4.73	.56

5-point scale used: 1 (not happy at all) – 5 (very happy)

Although the interviewers observed that in general, the children had difficulty answering these questions, the results are quite consistent. The happiness scores are slightly, but steadily improving from 2002 till 2005, although the answers might be a bit socially desirable.

6.5 Enjoyment of sports and creative arts ⁴¹

Sport

Children were asked to list several sports they like most to take part in. In addition, it was asked about how much time they spend in each sport, compared to others of their age. Also, it was asked how well they perform each sport, compared to peers. In the table below, results are shown for boys and girls separately.

Table 42: Sport

Favourite sport	Boys N=104		Girls N=100	
	%	N	%	N
Basketball	92.3	96	81.0	81
Football	95.2	99	62.0	62
Volleyball	26.9	28	48.0	48
Handball	21.1	22	30.0	30
Swimming	14.4	15	14.0	14
Tennis	3.8	4	11.0	11
Fishing	10.0	7	0.2	2
Other *	11.5	12	10.0	10
Time **	1.94 (mean)	.75 (s.d.)	1.97 (mean)	.72 (s.d.)
Performance ***	2.03 (mean)	.72 (s.d.)	1.99 (mean)	.72 (s.d.)

* Other sports mentioned: Boxing, skating, athletic, ping pong, karate, skiing, cycling

** 3-point scale used: (1) less than average; (2) average; (3) more than average

*** 3-point scale used: (1) below average; (2) average; (3) above average

The three most favourite sports that are mentioned in both groups (boys and girls) are basketball, football and volleyball. Of all children, 8.1% listed one sport, 13.5% listed two different sports and the majority (78.4%) listed three sports.

⁴¹ These questions were asked at the pre-test, unless indicated otherwise.

Compared to others of their age, overall the children indicated that they spend about the same amount of time (average) doing these sports. Also, they perceive themselves to be average performers, compared to others of their age. No significant differences were found between boys and girls on the average time spent doing these sports, nor on average performance.

Hobby

Children were asked to list their favourite hobbies, activities, and games (other than sport). In addition, it was asked about how much time they spend in each hobby, compared to others of their age. They were also asked how well they do each hobby, compared to peers.

Table 43: Hobby

Favourite hobby	Boys N= 104		Girls N= 100	
	%	N	%	N
Reading books	66.3	69	73.0	73
Drawing	44.2	46	61.0	61
Computer games	42.3	44	23.0	23
Music, dancing, singing	15.4	16	42.0	42
Videogames	35.6	37	0.6	6
Recite	11.5	12	20.0	20
Walking/running	6.7	7	0.6	6
Other *	10.6	11	12.0	12
Time **	2.16 (mean)	.75 (s.d.)	2.10 (mean)	.77 (s.d.)
Performance ***	2.17 (mean)	.69 (s.d.)	2.20 (mean)	.67 (s.d.)

* Other hobbies mentioned: collecting postcards, writing letters/poems, playing hide and seek

** 3-point scale used: (1) less than average; (2) average; (3) more than average

*** 3-point scale used: (1) below average; (2) average; (3) above average

The three most favourite hobbies that are mentioned in both groups (boys and girls) are reading books, drawing and computer games. Of all children, 4.3% listed one hobby, 26.6% listed two different hobbies and the majority (69.1%) listed three hobbies. Compared to others of their age, overall the children indicated that they spend about the same amount of time (average) doing these hobbies. Also, they perceive themselves to be average performers, compared to others of their age. No significant differences were found between boys and girls on the average time spent doing these hobbies, nor on average performance.

Creative arts

All children were asked what kind of activity or game they like most.⁴² The children could choose only one out of the list of activities.

Preferences for activities differ a little bit between boys and girls. Boys clearly like sports most, and much more compared to girls. Girls like dancing most, also more compared to boys (who don't seem to like dancing at all). Drawing and drama activities seem to be popular with both boys and girls.

⁴² This question is asked at the post-test. Results of this item are reported earlier in paragraph 5.2.1 (evaluation of the creative workshop group), where a distinction was made between the four workshop groups. Here, a distinction is made between boys and girls.

Table 44: Favourite activity of creative workshop

Favourite activity	Boys N=103		Girls N=96	
	%	N	%	N
Drawing	16.3	17	19.0	19
Drama	13.5	14	15.0	15
Sports	58.7	61	9.0	9
Dancing	1.9	2	24.0	24
Music	7.7	8	17.0	17
Singing	1.0	1	12.0	12

Children were asked to indicate how well they do each activity, compared to others of their age. Average performance scores of boys and girls are listed in the table below and are statistically compared between each other.

Table 45: Performance on activities

Average performance *	Boys N=101		Girls N=99		One-way Anova F (1, 200) =
	mean	s.d.	mean	s.d.	
Drawing	3.21	.78	3.49	.98	4.99; p<.05
Drama	2.96	1.19	3.15	1.16	n.s.
Sports	4.18	.97	3.45	1.07	25.0; p<.001
Dancing	2.89	1.03	3.68	1.02	29.45; p<.001
Music	3.44	.94	3.82	.90	8.26; p<.01
Singing	3.29	1.06	3.65	.99	6.12 p<.05

* 5-point scale used: (1) a lot worse; (2) a little bit worse; (3) average; (4) a little better; (5) better.

The analyses showed several results, indicating that depending on the activity, either boys or girls perceived themselves to be performing better. Boys perceive themselves to be better in sports, compared to girls. However, girls rated their performance higher, compared to boys, on drawing, dancing, music and singing. On drama, boys and girls are not significantly different on average performance.

Clubs

Children were asked whether they belong to any kind of organization, clubs, teams or groups. If so, it was asked how active they are in each one.

Table 46: Organization, clubs, teams or groups

Clubs	Boys N= 104		Girls N= 100	
	%	N	%	N
No club	76.9	80	85.0	85
Football team	19.2	20	2.0	2
Other sport club *	5.8	6	2.0	2
Creative groups**	1.0	1	9.0	9
Literary hour	2.9	3	5.0	5
Active ***	2.26 (mean)	.58 (s.d.)	2.36 (mean)	.54 (s.d.)

* Other sport clubs mentioned: basketball, volleyball

** Creative groups that were mentioned: dancing, singing, drama, & drawing group

*** 3-point scale used: (1) less active; (2) average; (3) more active

Of all children, the majority does not belong to any kind of club, 13.4% listed one club, 3.5% listed two different clubs and 2.8% listed three clubs. The children, who are part of a club, mentioned the football team (especially boys) and creative groups (especially girls). Overall, these children indicated that they are average active in these clubs. No significant difference was found between boys and girls.

6.6 Chores/jobs

The children were asked what kind of chores or jobs they have, and how they carry them out compared to others their age.

Table 47: Chores/jobs

Chores/Jobs	Boys N= 104		Girls N= 100	
	%	N	%	N
Fieldwork *	83.6	87	39.0	39
Take care of brothers & sisters	38.5	40	56.0	56
Working at home	37.5	39	63.0	63
Making bed	42.3	44	54.0	54
Working in shop	8.6	9	11.0	11
Performance **	2.26	(.69)	2.26	(.70)

* Examples of fieldwork mentioned: working in the field, mending the cattle (animals), working in the garden, helping father around the house.

** 3-point scale used: (1) below average; (2) average; (3) above average

Especially boys are active with fieldwork, whereas girls are more active with working at home and taking care of their little brothers and sisters (or nieces and nephews). Of all children, 18.7% listed one chore/job, 30.1% listed two different chores/jobs and 51.2% listed chores/jobs. Compared to others of their age, the children perceive themselves to be average performers at these chores. No significant difference was found between boys and girls on the average performance.

6.7 Summary and conclusion chapter 6

In line with the results from the CBCL, we can conclude that the Kosovar children in this sample are doing well. They seem to have rich social lives, in which they enjoy all kinds of hobbies and activities. Their support structures like family and friends seem to be well in place, providing them with opportunities to deal with stress and difficult life circumstances. That not all is positive is shown for example by the fact that quite a lot of the children report having difficulty talking about their (possible) problems with anyone and the fact that quite a lot of children do have to do chores of jobs that might be quite demanding. Of course we have to take into account cultural customs with regards to this. The sample is made up of children from rural villages in Western Kosovo, where talking about personal problems may not be the norm. Living in a rural area also explains the high number of fieldwork mentioned by the boys. The small number of children reporting to be a member of a club may be indicative of two other issues often mentioned when the social-economic situation of Kosovo is described: poverty and lack of facilities for children and youth to enjoy creative or sportive activities. In other parts of this report we already got more indications that the situation these children are living in is not necessarily easy: unemployment rate amongst parents is high; some parents show signs of alcoholism; quite a lot of children have experienced uprooting and lost family members. Yet, despite all this adversity, the large majority of the children seem to enjoy normal psychosocial well-being (based on the instruments used in this study, as reported in chapter 5).

7. Conclusion and discussion

This study was set up to examine the effects of the creative workshop intervention of World Child Kosovo. Although War Child carries out a similar kind of intervention in many of its programs, we have to be cautious when drawing conclusions. Results of this study are not necessarily representative for results of all creative workshop groups provided by World Child or War Child. In addition, the living situation and psychosocial well-being of the children involved in this study are not representative for, or comparable to the living situation and psychosocial well-being of all children in Kosovo or other (post-)conflict situations.

7.1 Conclusion

First research topic: The effects of the creative workshop cycle on the psychosocial well-being of children

The main hypothesis of this study was that we expected the children who participated in the creative workshop cycle to show a significant improvement of their psychosocial well-being compared to children who were not involved in the intervention. We found the results to be not conclusive. Some results are in line with our hypotheses and some are contrasting.

In general, the children in both the workshop and control group are doing quite well both before and after the intervention, and show little signs of behavioural and social problems. Furthermore, the children expressed to have a positive self-esteem. At the same time there are no signs of deterioration within the workshop group, meaning that the creative workshop intervention does no harm.

Results supporting the hypotheses

As indicated by the children, the children from the workshop group improved in terms of a decline of social problems and thought problems, compared to the control group. This is especially true for the children in the 4th grade. These results were not confirmed by results from the group of parents or teachers. The parents of the children who participated in the creative workshop cycle indicated that their children improved in terms of attention skills (found both on Child Behaviour Checklist and AVL questionnaire). Results from the teachers' part of this study were less clear, since the teachers of the workshop group and control group indicated that children show normal behaviour on all subscales of the CBCL and no differences could be assessed due to the ceiling-effect. The teachers of the workshop group children did however report clear changes of pro-social behaviour of the pupils in their classroom, compared to teachers of the control group.

Results in contrast with the hypotheses

The children in the control group reported slight improvements in terms of a decline of internalizing behaviour, compared to the workshop group. Although the parents reported no such effects, the teachers also indicated a similar slight improvement within the control group. Another (stronger) effect was reported by the teachers, regarding externalizing behaviour. This was found to decline more in the control group, compared to the workshop group. It seems that the creative workshop cycle has no positive effect on internalizing and externalizing behaviour.

What can we conclude to be the effects of the creative workshop intervention?

With this study, we found some positive effects of the creative workshop intervention on: decline of social behavioural problems, thought problems, and attention problems of the children involved. However, we have to interpret these conclusions cautiously, since our evidence is not very strong.

Second research topic: Evaluation of the creative workshop cycle by children, parents and teachers

Based on the (evaluation) reports of the children, parents and teachers it can be concluded that the children enjoy the creative workshops of World Child very much. Especially drawing and sports are popular activities. Overall, the children indicated that they learned a lot of new activities, games and songs; participation was a very positive experience for them. In line with the children, also parents and teachers reported that the children benefit from the creative workshops. Clearly, everybody involved is highly appreciative of this kind of activities. Nevertheless, we have to acknowledge these results might partly be influenced by social desirability.

Third research topic: Psychosocial well-being of Kosovar children

Both the results from the CBCL and all other instruments used in this study show that the children who participated reported a healthy psychosocial well-being. This is indicated by the very positive results on self-esteem, social behaviour, thought skills, attention skills and concentration skills, as well as low prevalence of anxiety, depression, withdrawal, somatic complaints and rule-breaking and aggressive behaviour. In addition, children reported to have adequate social skills and social support structures in place, as well as high scores for happiness. The children seem to have active social lives and are engaged in many sports and other hobbies, and they seem to be able to do those activities well. All these aspects are indicative of normal, healthy psychosocial well-being of Kosovar children.

7.2 Discussion

Considerations on the effects of the creative workshop cycle on the psychosocial well-being of children

We found some tentative evidence for the positive effects of the creative workshop intervention on the psychosocial well-being of children. However, there are limitations that might have influenced the inconclusive results of this study.

First, the ceiling-effect was clearly present in the teachers' part of this study, and to a lesser extent in the children and parents' part of the study. It can be argued that the teachers do not know the pupils well enough, and therefore they could not provide very reliable and detailed information about the children. Maybe a willingness to present a positive picture of their pupils led the teachers to rate their pupils very positive on all items. Also, the teachers had to fill out a big number of questionnaires (up to thirty) each. The clear indication of behavioural change that the teachers gave in one of the other instruments may actually be an affirmation of this: it was easier for the teachers to just observe such a change for all their pupils, then it was for them to focus on all the detailed questions from the CBCL for every individual child.

Second, the lack of clear evidence might be caused by the instruments we used. The main instrument in this study is the Child Behaviour Check List. Although this instrument has been used in post-war settings before, and is known for its worldwide application, we failed to replicate proper reliability for some of its subscales in our specific research population. The lack of good statistical reliability for some of the subscales seriously limited us to show significant effects. Another limitation of the CBCL can be the cross-cultural validity. We had to use the American norm-scores and we cannot be sure whether these are really appropriate for our sample of Kosovar children, parents and teachers.

Another limitation of the CBCL might be the narrow focus on psychopathology. Since the children in our study are reporting a healthy psychosocial well-being, this instrument cannot differentiate on the different aspects of psychosocial well-being that were measured. In hindsight this instrument may have not been the most accurate if we consider that the goals of a creative workshop cycle are strengthening of coping skills and resilience, not diminishing possible psychopathology. As a consequence, almost all children are categorized as scoring within normal range and there is little opportunity left for improvement. Basically this offers an explanation for the 'ceiling-effect' as well. However, the fact that the children in this study do not seem to have many psychosocial problems does not mean they are not faced by difficult living situations. This is exemplified by the poor school system, weak economic situation within the family, and a lack of future prospect in terms of further education and employment. Therefore, when trying to address psychosocial support for children in Kosovo (within the family, as well as within the society as a whole), one should look at these issues not only at child level, but also at familial, community and society level.⁴³ Before starting up any intervention, one should carefully assess the context and the needs of its beneficiaries.

Third, the lack of clear evidence might be caused by the method we used. In this study, the time gap between pre- and post-test was eight weeks only. This workshop period (of eight weeks with 16 workshops in total) might have been too short to reveal the expected effects. In general, behavioural and cognitive changes are very difficult to accomplish with any kind of intervention, even over longer periods of intervention. Usually World Child workshop cycles take place over a three to six month period (albeit with less intensity). The short time gap between pre- and post-test may also have resulted in a 'learning-effect'. This means that because of filling out the same questionnaire several times, all values in both workshop and control groups are increasing. Furthermore, the existing composition of the school classes results in a so called 'nested design' which hampers the possibility of finding significant differences.

Despite the possible omissions in the instruments used and some omissions in the design of the research, the results of this study do give rise to questions and concerns. Some examples of questions that could be raised, and which will need further examination and attention: In which contexts should we offer creative workshop cycle program, as part of a larger program? How long after a conflict? To which specific groups of children? Can a creative workshop cycle program ever be offered as a standalone intervention? And if so, under which circumstances?

Considerations on the psychosocial well-being of Kosovar children

The Kosovar children in this study by enlarge display normal psychosocial well-being. How should we explain this finding? Some may argue that this is not strange at all. The war in Kosovo has been over for six years and did not last long. Maybe children haven't suffered that much compared to children in other conflict zones? Of course it *is* impossible to judge whether the impact of conflict was less severe for children in Kosovo than it is/was in other places. But if we look at some of the experiences reported by the children in this study we do find that many of these children experienced harsh times, like forced displacement, loss of (close) relatives and destruction of homes. And many of them now face poor educational and future prospects, poverty and possibly other familial problems (alcoholism of a parent). But still the children are doing well psychosocially. Why? Although outside the scope of this study, these findings do give support to the notion that protective factors are important when shielding children from adversity and promoting resilience.

⁴³ This corresponds to the general method of working of World Child Kosovo. Apart from creative workshop cycles, World Child also organizes teacher trainings (with the goal of changing the general authoritarian pedagogical approach into a more creative and, interactive one), cultural and sportive events and peace building activities, in order to improve the integration of different ethnicities in Kosovar society. Within the Kosovar context, the creative workshop intervention could be seen as a 'preventative' intervention, aimed at promoting children's resilience by enhancing their coping skills.

The children in this study seem to have developed good social skills. They can rely on social support structures (family, friends, school) that may have helped some of them in overcoming problems directly related to the conflict, and which now help them in dealing with their (in many respects) difficult living circumstances. We assume that these protective factors (in the child and its social environment as well) in Kosovo shield the children and enhance the healthy psychosocial well-being and development they seem to be enjoying. This finding lends support to the choice for psychosocial interventions in post-conflict situations that are community based, not only focusing on the child, but also on enhancing the protective factors in the child's environment, should those be disrupted.

Considerations regarding research

One should be aware that it is very unlikely that the field of psychology will provide us with a clear-cut and simple instrument or way of evaluating psychosocial programs that will evoke full evidence and hundred percent clarity. However, accountability is demanded of NGO's with much more force than in the past. In itself this is of course a good development. This study was an extensive and expensive exercise. The results in terms of effects on psychosocial well-being were tentatively positive and all beneficiaries of the creative workshop cycle reported their enthusiasm. It also clearly shows that this type of activities definitely do not harm children. One could wonder how much time, money and effort should be put into conducting evidence based research on the impact of humanitarian aid efforts. Especially for psychosocial assistance, which effects are by nature often not so tangible (at least in the short run), we need to be aware of the trade-off between the research costs and its results in terms of practical implications.

Within every context, we have to consider which way of monitoring and evaluating is best. At the time of writing, different methods (qualitative and quantitative) are being piloted in War Child programs. Kosovo was one of them, but other pilot studies have been set up in Sierra Leone, Uganda and Sudan. However, War Child should not expect all research or interventions to become evidence-based, since this is neither realistic nor desirable. War Child is a humanitarian aid organization, assisting war-affected children in their psychosocial development, and research is not the main objective.

How to continue from here?

Many humanitarian aid organizations are struggling to show the effect of their programmes. It is important to evaluate interventions so that children can benefit and resources are not wasted. Also War Child wants to be transparent in its way of working and wants to evaluate programmes properly. Therefore, War Child is in the process of developing valid and reliable tools and instruments to measure the effects of its interventions. This study is one of the first steps within this process. Based on this study and our experiences with monitoring and evaluation so far, we can formulate some focal points for this process of development.

When measuring the effects of interventions aimed at improving psychosocial well-being, the first question is "How do you measure psychosocial well-being?" This is obviously more difficult than calculating the number of water wells provided, or the number of vaccines delivered. In this study we chose to measure psychosocial well-being by means of the Child Behaviour Check List, but this is obviously only one of several options. Further research needs to show how we can make the concept of psychosocial well-being operational in the best way possible. Or, in other words: how we can measure psychosocial well-being in a valid and reliable way.

In addition, we need to remain careful when measuring western concepts in a non-western setting. More effort should be done to develop culturally valid instruments. When using western-developed instruments, special attention should be given to the translation process. Furthermore, effects of interventions should not only be measured at the individual (child) level. Since most of War Child's programs have a community-based approach, special (culturally valid) instruments should be developed. New evaluation methods and tools might be needed, such as peer evaluation and the 'most significant change method', to name a few. Design and methods from all War Child projects, as well as lessons learned of other organizations, might be successfully integrated into one instrument to measure the effects of interventions on the psychosocial well-being of children in (post-)conflict situations.

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Annex A: Children

Youth Self-Report (YSR-CBCL)

Below is a list of items that describe kids. For each item that describes you **now or within the past 6 months**, please circle:

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

0 1 2 1. I act too young for my age

0 1 2 2. I drink alcohol without my parents' approval (describe): _____

0 1 2 3. I argue a lot

0 1 2 4. I fail to finish things I start

0 1 2 5. There is very little that I enjoy

0 1 2 6. I like animals

0 1 2 7. I brag

0 1 2 8. I have trouble concentrating or paying attention

0 1 2 9. I can't get my mind off certain thoughts; (describe): _____

0 1 2 10. I have trouble sitting still

0 1 2 11. I'm too dependent on adults

0 1 2 12. I feel lonely

0 1 2 13. I feel confused or in a fog

0 1 2 14. I cry a lot

0 1 2 15. I am pretty honest

0 1 2 16. I am mean to others

0 1 2 17. I daydream a lot

0 1 2 19. I try to get a lot of attention

0 1 2 20. I destroy my own things

0 1 2 21. I destroy things belonging to others

0 1 2 22. I disobey my parents

0 1 2 23. I disobey at school

0 1 2 24. I don't eat as well as I should

0 1 2 25. I don't get along with other kids

0 1 2 26. I don't feel guilty after doing something I shouldn't

0 1 2 27. I am jealous of others

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- 0 1 2 28. I break rules at home, school, or elsewhere
- 0 1 2 30. I am afraid of going to school

- 0 1 2 31. I am afraid I might think or do something bad
- 0 1 2 32. I feel that I have to be perfect

- 0 1 2 33. I feel that no one loves me
- 0 1 2 34. I feel that others are out to get me

- 0 1 2 35. I feel worthless or inferior
- 0 1 2 36. I accidentally get hurt a lot

- 0 1 2 37. I get in many fights
- 0 1 2 38. I get teased a lot

- 0 1 2 39. I hang around with kids who get in trouble
- 0 1 2 40. I hear sounds or voices that other people think aren't there (describe): _____

- 0 1 2 41. I act without stopping to think
- 0 1 2 42. I would rather be alone than with others

- 0 1 2 43. I lie or cheat
- 0 1 2 44. I bite my fingernails

- 0 1 2 45. I am nervous or tense
- 0 1 2 46. Parts of my body twitch or make nervous movements (describe): _____

- 0 1 2 47. I have nightmares
- 0 1 2 48. I am not liked by other kids

- 0 1 2 49. I can do certain things better than most kids
- 0 1 2 50. I am too fearful or anxious

- 0 1 2 51. I feel dizzy or lightheaded
- 0 1 2 52. I feel too guilty

- 0 1 2 53. I eat too much
- 0 1 2 54. I feel overtired without good reason

- 0 1 2 55. I am overweight
- 0 1 2 56. Physical problems without known medical cause: _____
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
- 0 1 2 b. Headaches
- 0 1 2 c. Nausea, feel sick
- 0 1 2 d. Problems with eyes (**not** if corrected by glasses)(describe): _____
- 0 1 2 e. Rashes or other skin problems
- 0 1 2 f. Stomachaches
- 0 1 2 g. Vomiting, throwing up
- 0 1 2 h. Other (describe): _____

- 0 1 2 57. I physically attack people
- 0 1 2 58. I pick my skin or other parts of my body (describe): _____
- 0 1 2 59. I can be pretty friendly
- 0 1 2 60. I like to try new things
- 0 1 2 61. My school work is poor
- 0 1 2 62. I am poorly coordinated or clumsy
- 0 1 2 63. I would rather be with older kids than kids my own age
- 0 1 2 64. I would rather be with younger kids than kids my own age
- 0 1 2 65. I refuse to talk
- 0 1 2 66. I repeat certain acts over and over (describe): _____
- 0 1 2 67. I run away from home
- 0 1 2 68. I scream a lot
- 0 1 2 69. I am secretive or keep things to myself
- 0 1 2 70. I see things that other people think aren't there (describe): _____
- 0 1 2 71. I am self-conscious or easily embarrassed
- 0 1 2 72. I set fires
- 0 1 2 73. I can work well with my hands
- 0 1 2 74. I show off or clown
- 0 1 2 75. I am too shy or timid
- 0 1 2 76. I sleep less than most kids
- 0 1 2 77. I sleep more than most kids during day and/or night (describe): _____
- 0 1 2 78. I am inattentive or easily distracted
- 0 1 2 79. I have a speech problem (describe): _____
- 0 1 2 80. I stand up for my rights
- 0 1 2 81. I steal at home
- 0 1 2 82. I steal from places other than home
- 0 1 2 83. I store up too many things I don't need (describe): _____
- 0 1 2 84. I do things other people think are strange (describe): _____
- 0 1 2 85. I have thoughts that other people would think are strange (describe): _____
- 0 1 2 86. I am stubborn
- 0 1 2 87. My moods or feelings change suddenly
- 0 1 2 88. I enjoy being with people
- 0 1 2 89. I am suspicious
- 0 1 2 90. I swear or use dirty language

- 0 1 2 92. I like to make others laugh
- 0 1 2 93. I talk too much

- 0 1 2 94. I tease others a lot
- 0 1 2 95. I have a hot temper

- 0 1 2 97. I threaten to hurt people
- 0 1 2 98. I like to help others

- 0 1 2 99. I smoke, chew, or sniff tobacco
- 0 1 2 100. I have trouble sleeping (describe): _____

- 0 1 2 101. I cut classes or skip school
- 0 1 2 102. I don't have much energy

- 0 1 2 103. I am unhappy, sad, or depressed
- 0 1 2 104. I am louder than other kids

- 0 1 2 106. I like to be fair to others
- 0 1 2 107. I enjoy a good joke

- 0 1 2 108. I like to take life easy
- 0 1 2 109. I try to help other people when I can

- 0 1 2 110. I wish I were of the opposite sex
- 0 1 2 111. I keep from getting involved with others

- 0 1 2 112. I worry a lot

YSR items that were deleted:

- 0 1 2 18. I deliberately try to hurt or kill myself
- 0 1 2 29. I am afraid of certain animals, situations, or places, other than school (describe): _____

- 0 1 2 91. I think about killing myself
- 0 1 2 96. I think about sex too much
- 0 1 2 105. I use drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____

Culture free self-esteem inventories (CFSEi)

The next questions are about how you usually feel. You can only reply with 'true' or 'false'. 'True' means that you've experienced this kind of feeling yourself and 'false' means that this kind of feeling does not apply to you. Remember, there are no right or wrong answers! Please answer as honestly as you can.

I wish I were younger	TRUE	FALSE
I am happy most of the time	TRUE	FALSE
I like being a boy/I like being a girl	TRUE	FALSE
I usually fail when I try to do important things	TRUE	FALSE
I often feel ashamed of myself	TRUE	FALSE
I often feel that I am no good at all	TRUE	FALSE
Most boys and girls are better than I am	TRUE	FALSE
I would change many things about myself if I could	TRUE	FALSE
I am as happy as most boys and girls	TRUE	FALSE
I worry a lot	TRUE	FALSE

Annex B: Parents

Child Behaviour Check List (CBCL)

Please fill out this form to reflect your view of the child's behaviour even if other people might not agree.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2** 1. Acts too young for his/her age
- 0 1 2** 2. Drinks alcohol without parents' approval (describe): _____
- 0 1 2** 3. Argues a lot
- 0 1 2** 4. Fails to finish things he/she starts
- 0 1 2** 5. There is very little he/she enjoys
- 0 1 2** 6. Bowel movements outside toilet
- 0 1 2** 7. Bragging, boasting
- 0 1 2** 8. Can't concentrate, can't pay attention for long
- 0 1 2** 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____
- 0 1 2** 10. Can't sit still, restless, or hyperactive
- 0 1 2** 11. Clings to adults or too dependent
- 0 1 2** 12. Complains of loneliness
- 0 1 2** 13. Confused or seems to be in a fog
- 0 1 2** 14. Cries a lot
- 0 1 2** 15. Cruel to animals
- 0 1 2** 16. Cruelty, bullying, or meanness to others
- 0 1 2** 17. Daydreams or gets lost in his/her thoughts
- 0 1 2** 18. Deliberately harms self or attempts suicide
- 0 1 2** 19. Demands a lot of attention

- 0 1 2 20. Destroys his/her own things
- 0 1 2 21. Destroys things belonging to his/her family or others
- 0 1 2 22. Disobedient at home
- 0 1 2 23. Disobedient at school

- 0 1 2 24. Doesn't eat well
- 0 1 2 25. Doesn't get along with other kids

- 0 1 2 26. Doesn't seem to feel guilty after misbehaving
- 0 1 2 27. Easily jealous

- 0 1 2 28. Breaks rules at home, school, or elsewhere
- 0 1 2 30. Fears going to school

- 0 1 2 31. Fears he/she might think or do something bad
- 0 1 2 32. Feels he/she has to be perfect

- 0 1 2 33. Feels or complains that no one loves him/her
- 0 1 2 34. Feels others are out to get him/her

- 0 1 2 35. Feels worthless or inferior
- 0 1 2 36. Gets hurt a lot, accident-prone

- 0 1 2 37. Gets in many fights
- 0 1 2 38. Gets teased a lot

- 0 1 2 39. Hangs around with others who get in trouble
- 0 1 2 40. Hears sound or voices that aren't there (describe): _____

- 0 1 2 41. Impulsive or acts without thinking
- 0 1 2 42. Would rather be alone than with others

- 0 1 2 43. Lying or cheating
- 0 1 2 44. Bites fingernails

- 0 1 2 45. Nervous, highstrung, or tense
- 0 1 2 46. Nervous movements or twitching (describe): _____

- 0 1 2 47. Nightmares
- 0 1 2 48. Not liked by other kids

- 0 1 2 49. Constipated, doesn't move bowels
- 0 1 2 50. Too fearful or anxious

- 0 1 2 51. Feels dizzy or lightheaded
- 0 1 2 52. Feels too guilty

- 0 1 2 53. Overeating
- 0 1 2 54. Overtired without good reason

- 0 1 2 55. Overweight

- 56. Physical problems *without known medical cause*:
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
- 0 1 2 b. Headaches
- 0 1 2 c. Nausea, feels sick
- 0 1 2 d. Problems with eyes (**not** if corrected by glasses) (describe): _____
- 0 1 2 e. Rashes or other skin problems
- 0 1 2 f. Stomachaches
- 0 1 2 g. Vomiting, throwing up
- 0 1 2 h. Other (describe): _____

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body (describe): _____

- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy

- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids

- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____

- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot

- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____

- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid

- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____

- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home

- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need (describe): _____
- 0 1 2 84. Strange behaviour (describe): _____

- 0 1 2 85. Strange ideas (describe): _____
- 0 1 2 86. Stubborn, sullen, or irritable

- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot

- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language

- 0 1 2 92. Talks or walks in sleep (describe): _____
- 0 1 2 93. Talks too much

- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper

- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking

- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy

- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud

- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day

- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining

- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others

- 0 1 2 112. Worries

CBCL items that were deleted:

- 0 1 2 29. Fears certain animals, situations, or places, other than school (describe): _____
- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 73. Sexual problems (describe): _____
- 0 1 2 91. Talks about killing self
- 0 1 2 96. Thinks about sex too much
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't* include alcohol or tobacco) (describe): _____

ADHD questionnaire (AVL)

Hyperactivity	Moves restless with hands and feet or twitches Has problems sitting still when needed or asked for Is easily distracted Is always active and busy, seems like he/she is automatically driven like a motor Talks a lot, can not stop speaking about things Has trouble playing quietly
Attention deficit	Has trouble concentrating for long time on a single task Busy with several tasks and jumps from one task to another without finishing the first one Can not find (or loses) things that are needed at school or at home Has trouble organising his/her tasks and work Avoids to do work or tasks that need a long-time effort, for example homework Forgets things easily
Impulsive behaviour	Has difficulty waiting for his/her turn, for example when playing games Answers very quickly without waiting for the question to be finished Has problems following instructions from others Disturbs other people's activities, gets involved where he/she should not Looks like he/she does not pay attention when something is said to him/her Undertakes physically dangerous activities without considering the consequences

Annex C: Teachers

Teacher's Report Form (TRF-CBCL)

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behaviour.

Below is a list of items that describe pupils. For each item that describes the pupil **now or within the past 2 months**, please circle the **2** if the item is **very true or often true** of the pupil. Circle the **1** if the item is **somewhat or sometimes true** of the pupil. If the item is **not true** of the pupil, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2** 1. Acts too young for his/her age
0 1 2 2. Hums or makes other odd noises in class
- 0 1 2** 3. Argues a lot
0 1 2 4. Fails to finish things he/she starts
- 0 1 2** 5. There is very little he/she enjoys
0 1 2 6. Defiant, talks back to staff
- 0 1 2** 7. Bragging, boasting
0 1 2 8. Can't concentrate, can't pay attention for long
- 0 1 2** 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____
0 1 2 10. Can't sit still, restless, or hyperactive
- 0 1 2** 11. Clings to adults or too dependent
0 1 2 12. Complains of loneliness
- 0 1 2** 13. Confused or seems to be in a fog
0 1 2 14. Cries a lot
- 0 1 2** 15. Fidgets
0 1 2 16. Cruelty, bullying, or meanness to others
- 0 1 2** 17. Daydreams or gets lost in his/her thoughts
0 1 2 18. Deliberately harms self or attempts suicide
- 0 1 2** 19. Demands a lot of attention
0 1 2 20. Destroys his/her own things

- 0 1 2 21. Destroys property belonging to others
- 0 1 2 22. Difficulty following directions
- 0 1 2 23. Disobedient at school

- 0 1 2 24. Disturbs other pupils
- 0 1 2 25. Doesn't get along with other pupils

- 0 1 2 26. Doesn't seem to feel guilty after misbehaving
- 0 1 2 27. Easily jealous

- 0 1 2 28. Breaks school rules
- 0 1 2 29. Fears certain animals, situations, or places, other than school (describe): _____

- 0 1 2 30. Fears going to school
- 0 1 2 31. Fears he/she might think or do something bad

- 0 1 2 32. Feels he/she has to be perfect
- 0 1 2 33. Feels or complains that no one loves him/her

- 0 1 2 34. Feels others are out to get him/her
- 0 1 2 35. Feels worthless or inferior

- 0 1 2 37. Gets in many fights
- 0 1 2 38. Gets teased a lot

- 0 1 2 39. Hangs around with others who get in trouble
- 0 1 2 40. Hears sound or voices that aren't there (describe): _____

- 0 1 2 41. Impulsive or acts without thinking
- 0 1 2 42. Would rather be alone than with others

- 0 1 2 43. Lying or cheating
- 0 1 2 44. Bites fingernails

- 0 1 2 45. Nervous, highstrung, or tense
- 0 1 2 46. Nervous movements or twitching (describe): _____

- 0 1 2 47. Overconforms to rules
- 0 1 2 48. Not liked by other pupils

- 0 1 2 49. Has difficulty learning
- 0 1 2 50. Too fearful or anxious

- 0 1 2 51. Feels dizzy or lightheaded
- 0 1 2 52. Feels too guilty

- 0 1 2 53. Talks out of turn
- 0 1 2 54. Overtired without good reason

- 0 1 2 55. Overweight
56. Physical problems *without known medical cause*:
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
- 0 1 2 b. Headaches
- 0 1 2 c. Nausea, feels sick
- 0 1 2 d. Eye problems (**not** if corrected by glasses) (describe): _____
- 0 1 2 e. Rashes or other skin problems
- 0 1 2 f. Stomach aches
- 0 1 2 g. Vomiting, throwing up
- 0 1 2 h. Other (describe): _____
- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body (describe): _____
- 0 1 2 59. Sleeps in class
- 0 1 2 60. Apathetic or unmotivated
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older children or youths
- 0 1 2 64. Prefers being with younger children
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____
- 0 1 2 67. Disrupts class discipline
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Messy work
- 0 1 2 73. Behaves irresponsibly (describe): _____
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Explosive or unpredictable behaviour
- 0 1 2 77. Demands must be met immediately, easily frustrated
- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): _____
- 0 1 2 80. Stares blankly

- 0 1 2 81. Feels hurt when criticized
- 0 1 2 82. Steals

- 0 1 2 83. Stores up too many things he/she doesn't need (describe): _____
- 0 1 2 84. Strange behaviour (describe): _____
- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings

- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious

- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self

- 0 1 2 92. Underachieving, not working up to potential
- 0 1 2 93. Talks too much

- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper

- 0 1 2 97. Threatens people

- 0 1 2 98. Tardy to school or class
- 0 1 2 99. Smokes, chews, or sniffs tobacco

- 0 1 2 100. Fails to carry out assigned tasks
- 0 1 2 101. Truancy or unexplained absence

- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed

- 0 1 2 104. Unusually loud
- 0 1 2 106. Overly anxious to please

- 0 1 2 107. Dislikes school
- 0 1 2 108. Is afraid of making mistakes

- 0 1 2 109. Whining
- 0 1 2 110. Unclean personal appearance

- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries

TRF items that were deleted:

- 0 1 2 29. Fears certain animals, situations, or places, other than school (describe): _____
- 0 1 2 96. Seems preoccupied with sex
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't* include tobacco) (describe): _____