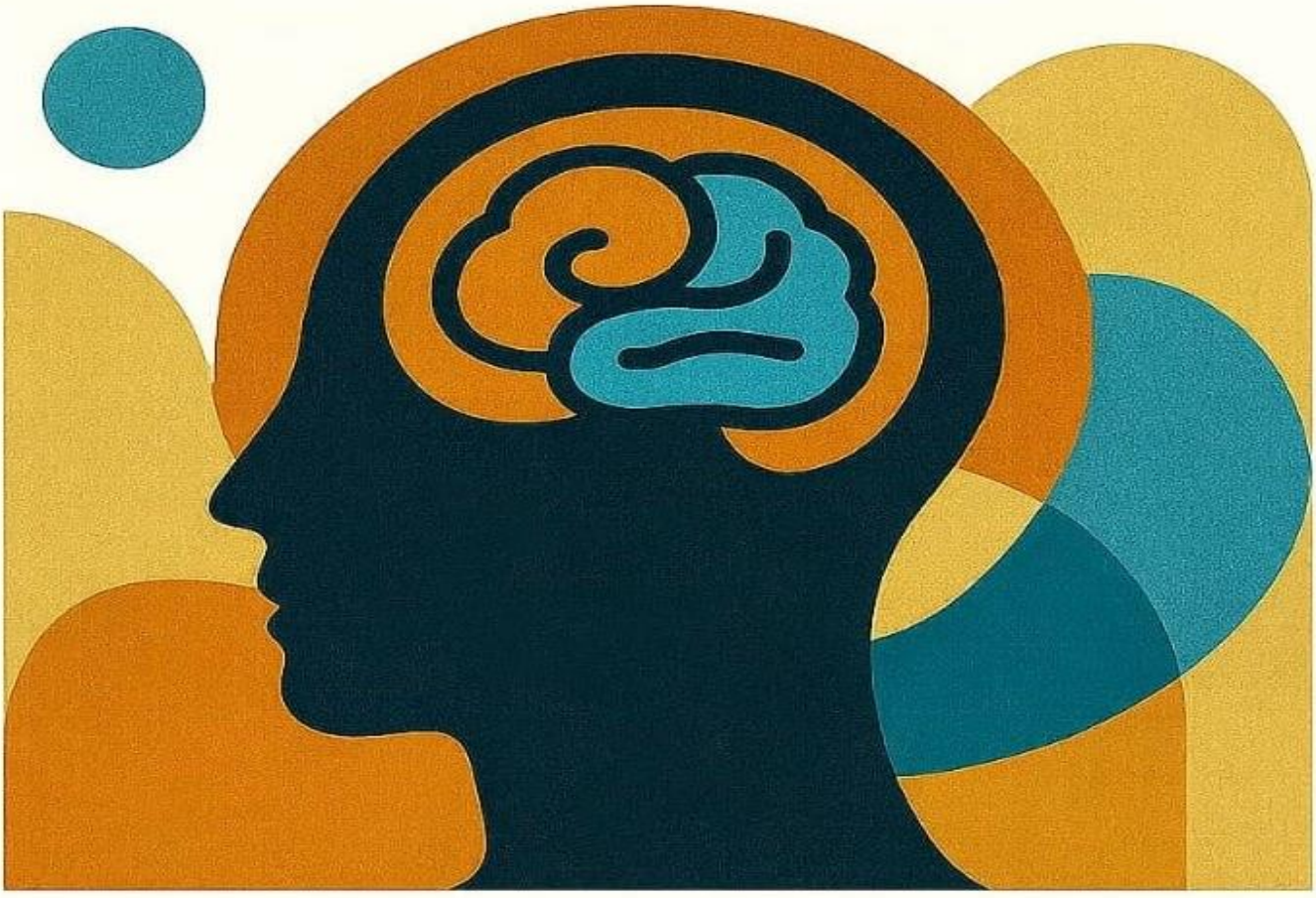
INTERNATIONAL JOURNAL OF PSYCHOLOGY

PSYCHOLOGY BETWEEN REALITY AND HOPE



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- Volume 1, Issue 1 – 2025

Inaugural Issue – Special Edition

The International Journal of Psychology proudly presents its first issue (Volume 1 – Number 1 – 2025) as a foundational special edition under the supervision of the Editor-in-Chief, Dr Amin Maher Bahgat

This inaugural issue is intended to establish the academic and practical foundations of the journal by presenting core themes in clinical, educational, positive, family, sport, and organizational psychology through research articles and comprehensive reviews authored by the Editor-in-Chief

Thus, this first volume serves as a Special Issue, setting the scholarly direction of the journal and inviting researchers worldwide to contribute their work to the upcoming issues

المجلة الدولية لعلم النفس

العدد الأول / المجلد 7 – 2025

الإفتتاحي – إصدار خاص

يسرّ المجلة الدولية لعلم النفس أن تقدّم للقارئ الكريم عددها الأول (المجلد 1 – العدد 1 – 2025)، والذي يأتي كإصدار تأسيسي خاص – بإشراف رئيس التحرير د أمين ماهر بهجات

يهدف هذا العدد إلى وضع الأسس المعرفية والعملية للمجلة، واستعراض محاور أساسية في علم النفس الإكلينيكي، التربوي، الإيجابي، الأسري، الرياضي، والتنظيمي، من خلال مقالات بحثية ومراجعات علمية أعدّها رئيس التحرير، ليكون هذا العدد بمثابة مرجع تأسيسي ودعوة للباحثين وبهذا، يمثل العدد الأول إصدارًا للمشاركة بأبحاثهم في الأعداد القادمة خاصًا لتحديد هوية المجلة العلمية، بينما ستعتمد الأعداد القادمة على مشاركات علمية من باحثين من مختلف أنحاء العالم

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Editorial Note

In the Name of Allah, the Most Gracious, the Most Merciful

It is with great honor and pride that I present to our esteemed readers the inaugural issue of the **International Journal of Psychology**, a peer-reviewed scientific platform dedicated to advancing research in the diverse fields of psychology and its wide applications This first edition represents the culmination of collective academic and organizational efforts aimed at establishing a solid

foundation for psychological knowledge at both the Arab and international levels

The launch of this journal comes in response to the urgent need within academic and research communities for a **bilingual (Arabic–) journal**, providing scholars worldwide with an opportunity to publish their research, reviews, and applied studies under rigorous international standards of peer review Psychology today extends far beyond clinical and academic boundaries; it is a vital necessity that touches upon education, health, leadership, human development, and sports

In this inaugural issue, we have endeavored to provide a rich and diverse selection of articles that reflect the breadth of contemporary psychology from **digital mental health challenges**, to **family counseling and conflict resolution**, to **positive psychology and well-being**, and further to specialized topics such as **post-traumatic stress disorder (PTSD)**, **psychology of leadership**, **school and educational psychology**,

and applied contributions in **sport psychology** and **youth sport dropout prevention**

This carefully curated collection reflects the philosophy of the journal bridging tradition and modernity, theory and practice

On this occasion, I extend my sincere gratitude to the distinguished authors whose valuable contributions have enriched this volume, and to the editorial board and reviewers whose dedicated efforts have ensured the scientific rigor of this publication We are fully committed to developing this journal into a truly international platform that fosters academic dialogue and opens new horizons for Arab and global researchers alike

Finally, we warmly welcome contributions from scholars worldwide to our upcoming issues, as we continue the journey of advancing psychological knowledge in service of humanity

With best regards,

Editor-in-Chief

كلمة رئيس التحرير

بسم الله الرحمن الرحيم،

يسعدني ويشرّفني أن أقدّم للقارئ الكريم العدد الأول من المجلة الدولية لعلم النفس – ، والتي تنطلق اليوم كمنبر علمي مُحكَّم يسعى إلى إثراء البحث العلمي في مجالات علم النفس وتطبيقاته المتعددة إن هذا الإصدار هو ثمرة جهود علمية وتنظيمية متكاملة، تهدف إلى وضع لبنة راسخة في صرح المعرفة النفسية على المستويين العربي والدولي

لقد جاء تأسيس هذه المجلة استجابة لحاجة ملحّة في الأوساط الأكاديمية والبحثية لوجود مجلة ثنائية اللغة (العربية والإنجليزية) تُتيح للباحثين من مختلف الدول نشر أبحاثهم ومراجعاتهم ودراساتهم التطبيقية في بيئة علمية رصينة تخضع لمعايير التحكيم الدولي ونحن نؤمن أن علم النفس لم يعد مقتصرًا على الجانب العلاجي أو الأكاديمي فحسب، بل أصبح ضرورة حياتية ومجتمعية تمسّ مجالات التربية، الصحة، القيادة، التنمية البشرية، والرياضة

لقد سعينا في هذا العدد الافتتاحي إلى تقديم مجموعة متنوعة من الأبحاث والمقالات التي تعكس غنى وتنوّع علم النفس المعاصر، بدءًا من قضايا الصحة النفسية في العصر الرقمي، مرورًا بـ الإرشاد الأسري والرفاهية الإيجابية، وصولًا إلى موضوعات متخصصة مثل اضطراب ما بعد الصدمة (PTSD) ، علم نفس القيادة، علم النفس المدرسي والتربوي، وانتهاءً بمقالات تطبيقية حول علم النفس الرياضي وعلم نفس التربية الرياضية للناشئين هذه التشكيلة لم تأتِ عشوائية، بل تعكس فلسفة المجلة القائمة على الدمج بين الأصالة والمعاصرة، وبين النظرية والتطبيق

وإذ نفتتح هذا العدد، نتوجّه بخالص الشكر إلى السادة الباحثين والمؤلفين الذين أسهموا بأبحاثهم القيّمة، وإلى هيئة التحرير والمراجعين الذين بذلوا جهدًا كبيرًا في ضمان جودة المحتوى العلمي وفقًا لأعلى المعايير الدولية كما نؤكد التزامنا بتطوير هذه المجلة لتصبح منصة بحثية

عالمية تسهم في تعزيز الحوار الأكاديمي، وتفتح آفاقًا جديدة أمام

الباحثين العرب والدوليين

ختامًا، نرحّب بمساهمات الباحثين من مختلف أنحاء العالم، وندعوهم

لتقديم أبحاثهم ودراساتهم للعدد القادم، سعيًا لمواصلة مسيرة المعرفة

العلمية وخدمة المجتمع الإنساني

والله ولي التوفيق،

رئيس التحرير

overseeing the editorial policies, peer-review process, and ensuring the quality and integrity of the published research in accordance with international academic and ethical standards.

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The list of reviewers is updated periodically according to the submitted manuscripts and includes scholars from the Arab world, Europe, the USA, and Asia

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– رئيس الأكاديمية المتحدة للعلوم والدراسات – المملكة المتحدة

– أستاذ مساعد في علم النفس – الاكاديمية المتحدة للدراسات والعلوم – لندن

– يشرف على سياسات التحرير، عملية التحكيم العلمي،

وضمان جودة ونزاهة الأبحاث المنشورة وفقًا للمعايير الأكاديمية

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تطوير البرامج التعليمية والنفسية وتدريب أعضاء هيئة التدريس

.والباحثين بجامعة كفر الشيخ

المراجعين

يتم تحديث قائمة المراجعين بشكل دوري وفقًا للتخصصات والأبحاث

المستلمة، وتشمل أساتذة وباحثين من العالم العربي وأوروبا وأمريكا وآسيا

Title:

The Effect of Structured Sports Programs on Reducing Anxiety and Stereotypical Behaviors among Individuals with Autism Spectrum Disorder

Author:

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Date of Submission: (2025/8/1)

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العنوان :

أثر البرامج الرياضية الموجّهة على خفض القلق والسلوكيات النمطية لدى الأفراد ذوي اضطراب طيف التوحّد

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الملخص

يُعَدّ اضطراب طيف التوحّد من الاضطرابات النمائية الشائعة التي تتسم بارتفاع مستويات القلق وظهور السلوكيات النمطية المتكررة، مما يؤثر سلبًا على النمو النفسي والاجتماعي للأطفال [1][8]. يهدف هذا البحث إلى دراسة أثر برنامج رياضي موجّه في خفض القلق والسلوكيات النمطية لدى الأطفال ذوي اضطراب طيف التوحّد. اعتمدت الدراسة المنهج شبه التجريبي باستخدام تصميم القياس القبلي–البعدي لمجموعة واحدة. تكونت العينة من (10) أطفال تراوحت أعمارهم بين (8–12) سنة من المسجّلين في *مركز الفضيلة للإرشاد النفسي وتعديل السلوك*. طُبق البرنامج الرياضي على مدى (12) أسبوعًا، بواقع ثلاث جلسات أسبوعيًا تضمنت أنشطة جماعية، إيقاعية، حسية، ومائية. أظهرت النتائج وجود فروق دالة إحصائيًا بين القياسين القبلي والبعدي لصالح البعدي في كل من القلق ($t = 4.21$, $p < 0.01$, $d = 0.92$) والسلوكيات النمطية ($t = 5.03$, $p < 0.001$, $d =$

كما أظهرت الملاحظات النوعية تحسنًا في التفاعل .(1.05
الاجتماعي وانخفاض السلوكيات التكرارية. خلص البحث إلى أن البرامج
الرياضية الموجّهة تمثل أداة علاجية فعّالة في خفض القلق وتقليل
السلوكيات النمطية لدى أطفال التوحّد، ويوصي بدمجها في البرامج
العلاجية والتربوية

الكلمات المفتاحية : اضطراب طيف التوحّد؛ القلق؛ السلوكيات
النمطية؛ البرامج الرياضية الموجّهة؛ علم النفس الرياضي

Abstract

Autism Spectrum Disorder (ASD) is a prevalent developmental condition characterized by high anxiety levels and repetitive stereotypical behaviors, negatively affecting children's psychological and social development [1][8]. This study aimed to examine the impact of a structured sports program on reducing anxiety and stereotypical behaviors in children with ASD. The research employed a quasi-experimental design using a one-group pretest–

posttest approach. The sample consisted of 10 children aged 8–12 years enrolled at *Al-Fadela Center for Psychological Counseling and Behavior Modification*. The intervention lasted 12 weeks, with three sessions per week, including group, rhythmic, sensory, and aquatic activities.
Results revealed statistically significant differences between pre- and post-test scores in favor of the post-test for both anxiety ($t = 4.21$, $p < 0.01$, $d = 0.92$) and stereotypical behaviors ($t = 5.03$, $p < 0.001$, $d = 1.05$). Qualitative observations indicated improvements in social interaction and reductions in repetitive behaviors. The findings conclude that structured sports programs are an effective therapeutic tool for reducing anxiety and stereotypical behaviors among children with ASD, recommending their integration into therapeutic and educational programs.

Keywords: Autism Spectrum Disorder; Anxiety; Stereotypical Behaviors; Structured Sports Programs; Sport Psychology.

Introduction

Autism Spectrum Disorder (ASD) is one of the most prevalent and complex developmental disorders, with recent statistics from the World Health Organization estimating that approximately 1 in 100 children is diagnosed with ASD [2]. It is characterized by difficulties in social communication and interaction, along with repetitive and stereotypical behaviors, which significantly affect psychological and social adjustment [1][8].

Among the major challenges faced by children with ASD are **elevated levels of anxiety**, often manifesting as fear of social situations or difficulties in motor performance [3][16], and **stereotypical behaviors** such as hand flapping, jumping, or spinning [8][25]. These manifestations not only reflect core symptoms of ASD but also act as barriers to learning and social integration.

Recent literature emphasizes that **structured sports programs** may play a vital role in reducing anxiety

and regulating behaviors in children with ASD [4][5][6]. Meta-analytical findings (Healy et al., 2018 [4]; Toscano et al., 2022 [5]) revealed that rhythmic and aquatic interventions were particularly effective in improving social interaction and reducing stereotypical behaviors. However, research in Arab contexts remains scarce [28], with most studies focusing on educational or therapeutic programs outside the sports domain.

This highlights the **research gap** concerning the lack of Arabic empirical studies exploring the role of sports programs in reducing anxiety and stereotypical behaviors among children with ASD. Therefore, the current study addresses the following **research question**:

"What is the effect of structured sports programs on reducing anxiety and stereotypical behaviors among individuals with Autism Spectrum Disorder?"

Study Objectives:

1. To assess the impact of the sports program on anxiety levels.
2. To evaluate the program's effect on stereotypical behaviors.
3. To provide practical recommendations for integrating sports into special education and therapeutic practices.

Literature Review

1) Key International Studies

- **Healy et al. (2018):** Meta-analysis showing improvements in mental and social outcomes and general anxiety reduction following physical activity interventions in ASD [4].
- **Toscano et al. (2022):** Systematic review/meta-analysis indicating **aerobic and rhythmic** activities yield the strongest reductions in anxiety and repetitive behaviors [5].
- **Bremer et al. (2016):** Systematic review reporting decreased stereotypical behaviors

and enhanced social interaction after exercise-based programs [6].

- **Pan (2010):** Aquatic program demonstrating improved social skills and reduced stereotypies in children with ASD [7].
- **Ranieri et al. (2023):** Meta-analysis focused on repetitive behaviors, finding **substantial reductions** with regular physical activity [15].
- **Wu et al. (2024):** Randomized controlled trial showing reduced **anxiety** and improved **attention** after a structured exercise intervention [16].
- **Deci & Ryan (2000)** and **Weiss & Smith (2002):** Provide theoretical underpinnings (self-determination, social relatedness/friendship) explaining how supportive sport contexts enhance intrinsic motivation and social bonds—mechanisms that mediate anxiety reduction and behavioral regulation [11][12].

2) Key Arabic Studies

- **Abdel Hamid (2019):** Small-sided football program reduced stereotypical behaviors and improved social engagement [25].
- **Al-Najjar (2014):** Group-based activities improved social interaction and reduced withdrawal [26].
- **Al-Zahrani (2016):** Ten-week progressive physical program yielded significant declines in repetitive behaviors [27].
- **Al-Baz et al. (2020):** Arabic review highlighting scarcity of rigorous field studies and calling for standardized measures and stronger designs [28].
- **Ahmed (2017):** Recreational games program decreased anxiety levels [29].
- **Hassan (2015):** Motor activities improved attention and reduced stereotypical behaviors [30].

3) Methodological Appraisal

Strengths:

- Robust **systematic reviews/meta-analyses** and some RCTs in the international body of evidence [4][5][6][15][16].
- Frequent use of **standardized instruments** (RBS-R, CSAI-2) with documented validity/reliability [8][9].

Limitations/Gaps:

- In Arabic contexts: **small samples**, limited use of control groups, occasional reliance on **non-standardized observations**, and lack of long-term follow-up [25][26][27][28].
- Few Arabic studies concurrently assess **anxiety and stereotypical behaviors** via a **multi-component sports protocol** with standardized metrics [28].
- Considerable heterogeneity in **dosage/intensity** and adherence reporting across studies, limiting cross-study comparability [4][5][6].

4) Positioning the Current Study

- The present study addresses an Arabic gap through a **quasi-experimental design** testing a **multi-component structured sports program** on **both anxiety and stereotypical behaviors** using **standardized measures** (CSAI-2, RBS-R) [8][9].
- It aligns with meta-analytic recommendations on **program duration and frequency** (12 weeks; three sessions/week) and adds field applicability via implementation in a **specialized center** [4][5][15][16].
- By documenting validity, reliability, and standardized procedures, the study enhances internal validity and responds directly to methodological critiques noted in Arabic reviews [28].

Chapter Five: Methodology

5.1 Research Design

The study employed a **quasi-experimental design** using a **one-group pretest–posttest approach**, aiming to evaluate the effect of the structured sports program on reducing anxiety and stereotypical behaviors in children with ASD [19].

5.2 Population and Sample

The research population comprised children diagnosed with ASD and enrolled at *Al-Fadela Center for Psychological Counseling and Behavior Modification*.

A purposive sample of **10 children** (7 males, 3 females) aged **8–12 years** was selected. Participants presented varying levels of anxiety and stereotypical behaviors, and parental consent was obtained for all children.

5.3 Research Instruments

1. **Competitive State Anxiety Inventory-2 (CSAI-2):** Measures cognitive anxiety, somatic anxiety, and self-confidence; demonstrated high reliability [9].

2. **Repetitive Behavior Scale-Revised (RBS-R):** Standardized tool for assessing repetitive behavioral patterns; validity and reliability established [8].
3. **Behavioral Observation Form:** Developed by the researcher to record behavioral changes during sessions (e.g., participation, attention, responsiveness).

5.4 Data Collection Procedures

- **Pretest:** Administration of CSAI-2 and RBS-R prior to the intervention.
- **Program Implementation:** Conducted over **12 weeks**, three sessions per week, 60 minutes per session.
- **Posttest:** Re-administration of the instruments after completion.
- **Documentation:** Field notes and behavioral observations recorded during activities.

5.5 Validity and Reliability

- **Validity:** Ensured through expert review and construct validation.

- **Reliability:** Cronbach's alpha values were 0.81 (anxiety) and 0.85 (stereotypical behaviors).
- **Test–retest reliability:** 0.79 (anxiety) and 0.83 (stereotypical behaviors).
- **Objectivity:** Guaranteed by training observers and standardizing evaluation forms.

5.6 Ethical Considerations

- Obtained **written informed consent** from parents/guardians.
- Maintained **confidentiality of data** for research purposes only.
- Granted participants the **right to withdraw** at any stage without consequences.
- Followed **APA ethical guidelines** for human research.

Chapter Six: Results

6.1 Anxiety Results

Table (1) presents the mean scores of anxiety before and after the sports program.

Table (1): Means and Standard Deviations of Anxiety Scores (N=10)

Measurement	Mean	Std. Deviation	t-value	p-value	Effect Size (d)
Pretest	28.5	4.20			
Posttest	18.2	3.85	4.21	<0.01	0.92

6.2 Stereotypical Behaviors Results

Table (2) shows the mean scores of stereotypical behaviors before and after the program.

Table (2): Means and Standard Deviations of Stereotypical Behaviors (N=10)

Measurement	Mean	Std. Deviation	t-value	p-value	Effect Size (d)
Pretest	35.7	5.10			

Measurement	Mean	Std. Deviation	t-value	p-value	Effect Size (d)
Posttest	22.4	4.35	5.03	<0.001	1.05

6.3 Summary of Quantitative Results

- Statistically significant differences in anxiety between pre- and post-tests, favoring posttest (lower anxiety).
- Statistically significant differences in stereotypical behaviors between pre- and post-tests, favoring posttest (lower stereotypies).

6.4 Qualitative Observations

Observations during the sessions indicated:

- Decrease in repetitive behaviors such as hand flapping and spinning.
- Improved participation in group activities.
- Enhanced social interaction with peers.

Chapter Seven: Discussion

7.1 Interpretation of Results and Link to Objectives

The findings revealed statistically significant reductions in both anxiety and stereotypical behaviors among children with ASD following the structured sports program. This aligns with the study's objectives, confirming that **structured sports interventions** provide a safe, organized environment that allows children to release excess energy, develop adaptive coping strategies, and reduce reliance on stereotypical behaviors as a form of self-regulation.

7.2 Comparison with Previous Studies

- **Anxiety:** The results are consistent with **Healy et al. (2018)** [4], **Wu et al. (2024)** [16], and the Arabic study by **Ahmed (2017)** [29], all of which reported significant reductions in anxiety following physical activity programs.
- **Stereotypical Behaviors:** The findings support **Bremer et al. (2016)** [6], **Ranieri et**

al. (2023) [15], and **Abdel Hamid (2019)** [25], who demonstrated that regular physical activity significantly reduces repetitive and stereotypical behaviors in children with ASD.

7.3 Scientific Contribution

- This is among the **first Arabic studies** to examine a **multi-component sports program** (group, rhythmic, sensory, aquatic) targeting both anxiety and stereotypical behaviors simultaneously.
- Unlike many Arabic studies, this research utilized **standardized instruments** (CSAI-2 and RBS-R), strengthening the validity of the findings.
- The study was implemented in a **specialized center**, demonstrating its practical feasibility in real-life Arabic contexts.

7.4 Limitations

- **Small sample size** (N=10), limiting generalizability.

- **No control group**, making it harder to rule out external influences.
- **Short duration** (12 weeks), insufficient to assess long-term sustainability of effects.
- Conducted in a **single center (Al-Fadela)**, which may limit ecological diversity.

Chapter Eight: Conclusion and Recommendations

8.1 Conclusion

The findings of the study demonstrated that the **structured sports program** had a significant positive impact on reducing both anxiety and stereotypical behaviors among children with ASD. Quantitative results indicated statistically significant differences between pre- and post-test scores in favor of the post-test, while qualitative observations confirmed improvements in social interaction and group participation.

This research provides a valuable scientific contribution as one of the few Arabic studies to simultaneously examine **anxiety and stereotypical**

behaviors through a **multi-component sports program** using standardized tools, thereby enhancing its academic and practical significance.

8.2 Recommendations

1. **Integrate structured sports programs** into therapeutic and educational plans for children with ASD.
2. **Train professionals** (teachers, psychologists, coaches) to design and deliver sports-based therapeutic interventions.
3. **Raise parental awareness** about the importance of sports activities for improving mental health and behavior in their children.
4. **Enhance infrastructure** in special education centers by providing diverse sports facilities and programs.
5. **Conduct further Arabic studies** with larger samples, control groups, and longitudinal designs to assess long-term effects.

6. Encourage **policy makers** to adopt structured sports programs as part of national strategies for supporting individuals with developmental disorders.

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العنوان:

الصحة النفسية في العصر الرقمي: مراجعة سردية للأدلة،

الاتجاهات، والتدخلات الرقمية

إعداد: هيئة التحرير

Mental Health in the Digital Age: A Narrative Review of Evidence, Trends, and Digital Interventions

Prepared by: Editorial Board

الملخص

يشهد العصر الرقمي تحولات جذرية في أنماط السلوك البشري، حيث أصبحت وسائل التواصل الاجتماعي والتطبيقات الصحية جزءًا لا يتجزأ من الحياة اليومية. تهدف هذه المراجعة السردية إلى دراسة أثر الوسائط

الرقمية على الصحة النفسية، مع التركيز على فئة المراهقين والشباب، وذلك من خلال تحليل الأدلة الحديثة (2019–2025). تستعرض الورقة العوامل الخطرة (مثل المقارنة الاجتماعية، التنمّر الإلكتروني، واضطرابات النوم)، والعوامل الوقائية (مثل الدعم الأسري والوعي الرقمي)، بالإضافة إلى فعالية التدخلات الرقمية المبنية على الدليل مثل العلاج المعرفي السلوكي عبر الإنترنت (ICBT).

أظهرت النتائج أن الاستخدام المفرط للشاشات يرتبط بارتفاع معدلات القلق والاكتئاب واضطرابات النوم، في حين يمكن للوعي الرقمي والدعم الأسري أن يخففا من هذه الآثار. كما تؤكد توصيات الهيئات الصحية الدولية (WHO ،NICE) على إمكانية دمج التدخلات الرقمية كخيار علاجي أوّل للمشكلات النفسية البسيطة والمتوسطة. وتخلص الدراسة إلى أن تحقيق التوازن بين فوائد التكنولوجيا ومخاطرها يتطلب تعاونًا مشتركًا بين الأسر، المؤسسات التعليمية، مقدمي الرعاية الصحية، وصانعي القرار.

الكلمات المفتاحية:الصحة النفسية؛ المراهقون؛ وسائل التواصل الاجتماعي؛ الرفاهية الرقمية؛ ICBT.

Abstract

The digital era has profoundly transformed human behavior, with social media and health apps becoming integral to everyday life. This narrative review examines the impact of digital media on mental health, focusing on adolescents and young adults. It analyzes risk and protective factors, mechanisms of influence (e.g., social comparison, cyberbullying, sleep disturbance), and evidence-based digital interventions such as internet-based cognitive behavioral therapy (ICBT).

Findings indicate that excessive screen use is associated with higher rates of anxiety, depression, and sleep problems, while family support and digital literacy serve as protective factors. International guidelines (WHO, NICE) emphasize integrating digital interventions as first-line treatment for mild to moderate mental health

conditions. This review concludes that balancing benefits and risks of digital technology requires collaboration among families, schools, clinicians, and policymakers.

Keywords: Mental health; Adolescents; social media; Digital well-being; ICBT.

Introduction

Mental health is considered one of the major challenges of the 21st century. Reports from the World Health Organization revealed a 25% global increase in anxiety and depression during the COVID-19 pandemic [1], coinciding with rising reliance on digital platforms for education, work, and social interaction. While technology provides opportunities for learning and connection, it also carries risks, especially for adolescents, who are among the most vulnerable to digital influences. This highlights the need to study the relationship between digital media and mental health, focusing on risk/protective factors and the potential of evidence-based digital interventions.

Review Methodology

This study is based on a narrative review of references published between 2019 and 2025, including reports from international organizations (WHO, NICE, US Surgeon General) as well as peer-reviewed articles and experimental studies. The purpose is to build a comprehensive understanding of the evidence relevant to educational and health contexts.

Patterns of Digital Use

Statistics show that 95% of adolescents use social media regularly, while 40% spend more than three hours daily on such platforms [6]. Even children under 12 are increasingly exposed [6], making technology a major factor shaping psychosocial development.

Potential Psychological Impacts

- **Anxiety and Depression:** Excessive digital use is associated with higher anxiety and depression rates [2].

- **Sleep Disorders:** Blue light exposure and nighttime notifications disrupt sleep quality [3].
- **Social Comparison and Cyberbullying:** These factors contribute to low self-esteem and increased depressive symptoms [7].

At-Risk Groups

- Adolescents with pre-existing mental illness.
- Victims of cyberbullying.
- Youth spending more than 4–5 hours daily on screens.
- Those lacking family support or real-life social ties [7].

Protective Factors

- Family support.
- Digital literacy.
- Screen-time limits [3].
- Positive digital experiences such as educational communities or mental health platforms [10].

Digital Interventions

- **Internet-Based Cognitive Behavioral Therapy (ICBT):** Proven effective for depression and anxiety, especially with professional support [5][8].
- **NICE Guidelines (2022):** Recommend digital therapies as first-line treatment for mild-to-moderate depression [4][9].
- **Public Health Perspective (WHO):** Digital interventions can strengthen health systems if equity and privacy principles are respected [10].

Practical Recommendations

- **Families:** Set device-use rules, encourage healthy sleep, discuss cyberbullying risks [7].
- **Schools:** Implement digital literacy curricula, provide counselors, enforce anti-cyberbullying policies [6].
- **Clinicians:** Integrate ICBT into therapy, monitor digital well-being [4][5].

- **Policymakers:** Apply age-verification systems, enforce algorithm transparency, adopt safety-by-design principles [7][10]

Conclusion

Balancing the benefits of technology while minimizing risks requires collaborative efforts across families, schools, healthcare systems, and policymakers. Evidence-based digital interventions, particularly ICBT, can serve as a cornerstone in addressing mental health challenges in the digital age.

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العنوان:

الإرشاد الأسري وحل النزاعات: النماذج النظرية والتطبيقية

إعداد: هيئة التحرير

Family Counseling and Conflict Resolution: Theoretical and Applied Models

Prepared by: Editorial Board

الملخص

تُعد الأسرة الركيزة الأساسية للمجتمع، وعندما يتعرض تماسكها للاهتزاز بفعل النزاعات المتكررة، فإن ذلك ينعكس سلبًا على الأفراد والمجتمع على حد سواء. يلعب الإرشاد الأسري، باعتباره أحد فروع علم النفس التطبيقي، دورًا محوريًا في معالجة مثل هذه النزاعات من خلال تعزيز التواصل، واستعادة التوازن في الأدوار الأسرية، وتزويد الأعضاء بمهارات إدارة الخلاف. يستعرض هذا البحث الأسس النظرية للإرشاد الأسري،

وأهم أسباب النزاعات داخل الأسرة، والنماذج العلاجية المعتمدة على والعلاج الأسري المعرفي (SFT) الدليل مثل العلاج الأسري البنيوي ، إضافة إلى عوامل الحماية والمخاطر. كما يتناول (CBFT) السلوكي .البحث نماذج تطبيقية من السياقين العربي والغربي

أظهرت النتائج أن التدخلات القائمة على التواصل الفعّال وإعادة تنظيم الأدوار وتصحيح المعتقدات غير الواقعية أثبتت فعاليتها في خفض معدلات الطلاق والعنف الأسري وتحسين التماسك العاطفي بين أفراد الأسرة. ويخلص البحث إلى توصيات عملية لصالح المرشدين الأسريين وصانعي القرار والمؤسسات التعليمية والاجتماعية، من أبرزها دعم مراكز الإرشاد الأسري، وتطوير برامج تدريبية للأخصائيين، وسنّ تشريعات .للحد من العنف الأسري

الكلمات المفتاحية:الإرشاد الأسري؛ حل النزاعات؛ العلاج البنيوي؛ العلاج المعرفي السلوكي؛ أنظمة الأسرة

Abstract

The family is the cornerstone of society, and when cohesion is disrupted by recurrent conflicts, it negatively affects both individuals and communities. Family counseling, a vital branch of applied psychology, plays a central role in addressing such conflicts by fostering communication, restoring role balance, and equipping members with conflict-management skills. This paper reviews the theoretical foundations of family counseling, common causes of intra-family conflict, and evidence-based therapeutic models such as Structural Family Therapy (SFT) and Cognitive Behavioral Family Therapy (CBFT), along with risk and protective factors. It also highlights applied examples from Arab and Western contexts.

Findings suggest that interventions focusing on effective communication, role restructuring, and cognitive reframing have proven successful in reducing divorce rates, mitigating domestic violence, and enhancing emotional support among

family members. The paper concludes with practical recommendations for counselors, policymakers, and social/educational institutions, emphasizing the importance of funding family counseling centers, integrating school-based support programs, and implementing legal frameworks to address family violence.

Keywords: Family counseling; Conflict resolution; Structural therapy; Cognitive-behavioral therapy; Family systems.

1. Introduction

The family is the primary social unit in which individuals learn patterns of relationships and communication. With the rise of economic, social, and technological changes, families have become increasingly vulnerable to stress and conflict [1]. Unresolved family disputes can lead to serious consequences, including increased divorce rates, behavioral disorders among children, and even domestic violence [2]. At this point, family counseling emerges as a therapeutic and preventive

mechanism that enables families to restructure their interactions in healthier ways.

2. Key Concepts in Family Counseling

2.1 Definition of Family Counseling

Family counseling is a professional therapeutic process that focuses on helping family members understand the dynamics of their relationships and work on modifying unhealthy patterns [3].

2.2 Objectives of Family Counseling

- Improving internal communication patterns.
- Resolving conflicts and reducing their intensity.
- Enhancing emotional support among members.
- Restoring balance between family roles [4].

2.3 Theoretical Models

- **Structural Family Therapy (SFT):** Focuses on reorganizing family structures and roles [6].

- **Cognitive-Behavioral Family Therapy (CBFT):** Addresses negative thoughts and behaviors that trigger conflict [7].
- **Communication Model:** Encourages dialogue and active listening [3].

3. Causes of Family Conflicts

Family conflicts arise from multiple factors, including:

- **Economic pressures:** unemployment, debt, and income disparity [4].
- **Parenting differences:** conflicting approaches to child-rearing.
- **Weak communication:** lack of active listening and inability to express emotions.
- **External interference:** influence of relatives or friends on marital life.
- **Individual psychological disorders:** such as depression or substance abuse [2].

4. Mechanisms for Conflict Resolution

4.1 Effective Communication

Improving listening skills and the ability to express emotions in healthy ways is the cornerstone of conflict resolution [3].

4.2 Family Negotiation

Engaging in compromises that satisfy the interests of all parties.

4.3 Family Group Therapy

Sessions involving all family members under the supervision of a qualified counselor [5].

4.4 Family Education

Educational programs that train families in emotional regulation and anger management.

4.5 Family Mediation

A structured approach often applied in cases of separation or divorce to minimize disputes [6].

5. Evidence-Based Therapeutic Strategies

5.1 Structural Family Therapy (SFT)

This approach reorganizes family roles and establishes clear boundaries between spouses and children. Evidence shows its success in reducing marital conflicts [6].

5.2 Cognitive-Behavioral Family Therapy (CBFT)

CBFT works on changing unrealistic beliefs about marriage and parenting. It has proven effective in reducing anxiety, anger, and maladaptive behaviors related to family disputes [7].

5.3 Multigenerational Therapy

Focuses on patterns inherited across generations and their influence on current family dynamics.

6. Risk and Protective Factors

6.1 Risk Factors

- Poverty and economic stress [4].
- History of mental illness.
- Weak social support networks.

6.2 Protective Factors

- Social support from extended family or friends.
- Religious and cultural values that promote tolerance.

- Community-based preventive programs that provide training in family communication [8].

7. Applied Models

- **Arab Context:** Some family centers in the Gulf region integrated structural therapy with religious counseling, successfully reducing divorce rates [8].
- **Western Context:** CBFT programs in the United States demonstrated improvements in communication skills and reduced stress among couples [7].

8. Practical Recommendations

- **For Families:** Establish weekly dialogue sessions; use “I feel” statements instead of blame.
- **For Counselors:** Develop therapeutic programs that combine CBT with structural therapy.
- **For Schools:** Create counseling units to support families and children.

- **For Policymakers:** Fund free or subsidized family counseling centers and enforce laws against domestic violence [8].

9. Conclusion

Family counseling is a highly effective tool in addressing and resolving family conflicts. By applying evidence-based strategies such as SFT and CBFT, families can transition from being a source of stress to a source of emotional support and psychological well-being.

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Positive Psychology and Well-Being: Theoretical Frameworks, Measurement, and Evidence-Based Interventions

Prepared by: Editorial Board

العنوان

علم النفس الإيجابي والرفاهية: الأطر النظرية، القياس، والتدخلات القائمة على الأدلة

إعداد: هيئة التحرير

الملخص

يركّز علم النفس الإيجابي على العوامل التي تمكّن الإنسان من الازدهار والعيش برفاهية، بدلًا من الاقتصار على دراسة الاضطرابات. تهدف نموذج) هذه المراجعة إلى تقديم رؤية شاملة للأطر النظرية الأساسية ، نظرية التوسّع والبناء، الرفاهية اللذّية مقابل الرفاهية PERMA مثل) ، وأدوات القياس الأكثر استخدامًا(الغائية، ومفهوم الازدهار ، ملفSWLS ، مقياس الرضا عن الحياةPANAS ، ومقياس المعنى في Ryff ، مقاييس الرفاهية النفسية لPERMA كما تسلّط الضوء على الأدلة التجميعية من التحليلات .(الحياة البعدية التي تشير إلى فوائد متوسطة لتدخلات علم النفس الإيجابي (مثل الامتنان، استخدام نقاط القوة، التأمل باللطف المحبّ، والتذوّق) على .مؤشرات الرفاهية وخفض أعراض الاكتئاب

تُناقش التطبيقات العملية لهذه التدخلات في التعليم، بيئات العمل، والممارسة السريرية، مع إيلاء اهتمام خاص بالاعتبارات الثقافية

والأخلاقية في السياق العربي. وتخلص الورقة إلى أن دمج الأطر النظرية مع أدوات القياس الموثوقة والتطبيقات العملية، إلى جانب التكييف الثقافي، يمثّل مسارًا فعّالًا لتعزيز الرفاهية الإنسانية والازدهار النفسي والاجتماعي.

الكلمات المفتاحية: علم النفس الإيجابي؛ الرفاهية؛ نموذج PERMA؛ الامتنان؛ نقاط القوة؛ التعليم الإيجابي.

Abstract

Positive psychology emphasizes the factors that enable human flourishing rather than focusing solely on pathology. This review synthesizes core theoretical frameworks, including PERMA, the broaden-and-build theory, hedonic versus eudaimonic well-being, and the concept of flourishing. It also reviews commonly used measures such as PANAS, SWLS, PERMA-Profiler, Ryff's PWB scales, and the Meaning in Life Questionnaire. Meta-analytic evidence suggests that Positive Psychology Interventions

(PPIs)—such as gratitude practices, character strengths, loving-kindness meditation, and savoring—produce small-to-moderate improvements in well-being and reductions in depressive symptoms.

Practical applications are discussed across educational, workplace, clinical, and public health settings, with particular attention to cultural and ethical considerations in Arab contexts. The review concludes that integrating robust theoretical models with validated measurement tools and evidence-based practices, alongside cultural adaptation, offers a practical pathway for promoting human flourishing and sustainable well-being.

Keywords: Positive psychology; Well-being; PERMA; Gratitude; Strengths; Positive education.

1. Introduction

Positive psychology emerged as a scientific movement that focuses on what makes life worth living, emphasizing meaning, virtues, and human flourishing [1]. Comprehensive models such as

PERMA (Positive Emotions, Engagement, Relationships, Meaning, Achievement) provide a multidimensional framework for well-being [1]. The **Broaden-and-Build Theory** suggests that positive emotions not only generate momentary pleasure but also broaden attention and build psychological and social resources [2]. Distinctions between **hedonic well-being** (pleasure, satisfaction) and **eudaimonic well-being** (meaning, growth, self-actualization) have further enriched the field [3–4,7]. Finally, the concept of **flourishing** captures the integration of emotional, social, and psychological well-being [5].

2. Core Theoretical Frameworks

2.1 PERMA Model

Seligman's PERMA model proposes five dimensions—positive emotions, engagement, relationships, meaning, and accomplishment—as essential components of well-being [1]. The PERMA-Profiler offers a validated measure

applicable in schools, workplaces, and clinical contexts [16].

2.2 Broaden-and-Build Theory (Fredrickson)

Fredrickson's theory highlights how positive emotions expand cognitive and behavioral repertoires, enabling individuals to build resilience, optimism, and social support over time [2].

2.3 Hedonia vs. Eudaimonia

Hedonic well-being emphasizes pleasure and satisfaction [3], whereas eudaimonia highlights virtue, meaning, and self-realization [4,7]. Evidence shows both perspectives overlap and complement one another [20].

2.4 Keyes' Flourishing

Keyes defined flourishing as a state of high positive mental health encompassing emotional, social, and psychological well-being, contrasted with languishing when these dimensions are absent [5].

2.5 Virtues and Character Strengths

Peterson and Seligman introduced the **VIA Classification of Character Strengths and**

Virtues, a practical framework for assessing and cultivating human strengths through daily activities [6].

3. Measurement and Assessment

Widely used scales include:

- **PANAS (Positive and Negative Affect Schedule)** [17]
- **SWLS (Satisfaction With Life Scale)** [18]
- **Ryff's Psychological Well-Being Scales (PWB)** [4]
- **PERMA-Profiler** [16]
- **Meaning in Life Questionnaire (MLQ)** [19]

For Arab contexts, cultural and linguistic adaptation, psychometric validation, and establishing local norms are essential before applying these tools in clinical or educational decision-making.

4. Aggregated Evidence on Effectiveness of Positive Interventions

Meta-analyses reveal that Positive Psychology Interventions (PPIs) produce **small-to-moderate improvements** in well-being and reductions in depressive symptoms (Hedges' g ≈ 0.2–0.4) [8–10]. Moderating factors include intervention length, human support, cultural adaptation, and adherence to practice [9].

5. Key Evidence-Based Interventions

5.1 Gratitude

Practices include writing three blessings daily, composing gratitude letters, or engaging in gratitude meditation. Evidence indicates sustained gains in well-being and reductions in depressive symptoms [11].

5.2 Loving-Kindness Meditation

This guided practice fosters feelings of warmth and kindness toward self and others. Studies show increases in daily positive emotions and social resources [12].

5.3 Savoring

Encourages deliberate attention to positive experiences before, during, or after events. It enhances satisfaction and emotional balance [13].

5.4 Character Strengths (VIA)

Identifying and applying top strengths in daily life increases engagement, accomplishment, and meaning, while reducing depressive symptoms [6,9].

5.5 Positive Psychotherapy (PPT)

Combines gratitude, strengths, and kindness practices with meaning-building tasks. Controlled trials show significant benefits [14–15].

6. Practical Applications

6.1 Positive Education

Integration of PERMA into school curricula improves academic engagement, classroom climate, and well-being when combined with teacher training [21–22].

6.2 Workplace Settings

Strengths-based job design and job crafting increase engagement, satisfaction, and reduce burnout,

provided organizational structures support implementation [23].

6.3 Clinical Practice

PPIs can complement standard therapies (e.g., CBT), particularly for relapse prevention and long-term well-being [14–15].

6.4 Community and Public Health

Initiatives such as gratitude campaigns, kindness weeks, or city-wide well-being programs demonstrate population-level effects when paired with systematic measurement [16,18].

7. Cultural and Ethical Considerations (Arab Contexts)

- Ensure cultural fit by aligning gratitude and meaning practices with local values and traditions.
- Use back-translation and psychometric validation of measures.
- Promote equitable access across gender, age, and socioeconomic groups.

- Monitor for severe distress and refer clinical cases to specialized services.

8. Impact Measurement and Follow-Up

Programs should use multi-level measurement: PANAS (weekly), SWLS & PERMA (monthly), PWB & MLQ (quarterly) [16–19]. Evaluation should include baseline, mid-point, post-test, and follow-up (3–6 months).

9. Field Limitations and Future Directions

- Variability in study quality and risk of publication bias [8–10].
- Limited generalizability from Western-dominated samples.
- Future directions: hybrid digital–face-to-face interventions, algorithmic tailoring of PPIs, mobile-friendly assessments.

10. Conclusion

Evidence demonstrates that PPIs produce reliable—though modest—improvements in well-being and reductions in depressive symptoms when supported by cultural adaptation, structured training, and

systematic measurement. Integrating theoretical frameworks (PERMA, Broaden-and-Build, Eudaimonia) with robust evaluations and diverse applications provides a sustainable pathway for enhancing human flourishing.

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Trauma and Post-Traumatic Stress Disorder (PTSD): Theoretical Foundations, Symptoms, and Therapeutic Interventions

Trauma and Post-Traumatic Stress Disorder (PTSD): Theoretical Foundations, Symptoms, and

Therapeutic Interventions

Prepared by: Editorial Board

العنوان:

الصدمة النفسية واضطراب ما بعد الصدمة:الأسس النظرية،

الأعراض، والتدخلات العلاجية

إعداد: هيئة التحرير

الملخص

تمثّل الصدمة النفسية تحديًا عالميًا رئيسيًا لما تخلّفه من آثار طويلة الأمد على الصحة النفسية والاجتماعية والجسدية. ويُعرَّف اضطراب ما بعد الصدمة (PTSD) باعتباره استجابة مرضية للتعرّض لأحداث مهدِّدة للحياة، ويتميز بأعراض مثل إعادة المعايشة، التجنّب، فرط اليقظة، وضعف الأداء الوظيفي [1]. يستعرض هذا البحث الأطر النظرية لفهم الصدمة، بما في ذلك النماذج العصبية–النفسية، السلوكية المعرفية، والاجتماعية الثقافية، كما يوضّح عوامل الخطورة والحماية، ويقدّم ملخصًا لمعايير التشخيص وفق DSM-5.

كما يناقش البحث التدخلات العلاجية المبنية على الأدلة مثل العلاج المعرفي السلوكي (CBT)، إزالة التحسّس بحركات العين وإعادة المعالجة (EMDR)، العلاج الدوائي، والتدخلات المجتمعية. وتؤكد التوصيات العملية على أهمية التدخل المبكر، وتدريب المتخصصين، ومواءمة البرامج علاجيًا مع السياقات الثقافية العربية، حيث تُعد حملات التوعية بمخاطر الوصمة الداعمة لطلب المساعدة النفسية، إلى جانب دمج الممارسات الدينية والمجتمعية، عناصر أساسية لتعزيز المرونة النفسية. ويخلص البحث إلى أن PTSD يعكس تفاعلاً معقدًا بين العوامل البيولوجية والنفسية والاجتماعية، وأن العلاج الفعّال يتطلّب نهجًا متعدد التخصصات وحسّاسًا ثقافيًا.

الكلمات المفتاحية: الصدمة النفسية؛ اضطراب ما بعد الصدمة؛ CBT؛ EMDR؛ التدخلات المجتمعية.

Abstract

Psychological trauma represents a major global challenge with long-lasting consequences for mental, social, and physical health. Post-Traumatic

Stress Disorder (PTSD) is defined as a pathological response to exposure to life-threatening events, characterized by re-experiencing, avoidance, hyperarousal, and impaired functioning [1]. This paper reviews theoretical frameworks for understanding trauma—including neuropsychological, cognitive-behavioral, and socio-cultural models—while outlining risk and protective factors and summarizing DSM-5 diagnostic criteria.

Evidence-based interventions such as Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), pharmacological treatments, and community-based approaches are examined. Practical recommendations emphasize the importance of early intervention, training, and cultural adaptation in Arab contexts, where stigma reduction and integration of religious and community-based resilience practices are critical. The paper concludes that PTSD reflects the interaction of biological,

psychological, and socio-cultural factors and that effective treatment requires multidisciplinary, culturally sensitive approaches.
Keywords: Trauma; PTSD; CBT; EMDR; Community interventions.

1. Introduction

Since its inclusion in the DSM-III in 1980, PTSD has become the focus of extensive research exploring its mechanisms and treatment strategies [2]. Traumas arise from wars, disasters, accidents, domestic violence, and sexual assault—all of which increase the likelihood of mental illness if untreated [3].

2. Theoretical Frameworks

2.1 Neuropsychological Model

Neuroimaging studies demonstrate amygdala hyperactivity, reduced prefrontal regulation, and hippocampal dysfunction in PTSD patients [4], explaining intrusive memories and emotional dysregulation.

2.2 Cognitive-Behavioral Model

This framework posits that conditioned fear and avoidance maintain PTSD symptoms, reinforced by maladaptive cognitions such as “the world is unsafe” [5].

2.3 Socio-Cultural Model

This model highlights the role of cultural norms and social support in shaping symptom expression and recovery [6].

3. Risk and Protective Factors

3.1 Risk Factors

- Intensity and duration of trauma [7].
- Repeated exposure (e.g., combat personnel).
- Pre-existing mental illness.
- Lack of social support.

3.2 Protective Factors

- Strong social networks.
- Early psychological intervention.
- Resilience, coping skills, and spirituality [8].

4. Symptoms and Diagnostic Criteria (DSM-5)

- **Re-experiencing:** intrusive memories, nightmares.
- **Avoidance:** avoiding trauma-related situations.
- **Negative Cognitions/Mood:** guilt, emotional numbness, loss of interest.
- **Hyperarousal:** insomnia, hypervigilance, irritability [1].

Symptoms must persist for >1 month and impair functioning.

5. Evidence-Based Interventions

5.1 Cognitive Behavioral Therapy (CBT)

- **Prolonged Exposure (PE):** gradual, structured confrontation of trauma cues [9].
- **Cognitive Processing Therapy (CPT):** targets maladaptive trauma-related beliefs [10].

5.2 Eye Movement Desensitization and Reprocessing (EMDR)

Uses bilateral stimulation to reprocess traumatic memories, with strong empirical support [11].

5.3 Pharmacological Treatments

SSRIs (e.g., sertraline, paroxetine) are first-line pharmacological treatments [12].

5.4 Community-Based Approaches

Support groups, school-based interventions, and post-disaster community programs are effective in collective trauma settings [13].

6. Cultural Considerations in Arab Contexts

- **Linguistic adaptation:** validate tools such as PCL-5 and CAPS.
- **Stigma reduction:** public awareness campaigns to normalize help-seeking.
- **Religious/spiritual integration:** faith practices provide resilience and social cohesion [14].

7. Practical Recommendations

1. Expand early psychological response teams post-disaster.
2. Train professionals in CBT, EMDR, and culturally sensitive interventions.

3. Provide accessible, low-cost therapeutic services.
4. Integrate trauma care into primary health systems.

8. Conclusion

PTSD exemplifies the interplay of neurobiological, cognitive, and socio-cultural processes in mental illness. Research supports CBT, EMDR, pharmacological treatment, and community interventions as effective strategies. When culturally adapted and implemented early, these interventions can significantly reduce PTSD symptoms and improve quality of life.

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Psychology of Leadership: Traits, Theories, and Practical Applications

Cover Page

United Academy for Science and Studies – UK

Psychology of Leadership: Traits, Theories, and Practical Applications

Prepared by: Editorial Board

العنوان:

علم نفس القيادة: السمات، النظريات، والتطبيقات العملية

إعداد: هيئة التحرير

الملخص

تُعَد القيادة من أكثر الظواهر تأثيرًا في المنظمات والمجتمعات، إذ تعكس قدرة القادة على التوجيه والتحفيز وإحداث التغيير. يدرس علم نفس القيادة السمات، والعمليات المعرفية–الانفعالية، والأنماط السلوكية التي تكمن وراء القيادة الفعّالة. يستعرض هذا البحث أهم النظريات مثل نظرية السمات، النظرية السلوكية، نظرية الموقف، القيادة التحويلية، والقيادة الأصيلة [1–7]. كما يبرز المؤشرات النفسية للقيادة مثل الذكاء العاطفي، الدافعية الداخلية، والمرونة، ويعرض أدوات القياس مثل استبيان القيادة المتعددة العوامل (MLQ).

تشير الأدلة التجميعية إلى وجود ارتباط ثابت بين القيادة التحويلية ونتائج الموظفين، بما في ذلك الرضا الوظيفي، الأداء، والصحة النفسية [8–10]. كما يقدم البحث توصيات عملية لتطوير القيادة، والتدريب، والإشراف، مع التركيز على التكييف الثقافي في السياقات العربية.

الكلمات المفتاحية:القيادة؛ الذكاء العاطفي؛ القيادة التحويلية؛ القيادة الأصيلة؛ علم النفس التنظيمي.

Abstract

Leadership is one of the most influential phenomena in organizations and societies, reflecting leaders' ability to guide, motivate, and transform others. The psychology of leadership examines the traits, cognitive-emotional processes, and behavioral patterns underlying effective leadership. This paper reviews key theories including trait, behavioral, contingency, transformational, and authentic leadership [1–7]. It also highlights psychological predictors of leadership such as emotional intelligence, resilience, and intrinsic motivation, and describes measurement tools like the Multifactor Leadership Questionnaire (MLQ). Meta-analytic evidence demonstrates consistent associations between transformational leadership and positive employee outcomes, including job satisfaction, performance, and psychological well-

being [8–10]. The paper concludes with practical recommendations for leadership development, coaching, and cultural adaptation in Arab contexts.

Keywords: Leadership; Emotional intelligence; Transformational leadership; Authentic leadership; Organizational psychology.

1. Introduction

Leadership is not simply a formal role or title; it is a dynamic process of influencing, motivating, and inspiring others to achieve collective goals [1]. Organizational psychology has long investigated why certain leaders succeed in fostering team cohesion, enhancing employee well-being, and sustaining institutional trust.

2. Core Theories in the Psychology of Leadership

2.1 Trait Theory

Early studies emphasized stable personal traits such as charisma, intelligence, and self-confidence [2]. While important, research indicates that traits alone cannot reliably predict effective leadership, as

situational and behavioral factors play equally crucial roles.

2.2 Behavioral Theory

This perspective suggests that leadership is a set of learned behaviors. The Ohio State studies identified two major dimensions: **Consideration** (people-oriented) and **Initiating Structure** (task-oriented) [3].

2.3 Contingency Theory

Fiedler's Contingency Model argues that leader effectiveness depends on the match between leadership style and situational demands [4]. No single style is universally effective.

2.4 Transformational Leadership

Transformational leaders inspire followers by articulating vision, stimulating creativity, and providing individualized support. This approach is strongly linked to job satisfaction, performance, and innovation [5].

2.5 Authentic Leadership

This theory emphasizes honesty, transparency, and alignment between leaders' values and actions, fostering trust and long-term commitment [6].

3. Psychological Traits and Capacities of Effective Leaders

- **Emotional Intelligence (EI):** Ability to perceive, understand, and regulate emotions effectively [7].
- **Resilience:** Adaptation and recovery under stress and adversity.
- **Intrinsic Motivation:** Pursuit of goals driven by personal meaning rather than external rewards.
- **Social Competence:** Skills in communication, persuasion, and conflict resolution.

4. Measurement Tools in Leadership Psychology

- **Multifactor Leadership Questionnaire (MLQ):** Assesses transformational, transactional, and passive leadership [8].

- **Emotional Intelligence Scales:** e.g., EQ-i, Mayer-Salovey-Caruso EI test.
- **Qualitative Assessments:** In-depth interviews, narrative analysis, and 360-degree feedback.

5. Research and Empirical Evidence

Meta-analyses show that **transformational leadership** is positively associated with organizational commitment, job satisfaction, performance, and employee psychological health [8–9]. Leaders with high emotional intelligence manage teams with greater productivity, reduced conflict, and higher engagement [10].

6. Practical Applications

6.1 In Organizations

- Implement training programs that enhance emotional intelligence.
- Introduce leadership coaching and mentorship programs.
- Use 360-degree feedback mechanisms to increase leader self-awareness.

6.2 In Education

- Integrate leadership psychology into higher education curricula.
- Train teachers in classroom leadership to enhance student engagement.

6.3 In Communities

- Develop youth leadership development programs.
- Encourage community-based leadership initiatives rooted in authenticity and shared values.

7. Cultural Challenges in Arab Contexts

- **Collectivism:** Group-centered values may limit participatory leadership styles.
- **Gender dynamics:** Cultural norms often restrict leadership opportunities for women.
- **Cultural adaptation:** Western leadership theories require contextualization for Arab institutions [6].

8. Recommendations

1. Establish continuous professional development programs for leaders.
2. Adapt and validate leadership assessment tools (e.g., MLQ) in Arabic contexts.
3. Prioritize authentic leadership to strengthen organizational trust.
4. Invest in youth leadership programs to prepare the next generation.

9. Conclusion

The psychology of leadership demonstrates that leadership is not solely innate but can be developed and refined through training, mentorship, and institutional support. Evidence consistently highlights transformational and authentic leadership as the most effective styles, producing enhanced organizational performance and improved psychological well-being among employees.

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Child Development and Educational Psychology: Foundations, Measurement, and Evidence-Based Interventions

Prepared by: Editorial Board

العنوان:

النموّ الطفولي وعلم النفس التربوي: الأسس، القياس، والتدخلات القائمة على الأدلة

إعداد: هيئة التحرير

الملخص

تربط هذه المراجعة التكاملية بين نظريات نمو الطفل (بياجيه، فيجوتسكي، برونفنبرنر، نظرية التعلّق) وآليات التعلّم داخل الصف الدراسي (الذاكرة العاملة، الحمل المعرفي، التعلّم متعدد الوسائط). كما تستعرض أدوات القياس والممارسات التعليمية القائمة على الأدلة مثل: الممارسة الاسترجاعية، المراجعة الموزّعة، التغذية الراجعة الفعّالة، والمقاربات القائمة على نقاط القوة والدافعية الذاتية.

ويتناول البحث كذلك أنظمة الدعم مثل التدخل وفق الاستجابة (RTI/MTSS) والتصميم الشامل للتعلّم (UDL) في التعامل مع الاضطرابات النمائية والتعليمية الشائعة (عسر القراءة، فرط الحركة وتشتت الانتباه، التوحّد) [1–18، 23–25]. كما يقدّم توصيات عملية تراعي الثقافة في السياقات العربية، بالإضافة إلى خطة مستمرة لمتابعة النتائج وقياسها.

الكلمات المفتاحية:نمو الطفل؛ علم النفس التربوي؛
؛ التعلّم (UDL) ؛ التصميم الشامل للتعلّمRTI/MTSS
.والذاكرة؛ الوظائف التنفيذية

Abstract

This integrative review links child development theories (Piaget, Vygotsky, Bronfenbrenner, attachment) with classroom learning mechanisms (working memory, cognitive load, multimedia learning). We synthesize measurement tools and evidence-based practices—retrieval practice, spacing, effective feedback, strengths-based and self-determination approaches—while outlining RTI/MTSS and UDL pathways for common neurodevelopmental and learning disorders (dyslexia, ADHD, autism) [1–18, 23–25]. Practical, culturally sensitive recommendations for Arab contexts and a continuous outcome-monitoring plan are provided.

Keywords: Child development; Educational psychology; RTI/MTSS; UDL; Learning & memory; Executive functions.

1. Introduction

Effective education is grounded in an understanding of development across childhood and adolescence, as well as in learning sciences that explain how knowledge and skills are acquired. Educational psychology bridges theory and practice through cognitive–social models of motivation, executive functions, and evidence-based instructional strategies [1–3, 8–15].

2. Theoretical Foundations of Development and Learning

2.1 Piaget's Cognitive Stages

Children progress through sensorimotor, preoperational, concrete operational, and formal operational stages, learning through assimilation and accommodation [1].

Classroom implication: use concrete experiences before abstract reasoning.

2.2 Vygotsky's Zone of Proximal Development (ZPD)

Learning is optimized with scaffolding and social dialogue, where instruction is targeted within the learner's ZPD [2].

2.3 Bronfenbrenner's Bioecological Model

Development reflects dynamic interactions between the child and multiple contextual systems (family, school, community, policy) across time [3].

2.4 Attachment Theory

Attachment quality (secure, insecure, avoidant, disorganized) influences emotional regulation and later adjustment to school [4–5].

2.5 Social Learning and Behaviorism

Modeling, reinforcement, and environmental contingencies (Bandura, Skinner) shape learning and classroom behavior [6–7].

3. Key Cognitive Mechanisms in the Classroom

- **Working memory:** limited capacity requires reducing overload [8].

- **Cognitive load:** design materials to avoid redundancy and extraneous load [9].
- **Multimedia learning:** apply Mayer's coherence, redundancy, and contiguity principles [10].
- **Retrieval practice:** enhances long-term retention more than rereading [11].
- **Spacing & interleaving:** distributing review strengthens memory consolidation [12].
- **Feedback:** effective timing and specificity drive learning gains [13].
- **Self-determination theory:** autonomy, competence, relatedness sustain motivation [15].
- **Growth mindset:** fosters resilience and persistence [14].

4. Development Across Stages (Applied Summary)

- **Early childhood (0–5):** language, symbolic play, emotional regulation with adult

scaffolding; early interventions yield high economic and social returns [27].

- **Middle childhood (6–11):** concrete operations, literacy/numeracy, executive function growth (working memory, attention, flexibility) [26].
- **Adolescence (12–18):** formal reasoning, identity exploration, increased risk-taking; supporting relationships reduces maladaptive behaviors [3, 15].

5. Developmental and Learning Disorders: Systems-Based Support

5.1 RTI/MTSS

- Tier 1: universal, high-quality instruction for all.
- Tier 2: small-group, targeted interventions.
- Tier 3: intensive individualized interventions and referral for assessment [17, 23].

5.2 Common Conditions

- **Dyslexia:** explicit phonics, fluency monitoring [23–24, 29].

- **ADHD:** classroom accommodations, behavioral contracts, executive skills training, medical referral if needed [25–26].
- **Autism:** early behavioral interventions, communication supports, visual schedules, family partnership [25].

5.3 Universal Design for Learning (UDL)

Provide multiple means of representation, action/expression, and engagement to reduce barriers and increase access [18].

6. Educational–Psychological Assessment and Diagnosis

- **Cognitive ability:** WISC-V, WPPSI [19].
- **Executive functions/adaptive behavior:** BRIEF-2, Vineland [20].
- **Behavior/emotions:** CBCL, SDQ, BASC-3 [21–22].
- **Achievement/literacy:** DIBELS, WJ-IV, WIAT [23–24].

Arab considerations: back-translation, local reliability and validity, national norms.

7. Evidence-Based Teaching Strategies (Classroom Toolkit)

1. Retrieval practice (quizzes, flashcards) [11].
2. Spacing and interleaving practice [12].
3. Reduce cognitive load (chunking, align text/images) [9–10].
4. Effective feedback (goal–performance gap clarification) [13, 32].
5. Self-determination supports (choice, mastery goals) [15].
6. Growth mindset language [14].
7. Executive function support (timers, routines, think-aloud) [26].
8. Positive classroom management (PBIS-inspired reinforcement) [7].
9. Differentiated instruction (adapt content/process/product) [31].

8. Social–Emotional Learning (SEL) and Well-Being

School-based SEL programs improve academic outcomes and reduce emotional/behavioral

problems, with small-to-medium effect sizes across meta-analyses [16].

9. Family–School Partnerships and Educational Equity

- Build two-way parent–school communication.
- Parent workshops on retrieval, motivation, spacing [3, 15].
- Policies for inclusive education and monitoring performance gaps.
- Adapt approaches to language, culture, and gender norms in Arab contexts.

10. Technology and Education

EdTech can support retrieval, feedback, and monitoring, provided alignment with cognitive load and UDL principles, and data privacy safeguards [9–10, 18].

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11. Impact Measurement and Monitoring Framework

Use classroom dashboards tracking: achievement, SEL, attendance, behavior, and well-being. Measure baseline → mid-term → post-test → follow-up using SWAN, SDQ, reading fluency [22–24].

12. Cultural and Ethical Considerations (Arab Contexts)

- Adapt assessment tools linguistically and culturally.
- Ensure informed consent and confidentiality.
- Train teachers in formative assessment and UDL.
- Build capacity for inclusive practices across schools.

13. Conclusion

Improving education requires integrating developmental theory, learning science, and systemic interventions (RTI, UDL). Evidence supports retrieval practice, spacing, effective feedback, and SEL as powerful tools when

consistently applied and culturally adapted. Long-term equity requires strong family–school partnerships and systemic monitoring.

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Special Education and Educational Psychology: Supporting Learners with Special Needs and

Learning Disabilities

Prepared by: Editorial Board

العنوان:

التربية الخاصة وعلم النفس التربوي: دعم المتعلمين من ذوي

الاحتياجات الخاصة وصعوبات التعلم

إعداد: هيئة التحرير

الملخص

يحتاج المتعلمون من ذوي الاحتياجات الخاصة إلى تدخلات نفسية–تربوية موجَّهة لضمان العدالة في التعليم. يستعرض هذا البحث الأسس النظرية لعلم النفس التربوي الخاص، وعوامل الخطورة المرتبطة بصعوبات التعلّم (عُسر القراءة، عُسر الحساب، اضطراب فرط الحركة وتشتت الانتباه)، واستراتيجيات الدعم القائمة على الأدلة. كما يوضح (UDL) ، استراتيجيات التدريس الشامل مثل التصميم الشامل للتعلّم

، وأنظمة الدعم متعددة المستويات(RTI) والاستجابة للتدخل

(MTSS) [1–5].

ويعرض البحث أهم أدوات التقييم المستخدمة مثل مقياس وكسلر لذكاء

، واختبار وكسلر للتحصيل الفردي(WISC–V) الأطفال

، (DIBELS) ، ومؤشرات المهارات المبكرة للقراءة(WIAT)

كما .[6–9] (Vineland) ومقاييس السلوك التكيفي فينلاند

يقدّم توصيات عملية لتكييف هذه الممارسات في السياقات العربية، بما

في ذلك إعداد المعلّمين، إشراك الأسرة، وتطوير السياسات التعليمية

.الدامجة

الكلمات المفتاحية:التربية الخاصة؛ صعوبات التعلّم؛ الاستجابة

للتدخل؛ التصميم الشامل للتعلّم؛ الدعم النفسي—التربوي؛ الدمج

Abstract

Learners with special needs require targeted psychoeducational interventions to ensure equity in education. This paper reviews theoretical

foundations of special educational psychology, risk factors for learning disabilities (dyslexia, dyscalculia, ADHD), and evidence-based supports. Inclusive instructional strategies such as Universal Design for Learning (UDL), Response to Intervention (RTI), and Multi-Tiered Systems of Support (MTSS) are outlined [1–5]. Widely used assessment tools (WISC-V, WIAT, DIBELS, Vineland) are described alongside behavioral, cognitive, and learning supports [6–9]. Practical recommendations for cultural adaptation in Arab contexts—including teacher preparation, family engagement, and inclusive policy development—are provided.

Keywords: Special education; Learning disabilities; RTI; UDL; Psychoeducational support; Inclusion.

1. Introduction

International organizations such as UNESCO and the World Health Organization affirm that inclusive education is a right for every child [1]. However, children with special needs continue to face

challenges in accessing equitable educational services, making the role of special educational psychology critical for diagnosis and intervention [2].

2. Theoretical Frameworks in Special Education

2.1 Disability–Environment Model

Disability is conceptualized as the result of interactions between individual impairments and environmental barriers [3].

2.2 Cognitive–Behavioral Adaptation Model

This framework emphasizes modifying maladaptive thoughts and behaviors through structured intervention programs [4].

2.3 Inclusion Model

Advocates for the participation of all students in mainstream classrooms with appropriate accommodations to support diverse learners [5].

3. Common Learning Difficulties and Developmental Disorders

3.1 Dyslexia

- **Features:** difficulties with phonological awareness and grapheme–phoneme processing.
- **Interventions:** systematic phonics instruction, multisensory reading programs [6].

3.2 Dyscalculia

- **Features:** impaired numerical understanding and arithmetic reasoning.
- **Interventions:** visual strategies, explicit practice in mathematical reasoning [7].

3.3 ADHD

- **Features:** inattention, impulsivity, hyperactivity.
- **Interventions:** behavioral modification, executive skills training, and pharmacological support when necessary [8].

3.4 autism spectrum disorder (ASD)

- **Features:** difficulties in social communication and repetitive behaviors.

- **Interventions:** early behavioral interventions, social communication training, structured family partnerships [9].

4. Intervention and Support Strategies

4.1 RTI (Response to Intervention)

- Tier 1: high-quality classroom instruction for all.
- Tier 2: small-group, data-driven supports.
- Tier 3: individualized, intensive interventions [2, 6].

4.2 UDL (Universal Design for Learning)

- Provide multiple means of representation (e.g., visual, auditory).
- Offer varied options for demonstrating knowledge.
- Enhance engagement and participation [5].

4.3 MTSS (Multi-Tiered Systems of Support)

Integrates academic, behavioral, and social-emotional supports in a systemic model.

4.4 Cognitive–Behavioral Interventions

- Training in self-regulation.

- Classroom behavioral modification strategies.
- Explicit teaching of problem-solving skills [8].

5. Diagnostic and Assessment Tools

- **WISC-V:** Wechsler Intelligence Scale for Children [10].
- **WIAT-III:** Wechsler Individual Achievement Test [11].
- **DIBELS:** Dynamic Indicators of Basic Early Literacy Skills [12].
- **Vineland-3:** Adaptive behavior and daily living skills [13].

Note: These tools require linguistic and cultural adaptation prior to use in Arab educational systems.

6. Challenges in Arab Contexts

- Limited financial resources for special education.
- Social stigma surrounding disability.
- Shortage of trained professionals for diagnosis and intervention.

- Need for inclusive education policy frameworks.

7. Practical Recommendations

1. Establish psychoeducational assessment units within schools.
2. Train teachers in RTI, UDL, and MTSS.
3. Implement family–school partnerships to reduce stigma.
4. Design inclusive curricula with accommodations.
5. Pass legislation in Arab states supporting inclusive education.

8. Conclusion

Special educational psychology provides the foundation for equitable education by identifying needs, developing inclusive strategies, and implementing evidence-based interventions. By integrating theoretical frameworks, assessment, and culturally adapted practices, schools can embrace diversity and support the academic and socio-emotional growth of all learners.

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العنوان:

علم نفس المدرسة والوقاية من المشكلات السلوكية والانفعالية

إعداد: هيئة التحرير

School Psychology and the Prevention of Behavioral and Emotional Problems

Prepared by: Editorial Board

الملخص

يلعب علم نفس المدرسة دورًا محوريًا في تعزيز الصحة النفسية والرفاهية في البيئات التعليمية، وذلك من خلال الوقاية من المشكلات السلوكية والانفعالية قبل تفاقمها. يستعرض هذا البحث الأطر التفسيرية (النموذج البيئي–البيولوجي لبرونفنبرنر، نظرية التعلّم الاجتماعي لباندورا، النماذج المعرفية–السلوكية) [1–4]، ويسلّط الضوء على عوامل الخطورة (الفقر، الصدمات، التنمّر، صعوبات التعلّم) وعوامل الحماية (الدعم الأسري، الانتماء المدرسي، برامج التعلّم الاجتماعي–الانفعالي) [5–7]. كما يوضح استراتيجيات الوقاية متعدّدة المستويات، بدءًا من الممارسات

الصفية وصولًا إلى أطر شاملة على مستوى المدرسة مثل التدخلات وبرامج التعلّم الاجتماعي– (PBIS) السلوكية الإيجابية والداعمة الانفعالي (SEL) [8–12].

وتشمل التوصيات العملية: إعداد برامج تدريبية لعلماء نفس المدارس، تطوير سياسات داعمة في السياق العربي، وتعزيز شراكات فعّالة بين المدرسة والأسرة والمجتمع.

الكلمات المفتاحية :علم نفس المدرسة؛ الوقاية؛ المشكلات السلوكية؛ التدخلات السلوكية الإيجابية(SEL) التعلّم الاجتماعي–الانفعالي ؛ الصحة النفسية المدرسية(PBIS).؛

Abstract

School psychology plays a central role in promoting mental health and well-being in educational settings, preventing behavioral and emotional problems before escalation. This paper reviews explanatory frameworks (Bronfenbrenner's bioecological model, Bandura's social learning

theory, cognitive-behavioral models) [1–4], highlights risk factors (poverty, trauma, bullying, learning difficulties) and protective factors (family support, school belonging, SEL programs) [5–7], and outlines multi-tiered prevention strategies, from classroom-based practices to whole-school frameworks such as Positive Behavioral Interventions and Supports (PBIS) and Social and Emotional Learning (SEL) [8–12]. Practical recommendations for training school psychologists, developing supportive Arab policies, and fostering effective school–family–community partnerships are provided.

Keywords: School psychology; Prevention; Behavioral problems; SEL; PBIS; School mental health.

1. Introduction

Schools face increasing challenges related to students' behavioral and emotional problems, including aggression, anxiety, depression, bullying, and dropout [5]. Research shows that prevention

and early intervention are more effective than delayed treatment [6]. School psychology thus plays a central role in designing environments that reduce risks and strengthen protective factors [7].

2. Theoretical Frameworks

2.1 Bioecological Model (Bronfenbrenner)

Development emerges from reciprocal interactions between the individual and overlapping systems (family, school, community) [1].

2.2 Social Learning Theory (Bandura)

Behavior is learned through observation, modeling, and reinforcement, explaining phenomena like bullying and school violence [2].

2.3 Cognitive–Behavioral Model

Emphasizes the influence of cognitive distortions and beliefs on emotions and behaviors, serving as a foundation for CBT-based prevention programs [3–4].

3. Risk and Protective Factors

3.1 Risk Factors

- Poverty and social deprivation [5]
- Bullying and social exclusion
- Trauma and learning disorders

3.2 Protective Factors

- **Family:** parental support, cohesion
- **School:** sense of belonging, positive teacher–student relationships [6]
- **Programs:** SEL initiatives promoting emotional skills [7]

4. Multi-Tiered Prevention Strategies

4.1 Tier 1: Universal Interventions

- Classroom climate: clear rules, reinforcement of positive behavior [8]
- SEL programs: emotion regulation, relationship skills [9]
- PBIS: school-wide behavioral expectations [10]

4.2 Tier 2: Targeted Interventions

- Small-group SEL training
- Additional support for at-risk students

4.3 Tier 3: Intensive Interventions

- Individualized Behavior Intervention Plans (BIP)
- CBT-based therapy for anxiety and depression [11]
- Referral to external mental health services [12]

5. Assessment and Diagnostic Tools

- **SDQ** – Strengths and Difficulties Questionnaire [13]
- **BASC-3** – Behavior Assessment System for Children [14]
- **CBCL** – Child Behavior Checklist [15]
- **SRSS** – Student Risk Screening Scale [16]

(*Note: all require cultural adaptation for Arab contexts.*)

6. Challenges in Arab Contexts

- Shortage of trained school psychologists
- Limited awareness of preventive psychology
- Stigma around mental health
- Resource inequality between schools

7. Practical Recommendations

1. Develop school psychology university programs.
2. Integrate SEL and PBIS into education policy.
3. Strengthen school–family partnerships.
4. Establish psychosocial support units in schools.
5. Train teachers in positive behavior management.

8. Conclusion

School psychology is a cornerstone for promoting mental health and preventing behavioral and emotional difficulties. Multi-tiered prevention strategies, from universal SEL to targeted CBT interventions, create inclusive and supportive environments. Investing in prevention ensures long-term gains in academic achievement and psychological well-being.

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العنوان :

علم النفس الرياضي وصحة الرياضيين النفسية: الأطر، عوامل الخطورة/الحماية، والبرامج القائمة على الأدلة للأداء والرعاية

إعداد: هيئة التحرير

Sport Psychology & Athlete Mental Health: Frameworks, Risks/Protectors, and Evidence-Based Performance & Care Programs

Prepared by: Editorial Board

الملخص

يربط هذا الاستعراض التكميلي بين تعزيز الأداء وحماية الصحة النفسية في المجال الرياضي. يلخص البحث أهم الأطر النظرية مثل: نظرية تحديد الذات، نظرية أهداف الإنجاز، قانون يركس–دادسون، مناطق الأداء الأمثل الفردية (IZOF) ، نماذج الاحتراق والتدريب المفرط، ونماذج الاستجابة للإصابة [2–6، 13]. كما يحلل محددات الصحة النفسية للرياضيين، بما في ذلك النوم، الضغوط التنافسية، الإصابات وبرامج العودة إلى اللعب، والمناخ القيادي [711 ،–1220 ،–22].

ويعرض البحث أيضًا مجموعة أدوات عملية للفحص النفسي–الرياضي تشمل: SMHAT-1 ،APSQ ،PHQ-9 ،GAD-7 ، CSAI-2 [8–، وABQ، RESTQ-Sport ،PSQI

كما يناقش التدخلات القائمة على الأدلة .[33–، 22، 1030
، الحديث PETTLEP التصوّر العقلي) مثل التدريب العقلي
، العلاج (الذاتي، الروتينات السابقة للأداء، ضبط الإثارة والانتباه
، (ACT) ، العلاج بالقبول والالتزام(CBT) المعرفي–السلوكي
، الارتجاع الحيوي لمعدل ضربات (Mindfulness) اليقظة الذهنية
–، 1215] ، ورعاية ما بعد الإصابة والارتجاج(HRV) القلب
1928 ،–29].
ويتضمن البحث إرشادات للتنفيذ ومراعاة الأبعاد الثقافية في السياق
العربي، بما في ذلك تدريب المدربين والكوادر الطبية على تقليل الوصمة
.وتعزيز الإحالة المبكرة

الكلمات المفتاحية : علم النفس الرياضي؛ الصحة النفسية للرياضيين؛
التدريب العقلي؛ العلاج المعرفي–السلوكي؛ الوقاية من الاحتراق
الرياضي؛ برامج الرعاية

Abstract

This integrative review bridges performance enhancement and mental health protection in sport. Key frameworks—Self-Determination Theory, Achievement Goal Theory, Yerkes–Dodson law, IZOF, burnout/overtraining, and injury response models—are analyzed [2–6, 13]. Determinants of athlete mental health include sleep, competitive stress, injury and return-to-play, and leadership climate [7, 11–12, 20–22].

A pragmatic screening toolkit is outlined: SMHAT-1, APSQ, PHQ-9, GAD-7, PSQI, RESTQ-Sport, ABQ, and CSAI-2 [8–10, 22, 30–33]. Evidence-based interventions include mental skills training (PETTLEP imagery, self-talk, pre-performance routines, arousal/attention control), CBT, ACT, mindfulness, HRV biofeedback, and post-injury/concussion care [12, 15–19, 28–29]. Implementation guidance and Arab-context cultural considerations are provided.

Keywords: Sport psychology; Athlete mental health; Mental skills training; CBT; Burnout prevention; Care programs.

1. Introduction

High performance and psychological well-being are now inseparable goals in modern sport. International consensus has confirmed that anxiety, depression, sleep disturbance, eating disorders, and burnout are common among athletes [8]. Preventive screening and timely interventions are strategic necessities. Evidence indicates that motivational climate, leadership style, sleep, and injury management jointly determine athletes' health and performance [7, 11–12, 20–22].

2. Theoretical Frameworks

2.1 Self-Determination Theory (SDT)

Sustainable motivation and performance thrive when autonomy, competence, and relatedness are satisfied [2].

2.2 Achievement Goal Theory

Task-oriented climates (mastery) enhance commitment and well-being; ego-oriented climates elevate stress and dropout [3].

2.3 Yerkes–Dodson Law and IZOF

Performance follows an inverted-U relation with arousal [5]. IZOF emphasizes individualized optimal emotional states [4].

2.4 Burnout and Overtraining

Smith's cognitive–emotional burnout model links high demands with low resources [6]. Overtraining Syndrome (OTS) requires monitoring of training load and recovery [7].

2.5 Injury and Return-to-Play

Wiese-Bjornstal's integrated model explains psychological responses to injury, rehabilitation adherence, and re-injury fear [13].

3. Determinants of Athlete Mental Health

- **Sleep & recovery:** poor sleep undermines decision-making and raises injury risk [11].

- **Competitive anxiety:** elevated stress impairs accuracy (measured by CSAI-2) [22].
- **Injury/concussion:** concussions are linked with mood and sleep disorders [12].
- **Leadership climate:** autonomy-supportive coaches foster trust; authoritarian styles exacerbate stress [2–3, 21].
- **Nutrition/RED-S:** low energy availability damages mood and hormones [24].
- **Team cohesion:** correlates positively with performance and well-being [20].

4. Common Risks and Conditions

- **Anxiety/depression:** prevalent across elite/collegiate sport; under-reported due to stigma [8].
- **Burnout:** captured by ABQ—exhaustion, reduced accomplishment, devaluation [31].
- **Eating disorders:** higher in weight-sensitive sports [25, 34].

- **Sleep disorders:** insomnia and pre-competition anxiety (PSQI) [11, 30].
- **Overtraining:** monitored via RESTQ-Sport, HR, and load indices [32].

5. Screening and Assessment Tools

- SMHAT-1/SMHRT-1 (IOC) [9].
- APSQ Athlete Psychological Strain Questionnaire [10].
- PHQ-9 / GAD-7 for depression/anxiety [33].
- PSQI sleep quality [30].
- RESTQ-Sport stress–recovery [32].
- ABQ burnout [31].
- CSAI-2 competitive anxiety [22].

6. Evidence-Based Interventions

6.1 Mental Skills Training

- **PETTLEP imagery** enhances skill transfer [15].
- **Self-talk** boosts accuracy and confidence [16].
- **Pre-performance routines (PPRs)** stabilize focus under pressure.

- **Arousal/attention regulation** via breathing, relaxation, attentional shifting [17].

6.2 CBT, ACT, and Mindfulness

- CBT restructures maladaptive beliefs.
- ACT and mindfulness strengthen emotion regulation and value-based commitment [18–19].

6.3 HRV Biofeedback

Improves stress response and recovery capacity [28–29].

6.4 Post-Injury Programs

Imagery, social support, and education enhance rehabilitation adherence [13–14]. Concussion protocols follow expert consensus [12].

7. Leadership, Climate, and Group Dynamics

- Team cohesion supports performance [20].
- Leadership styles (training, democratic, social support) influence outcomes [21].
- Mastery climates encourage resilience and persistence [3, 26].

8. Special Populations and Arab Context Considerations

- **Female athletes:** higher RED-S and eating disorder risk [24–25].
- **Youth athletes:** early specialization risks [27].
- **Para-athletes:** need adapted psychological/physical programs.
- **Arab contexts:** integrate religion, family support, and privacy; reduce stigma through coach education.

9. Implementation Model

1. Written mental health policy [8–9].
2. Seasonal screening (SMHAT-1, APSQ, PHQ-9, GAD-7, PSQI).
3. Referral networks: sports physician, psychologist, nutritionist.
4. Periodized PST programs.
5. Coach training in autonomy-supportive language.

6. Monitoring dashboards (RESTQ-Sport, injuries, load, sleep).
7. Post-season program evaluation.

10. Impact Measurement

- **Psychological:** PHQ-9, GAD-7, PSQI, APSQ, RESTQ-Sport, ABQ, CSAI-2 [10–12, 22, 30–33].
- **Performance:** accuracy, reaction time, stats, injuries.
- **Contextual:** training load, stress events.
- **Follow-up:** 3–6 months sustainability assessment.

11. Conclusion

Sport psychology integrates performance care with mental health protection. Evidence shows that systematic screening, PST/CBT/ACT/mindfulness, HRV biofeedback, and injury/concussion protocols produce measurable improvements in performance and well-being. Cultural tailoring in Arab contexts enhances feasibility, effectiveness, and sustainability.

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العنوان:

علم النفس الرياضي للشباب والوقاية من الانسحاب الرياضي

إعداد: هيئة التحرير

Youth Sport Psychology and Prevention of Sport Dropout

Prepared by: Editorial Board

الملخص

تشير الدراسات إلى أن معدلات انسحاب الشباب من الرياضة (الأعمار 9–18) تتراوح بين 25–40% سنويًا، ويعود ذلك إلى

عوامل فردية وأسرية ومدرسية وتنظيمية [1–3]. يستعرض هذا البحث الأطر النظرية المفسِّرة للدافعية في الرياضة مثل **نظرية تحديد الذات، ونظرية أهداف الإنجاز، ونظرية التوقع–القيمة، ونموذج الانسحاب التنافسي**[4–8].

تتضمن عوامل الخطورة: التخصص المبكر، وضغط الوالدين والمدربين، والمناخ الرياضي القائم على المقارنة الاجتماعية، وانخفاض الاستمتاع، بينما تشمل عوامل الوقاية: المناخ التعلمي القائم على إتقان المهارة، والدعم الاجتماعي من الأسرة والأقران والمعلمين، والتوازن بين الدراسة والرياضة، وبرامج تنمية المهارات الحياتية [9–12].

كما يستعرض البحث أدوات القياس الميدانية مثل **مقياس الاستمتاع بالنشاط البدني (PACES)**، و**مقياس الدافعية الرياضية (SMS–II)**، و**الاستبيان الذاتي للشباب (YSR)**، و**مقياس القلق الرياضي التنافسي (CSAI–2)** [13–16].

وتشمل استراتيجيات الوقاية: تصميم تدريبات ممتعة ومتنوعة، وتنمية المهارات العقلية والاجتماعية، وتطبيق برامج التنمية الإيجابية للشباب (PYD) ، وتعزيز الشراكة بين الأسرة والمدرسة والنادي، وتقليل التخصص المبكر [17–22]. كما يقدّم البحث توصيات عملية للاتحادات والأندية والمدارس العربية للحد من ظاهرة الانسحاب وتعزيز الصحة النفسية والأداء الرياضي لدى الشباب.

الكلمات المفتاحية : علم النفس الرياضي للشباب؛ الانسحاب الرياضي؛ الدافعية؛ نظرية تحديد الذات؛ المهارات الحياتية؛ التنمية الإيجابية للشباب

Abstract

Youth sport dropout rates (ages 9–18) range from 25–40% annually, driven by individual, familial, school, and organizational factors [1–3]. This paper reviews motivational frameworks—Self-Determination Theory, Achievement Goal Theory, Expectancy–Value Theory, and the Competitive

Attrition Model [4–8]—to explain dropout dynamics. Risk factors include early specialization, parental and coaching pressure, ego-oriented climates, and lack of enjoyment; protective factors include mastery-oriented climates, social support, academic balance, and life skills development [9–12].

Field measures include PACES, SMS-II, YSR, and CSAI-2 [13–16]. Prevention strategies emphasize enjoyable and varied training, mental and social skills programs, positive youth development (PYD), family–school partnerships, and delayed specialization [17–22]. Recommendations are tailored for Arab federations, schools, and clubs to reduce dropout and enhance both well-being and long-term athletic engagement.

Keywords: Youth sport; Dropout; Motivation; Self-determination theory; Life skills; Positive youth development.

1) Introduction

School and youth sport settings are vital developmental arenas. Yet dropout rates—estimated at 25–40% annually—threaten these functions, especially in adolescence [1]. Causes extend beyond physical strain to psychosocial influences, making them both predictable and preventable [2–3].

2) Theoretical Frameworks Explaining Motivation and Dropout

2.1 Self-Determination Theory (SDT)

Autonomy, competence, and relatedness foster enjoyment and commitment. Controlling climates reduce intrinsic motivation and increase dropout [4].

2.2 Achievement Goal Theory

Mastery-oriented climates promote persistence; ego-oriented climates elevate dropout risk [5].

2.3 Expectancy–Value Theory

Youth decisions hinge on perceived success likelihood and the value of sport [6].

2.4 Competitive Attrition Model

Dropout results when perceived costs (stress, pressure, time) outweigh gains [7–8].

3) Risk and Protective Factors

3.1 Risk Factors

- Early specialization before age 12 [9]
- Excessive parental/coach pressure
- Monotonous routines, reduced fun
- Academic/sport conflict [10–11]

3.2 Protective Factors

- Mastery climates emphasizing learning
- Strong family, peer, and teacher support [12]
- Balanced academics and athletics
- Life skills programs (teamwork, regulation, problem-solving) [12]

4) Field Measurement Tools

- **PACES** – Physical Activity Enjoyment Scale [13]
- **SMS-II** – Sport Motivation Scale-II [14]
- **YSR** – Youth Self Report [15]
- **CSAI-2** – Competitive State Anxiety Inventory [16]

(Note: Adaptation required for Arab cultural contexts)

5) Prevention & Intervention Strategies

5.1 Enjoyable and Varied Training

Small-sided games, diverse activities pre-specialization [17].

5.2 Mental & Social Skills Training

Focus, emotion regulation, teamwork, and leadership skills [18].

5.3 Positive Youth Development (PYD)

Programs building values, identity, confidence, and engagement [19].

5.4 Family & School Involvement

Parent education on risks, school–club academic balance partnerships [20].

5.5 Limiting Early Specialization

Encouraging multi-sport participation until mid-adolescence; federation safeguards [21].

5.6 Individual Support Plans

Counselor–coach collaboration for at-risk youth [22].

6) Challenges in Arab Contexts

- Lack of national dropout-prevention policies
- Focus on short-term outcomes
- Weak integration of mental skills in schools/clubs
- Scarce local research in youth sport psychology

7) Practical Recommendations

1. National policies delaying early specialization
2. Integrating SEL/PYD into curricula
3. Training coaches in mastery climates
4. Psychological support units in clubs
5. Family–school–club partnerships
6. Annual youth motivation/satisfaction assessments

8) Conclusion

Youth sport dropout is multifactorial and preventable. A holistic approach combining motivational frameworks, risk–protective balance, continuous measurement, and multi-sector

collaboration (families, schools, clubs, federations) reduces dropout and strengthens youth well-being, resilience, and sport performance.

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Educational Sport Psychology for Youth and Prevention Programs of Sport Dropout

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الملخص

تُظهر الدراسات أن معدلات الانسحاب من الرياضة المنظمة بين الناشئين (9–18 سنة) تتراوح بين 25–40% سنويًا، بفعل عوامل فردية وأسرية ومدرسية وتنظيمية [1–3]. يستعرض هذا البحث الأطر النظرية المفسّرة للدافعية الرياضية (نظرية تحديد الذات، نظرية أهداف

الإنجاز، نظرية التوقع–القيمة، ونموذج الانسحاب التنافسي) [4–8]، مع تحليل عوامل الخطورة مثل التخصص المبكر، الضغوط الأسرية، المناخ القائم على الأنا، وضعف المتعة، وعوامل الحماية مثل المناخ المتمركز حول الإتقان، والدعم الاجتماعي، وتحقيق التوازن بين الدراسة والرياضة، وبرامج تنمية المهارات الحياتية [9–12]. كما يعرض أدوات القياس ، مقياس الدافعية PACES مقياس التمتع بالنشاط البدني) الميداني ، مقياس القلق YSR ، استبيان تقرير الذاتSMS-II الرياضية وتُستعرض استراتيجيات الوقاية .[13–16] (CSAI-2 التنافسي من الانسحاب، ومنها تصميم تدريبات ممتعة ومتنوعة، إدماج التدريب الذهني والاجتماعي، برامج التنمية الإيجابية، إشراك الأسرة والمدرسة، والحد من التخصص المبكر [17–22]. يختتم البحث بتوصيات عملية للاتحادات والأندية والمدارس في البيئات العربية للحد من الانسحاب .وتعزيز التنمية الشاملة للناشئين

الكلمات المفتاحية: الرياضة المدرسية؛ الناشئون؛ الانسحاب الرياضي؛ الدافعية؛ المهارات الحياتية

Abstract

Youth dropout from organized sport (ages 9–18) has become a global concern, with annual rates estimated between 25–40% [1–3]. This study reviews major motivational frameworks—Self-Determination Theory, Achievement Goal Theory, Expectancy–Value Theory, and the Competitive Attrition Model [4–8]—to explain why young athletes remain engaged or withdraw. Risk factors include early specialization, parental and coaching pressure, ego-oriented climates, and reduced enjoyment, while protective factors encompass mastery-oriented climates, social support, academic–sport balance, and life-skills programs [9–12].

Field measurement tools such as the **Physical Activity Enjoyment Scale (PACES)**, **Sport Motivation Scale-II (SMS-II)**, **Youth Self-Report**

(YSR), and the **Competitive State Anxiety Inventory-2 (CSAI-2)** provide valuable screening mechanisms [13–16]. Preventive strategies are discussed, including designing enjoyable and varied training programs, teaching mental and social skills, implementing Positive Youth Development (PYD) approaches, strengthening school–family–club partnerships, and reducing early specialization [17–22].

The paper concludes with culturally sensitive recommendations for Arab contexts, urging federations, schools, and clubs to delay early specialization, integrate psychological support into training environments, and foster policies that sustain long-term engagement in sport.

Keywords: Youth sport; dropout; motivation; self-determination theory; life skills; positive youth development.

Introduction

School and youth sports play a fundamental role in fostering physical, social, and psychological

growth. However, high dropout rates during middle and late adolescence jeopardize these benefits [1]. Research highlights that dropout is not merely caused by physical factors but is often driven by psychosocial variables that can be predicted and prevented [2–3]. Educational sport psychology provides a framework for understanding these dynamics and for designing effective preventive interventions.

Theoretical Frameworks Explaining Motivation and Dropout

2.1 Self-Determination Theory (SDT)

When autonomy, competence, and relatedness are satisfied, athletes experience greater enjoyment and commitment; conversely, controlling environments undermine intrinsic motivation and increase dropout risk [4].

2.2 Achievement Goal Theory

A mastery-oriented climate focused on learning and improvement enhances persistence, whereas ego-

oriented climates centered on social comparison increase the likelihood of withdrawal [5].

2.3 Expectancy–Value Theory

Young athletes' decisions to persist or drop out are shaped by their expectations of success and the perceived value of the activity [6].

2.4 Competitive Attrition Model

This model explains dropout as a negative cost–benefit balance, where psychological and social costs (e.g., pressure, anxiety, time demands) outweigh the perceived benefits [7–8].

Risk and Protective Factors

3.1 Risk Factors

- Early specialization before age 12, increasing the risk of burnout and injuries [9].
- Excessive parental and coaching pressure to achieve early results.
- Lack of enjoyment due to monotonous routines or over-competition.

- Conflict with academic responsibilities or social life [10–11].

3.2 Protective Factors

- Mastery-oriented climates that emphasize learning and personal growth.
- Strong social support from family, peers, and teachers [12].
- Academic–sport balance through effective time management.
- Life-skills programs that teach teamwork, emotional regulation, and problem-solving [12].

Field Measurement and Screening Tools

- **PACES** – Physical Activity Enjoyment Scale [13].
- **SMS-II** – Sport Motivation Scale-II for intrinsic/extrinsic motivation [14].
- **YSR** – Youth Self-Report for behavioral and emotional screening [15].

- **CSAI-2** – Competitive State Anxiety Inventory-2 for competitive anxiety and confidence [16].

Note: All tools require linguistic and cultural adaptation before application in Arab contexts.

Prevention and Intervention Strategies

5.1 Designing Enjoyable and Varied Training

- Incorporate small-sided games and play-based activities.
- Delay specialization by offering diverse physical activities [17].

5.2 Teaching Mental and Social Skills

- Focus and emotional regulation through simplified CBT techniques.
- Social skills training, including teamwork and leadership [18].

5.3 Positive Youth Development (PYD) in Physical Education

- Programs fostering values, identity, confidence, and community engagement [19].

5.4 Family and School Involvement

- Educating parents about the risks of overpressure and early specialization.
- Creating school–club partnerships to support academic–athletic balance [20].

5.5 Limiting Early Specialization

- Encourage multi-sport participation until mid-adolescence.
- Implement federation policies that discourage excessive early training [21].

5.6 Individual Support Plans

- Monitor at-risk youth with high anxiety or academic problems.
- Develop individualized intervention plans in collaboration with counselors and coaches [22].

Challenges in Arab Contexts

- Absence of national policies to prevent youth sport dropout.
- Overemphasis on short-term competitive results.

- Limited integration of psychological skills training in schools and clubs.
- Scarcity of standardized local research in youth sport psychology.

Practical Recommendations

1. Develop national policies to delay early sport specialization.
2. Integrate SEL and PYD programs into school and sport curricula.
3. Train coaches to create mastery-oriented climates.
4. Establish psychological support units within clubs and federations.
5. Strengthen family–school–club partnerships.
6. Launch annual surveys to measure youth motivation and satisfaction.

Conclusion

Youth sport dropout is a multifactorial phenomenon requiring a holistic approach. Combining motivational theories, systematic measurement, and inclusive programs that involve families, schools,

and clubs can significantly reduce dropout rates. Investing in youth sport psychology promotes sustained participation, improved mental health, and long-term performance outcomes.

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