

School-based psychosocial support for students in Gaza

– A research informed framework for providing support and identifying needs in the aftermath of the 2023 war

WRITTEN BY:

Jon-Håkon Schultz,¹ Gerlinde Harb,^{1,2} Eva Alisic,³ June T. Forsberg,¹
Safwat Diab,⁴ Karam Al-Shanti⁵ & Camilla Lodi⁶

1 UiT, the Arctic University of Norway, 2 Philadelphia VA Medical Center, PA, USA, 3 University of Melbourne, Australia, 4 Al-Quds Open University, Gaza, Palestine, 5 Red Cross, Belgium, 6 Norwegian Refugee Council, Oslo: The Middle East Region



Mother and child. Photo by “KIPGODI” at mostphotos.com

Introduction: Images of the mass murder in Israel and the terror bombing of Gaza have been filling the news with extreme and grotesque images of war, despair and large-scale loss of life. This text, written as the 2023 war is ongoing, offers reflections on how to provide school-based psychosocial support for children as soon as the situation can allow schools and temporary learning centers to open in Gaza.

This is an ongoing humanitarian catastrophe. As of this writing, humanitarian efforts focus on saving lives and bringing an end to the war. Next, the focus will shift to meeting basic needs, providing medical help and building a sense of safety—and opening schools. In view of the specific context in Gaza and the severe lack of resources, serious difficulties can be expected in natural recovery for children and adolescents. All children in Gaza will need extra care and support. A considerable part of the essential help could be received at school—but that will require the return of teachers and students, for long-term presence. This will necessitate psychosocial support specifically tailored to students and educators.



Schools and teachers are in a unique position to support the most basic needs and stimulate natural recovery. It is essential for students and teachers to receive targeted psychosocial support at school. Research has identified strategies to help students recover, not least creating the conditions to minimize feelings of powerlessness.

Aims

The aims of this brief are as follows:

1. Share research-based knowledge on possible and natural reactions and needs that can be anticipated—both on the group level and for individuals.
2. Provide a research-based framework for planning and implementing school-based psychosocial support in Gaza: actions and realistic goals for students aged 6 to 16.
3. Support frontline workers, for dealing with feelings of being overwhelmed; provide a basic framework for self-care.

This brief is intended to support the educational efforts in emergency responses of the Norwegian Refugee Council (NRC) in Gaza. Planning efforts are underway and are related to school-based psychosocial support. In this brief we offer reflections on how previous research can inform and guide such short- and long-term school-based psycho-social support. Here we indicate general principles and strategies for how teachers/counselors/educators and parents/caregivers can help by stimulating children's natural coping skills. Further, we present approaches for understanding and defining young people's needs, as well as the when, how & why of establishing a referral pathway for more specified help. The brief includes recommendations for self-care among local teachers as well as NRC-educational staff.

Feeling overwhelmed is a natural response to the grave violations that are taking place in Gaza. For frontline workers, feeling overwhelmed can hinder them in taking decisive action. For teachers, an effective strategy is to focus on giving support in their work of helping children. Setting realistic educational goals, feeling success in their teaching and observing progress in their students can create an atmosphere of meaning and hope.

Here are some essential messages for motivational dialog with teachers.

As human beings, we are designed with a deep capacity for adaption; the strongest reactions will diminish ... gradually. This takes time, and both children and adults can benefit from help. Even after experiencing extreme

situations, it is possible to live a good and meaningful life.

Helping children back to school is of highest priority. Providing routines and social connection through play-based activity is a starting point. Further, it is important to keep them at school, helping with general well-being including building a sense of safety, dealing with grief and stress.

Schools and teachers are essential for children's recovery. Much essential help can be provided at school. Learning and teaching can give meaning and hope to life.

Our expectations of what education can achieve should be flexible. Teachers should deliver more psychosocial support, as learning can take place only when distress has been dealt with. Gradual transition is best: slowly getting back to routines with a "soft" approach to formal academic work.

Academic functioning is frequently impaired by emotional distress. Long-term educational follow-up entails active monitoring of the learning process. Suitably targeted and adapted educational measures should be provided, at least for a two-year period.

Teachers are frontline workers who need support and guidance. They can benefit from guidance on self-care and on integrating psychosocial support and targeted educational measures in their daily teaching.

1. Students are directly affected

Before the 2023 war, the situation in the Gaza Strip was characterized by a widespread pandemic with long periods of lockdown and school closure for almost 14 months, as well as medical facilities lacking the capacity to cover basic medical needs. The blockade, together with the high level of unemployment and poverty, caused high levels of stress. Local residents had previously been exposed to many war-related events—including the most recent armed escalation in 2021. Even before the onset of the 2023 war, the accumulation of these numerous crises led to a humanitarian catastrophe—in particular for vulnerable groups such as children and adolescents.

The war has caused a humanitarian catastrophe in the Gaza Strip. In view of the intensity and duration of the war, it is reasonable to assume that all children and adults have been exposed to potentially traumatic experiences:

- personal, ongoing threats to life
- witnessing violence and the effects of violence in their surroundings
- seeing gruesome scenes of death and injury

- learning of the sudden death of loved ones.

ALL children and adults have experienced loss:

- loss of safety
- death of family members (including loss of caregivers)
- death of friends/ members of the community
- loss of physical functioning, with tens of thousands injured
- loss of homes and schools, and personal belongings.

Secondary/additional psychological stressors: In addition to potentially traumatic events and experiences of loss, children in Gaza face additional life stressors which can further lead to feelings of being overwhelmed and distressed, complicating natural recovery.

- prolonged displacement, homelessness
- destruction of / severe damage to homes
- continued separation from family and community
- family members, friends gone missing
- disorientation in unaccustomed, unstable environments
- persistent uncertainty about own safety
- continued lack of control
- food and water insecurity
- lack of health care.

Just how severely affected the children depends on their individual vulnerabilities, which may include previous trauma exposure (such as war experiences) being separated from caregivers, and living with incapacitated caregivers.

Children become more vulnerable when their parents are affected. Traumatized parents tend to have less capacity to provide emotional support, and children may feel worried/frightened about their parents' changed behavior. Previous experiences of trauma often lead to vulnerability in the face of new crises or traumatic events, serving as triggers to that unleash the same types of feelings as the earlier trauma. During the 2014 war in Gaza there was a high level of exposure to multiple traumatic events in the local population (see e.g. Manzanero et al., 2021), so parents in Gaza today are likely to have suffered prior traumatization. In addition, grief and feelings of helplessness may result in caregivers being less attentive to their children's needs with less understanding of how to help. Young children who do not fully understand what is going on will seek security from their parents—but when the parents themselves are insecure, children will easily sense this.

Reactions to disasters vary. Although most children/adolescents do not develop long-term mental health conditions as a result of exposure to a single

potentially traumatic event, many experience some degree of distress—which, fortunately, tends to subside naturally over time, if support is available at home and school. However, exposure to multiple traumatic events, with high intensity, and long duration tend to have more severe consequences.

The nature of the traumatic events in the current war situation increases the risk of posttraumatic reactions for children in Gaza. They are experiencing both a direct threat to their own lives and direct exposure to violence, death and the aftermath of violence. This exposure is recurrent (not single occasions) and long-lasting; many of these young people have had previous traumatic exposure, so they are experiencing both reactionary traumatic stress to the current experiences and cumulative traumatic stress to previous trauma. The combination of prolonged exposure to traumatic events with experiences of loss also increases complicates both processing the trauma and coping with losses. Individuals will experience posttraumatic reactions in connection with the danger to their own lives, as well as to the manner in which a loved one died; they will experience distress and grief reactions to the loss and the aftermath of the death.

Dealing with grief

Tens of thousands of families will be directly impacted by the death and/or debilitating injury of loved ones and most families will be impacted by death and/or debilitating injury in their community. Children have suffered many important losses: the grieving process will build up after the war ends and continue for some time.

The personal process of grieving varies from person to person. Children exhibit short-term emotional reactions—including sadness, helplessness, irritability, loneliness, isolation, anxiety/fear, numbness, guilt and anger. The ability to concentrate will be affected and they may express worries, may withdraw or act out. These initial emotions are reactions to adapting to a new reality of life that will never be the same. Grief reactions place heavy demands on children's inner coping resources and can interfere with other daily tasks such as schoolwork. That being said, however, many children can be expected to process their loss and move gradually toward a positive, future-oriented mindset. After the initial emotional upheaval following loss, many children to show successful coping/grieving.

Signs of successful coping with loss involves the child's ability to engage in task-oriented activity, not be overwhelmed by strong emotions, access support/help when needed, sustain positive self-esteem, maintain interpersonal contacts, and exhibit a relatively low degree of distress. The signs/ consequences of unhealthy

extended grief reactions include poor school grades, social withdrawal, engaging in risky behaviors and suicidal ideas.

Education about grief reactions and providing a positive space for talking about loss can help children feel normal and see that their intense and acute feelings are in fact universal, and that there are many ways to grieve. By providing space for talking about grief, children learn to identify their own feelings and learn to express their feelings to supportive others. They can also learn to deal with their own emotions and recognize emotions in others. In addition, delivering support and education early on can provide children with a supportive adult who is able to be a consistent presence for them. Such social support in schools is essential in the grieving process because the Gaza children's own caregivers may not be psychologically able to provide this support due to their own grief reactions. Additionally, more specialized intervention may be needed if children continue to exhibit unhealthy grief and/or post-traumatic reactions.

The strongest reactions will gradually recede

Children of all age groups in Gaza have been exposed to disturbing images conveyed by the media and the Internet, as well as by direct exposure. Many have experienced deep emotional reactions of fear. Given the scale of injuries and deaths, children or their parents are highly likely know someone who has been injured/ or killed. They feel a stronger sense of fear due to the immediacy of the life threat, realizing that they themselves could have been injured or killed. Such fears may linger on for weeks and months after the war, together with feelings of ongoing threat and that something terrible will happen to themselves or their loved ones. Under such circumstances, it is only normal to fear that something terrible will happen in the near future. However, for most children, such strong reactions will gradually recede after a degree of physical safety has been re-established.

Some will feel an intense need to talk about gruesome impressions. This, too, will gradually fade, being greatest during the first few weeks after the war. However, the fact that children stop talking spontaneously about the war does not mean they do not think about these things, or do not still fear them.

The situation for children in the 2023 war is made more severe by the lack of resources and capacity in Gaza to stimulate natural recovery in the aftermath of the war. Getting children back to school is of paramount importance and must be a part of the emergency response.

2. Providing help—getting back to school

Collaborating with school authorities

Both the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) and Ministry of Education and Higher Education (MoE) in Gaza have lengthy experience and expertise in planning and preparing schools to become operational after armed conflict—as well as preparing teachers to receive students and gradually return to regular school life. In recent years, there has been a strong focus on strengthening school-based psychosocial support as an integrated part of the regular curriculum in Gaza. All school-based measures are always planned and coordinated with the school authorities. The following outline are meant as suggestions and input for the various stages of planning.

Towards regular schooling

In the acute stage of the catastrophe, the focus is on staying alive and saving lives. The next stage involves providing immediate support to cover basic needs. Once an enduring ceasefire is in effect, temporary learning centers/schools can gradually start up. The most effective single measure for children who experienced war during the early to mid-term stage is to start up kindergartens or schools, to re-establish structure and stability in everyday life. A well-functioning school provides the five essential elements for prevention following mass-catastrophes: establish a sense of safety and calm, self-efficacy, social support, and realistic hope (Hobfoll et al., 2007). These elements should lead to a gradual transition back to school, where the last three final stages indicate students starting up in temporary learning centers/schools (see Figure 1).

1. Basic needs:

- food, health and housing
- reunite with surviving family and friends
- re-establish a sense of safety and calm.

2. Preparing school—supporting front-line personnel and teachers:

- Help the helpers: NRC-personnel and teachers are vulnerable, due to their own potentially traumatic experiences prior to and during the 2023-war as well as their direct exposure to people in crisis. Self-care advice should be made available to them as well as structured peer-support that can allow them to share experiences and feelings, with the provision of stress-relieving techniques and practical assistance. It is recommended to support the helper in helping others.
- Plan a campaign of getting teachers and students back to school / temporary learning centers: Getting children back to school means getting children back to life—and this is a gradual process. Public TV, radio

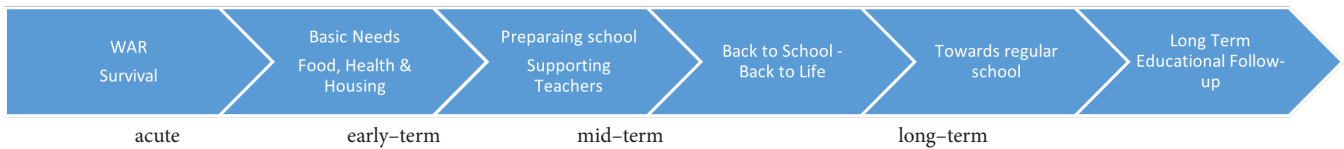


Figure 1: A gradual transition back to school and into academic curriculum. Acute: during and weeks after the war / Early-term to mid-term: until three months / Long-term: from three months to two years or more.

stations and local news could be employed here: involve parents in the process of motivating children for school.

- Changing the expectations of education: Slightly adapting the teacher role by including the delivery of psychosocial support in teaching—starting with play-based activity, followed by a soft approach to the curriculum.

3. Back to school—a gradual approach:

- One month of play-based activity: Returning to school with play-based activity, being social, building a sense of safety and calm.
- Need for educational and recreational materials: Local school authorities may need support in developing and providing materials.
- Information for parents: Strive to involve parents, establish dialog.

4. Towards a regular school situation:

- Gradual transition: slowly getting back to routines, with a soft approach to academic work.
- Trauma-exposed students are likely encounter challenges with their school functioning—both school well-being and academic functioning need to be supported.
- Parental involvement: dialogue should continue.

Early-term to mid-term help needed for the children of Gaza:

- Re-establish a real felt safety and predictability/control.
- Social support after trauma is a protective factor.
- Play/activities: distraction from difficult emotions and life circumstances, calming down to allow the overactivated nervous system a safe break from the body's emergency mode; re-engage in pleasurable activities. Let the children know that the idea is to have fun while playing.
- Normalization of post-traumatic reactions and emotions.
- Normalization of emotional grief reactions: it is normal to feel anger and fear.
- Provision of hope: Human beings have an

impressive ability to adapt and to be able to function again.

- Provide time and space for grieving: Essential at this stage is to support those who are grieving over the great loss of human life. Further, those who were injured need proper help; those who lost their homes need assistance—and people need help and support to deal with terrifying horrible memories, so that they can get on with their lives, their studies and their jobs. Grief is neither linear nor predictable: but it is essential to acknowledge the loss, and provide space for the healing process.

Towards a regular school routine:

- Hold open conversations: Be pro-active by engaging in conversations with children to check their stress level; let children ask questions and express their thoughts and worries; teach them active calming strategies.
- Involve parents/caregivers: Parents are essential actors. They should be informed of what kinds of PSS are provided at the learning center and receive instructions on how to use practical methods and activities for maintaining effective stress management—for themselves as well as for their children.

5. Long-term follow-up—a minimum of two years:

Some children will need pro-active educational follow-up for the next two years. This could involve:

- strengthening self-regulation, range of coping resources
- providing space and resources for grieving
- strengthening community connectedness, prosocial behavior, peer support
- identifying longer-term maladaptive reactions—trauma and grief reactions—and intervene to prevent long-term impact on school/social functioning
- providing adapted educational measures: this includes actively monitoring the learning process
- trauma-related nightmares and sleeping problems are a predictor for long-term problems. When trauma-related nightmares become chronic, they tend to remain for years, exacerbating the deterioration of mental health and well-being. We advise screening and treating affected schoolchildren for recurrent

posttraumatic nightmares, through a school-based support system such as BLP-3.

Recommendations for teachers: It is not recommended that classroom teachers ask children in detail about their exposure to traumatic experiences from the war—that is the job of the nurse, doctor, and psychologist. However, it is appropriate for teachers to ask about how the children are feeling right now, about their well-being, and whether they are sleep well at night.

It is important to avoid signaling that there are things not allowed to be talked about. However, if schoolchildren talk in detail about frightening images and events they have experienced, seen on TV, or heard about, they can be gently redirected:

It sounds like this was very frightening and I'm glad you tell me. But I'm worried that if we talk a lot about the details within the whole group, it may upset some of u who are already feeling stressed. I want to make sure that everyone feels comfortable in the classroom, including you. So how about you and me chatting about this after class/during the break? And then, in the group, we can discuss how we talk about our experiences in way that feels OK for everyone.

It might be a good idea not to talk about all the details, because others might find this hard to hear about. No, it's not dangerous to talk about it—but we shouldn't upset each other. If you've seen something scary, you can come to me and tell me—I can bear to listen to it.

Teachers should advise students to restrict their use of the media, which can be both frightening and disturbing.

Teachers should ask students—gently—how things are going: “I know you have experienced war and escape; what I am wondering is how does this affects your schoolwork?” “Do you often think about the war when you are at school?” “How do you feel when you think about the war?” “What works best to calm you down after you have become anxious?” “How did you feel today?”

In order to be able to support students with their grief, teachers need to know if the students have lost close family member(s).

Delivering psycho-social support (PSS)

Given the intensity, destruction and duration of the war, all children in Gaza will need plenty of care and support. For many of them, much essential help may be provided at school, but this will require school-based psychosocial support, targeted at traumatic stress and grief.

Through the NRC's delivery system, we recommend strengthening community-based psychosocial support (PSS) as well as school-based PSS targeting children and their parents/caregivers. The Better Learning Programme (BLP-1: NRC, 2019; BLP-2, 2017) is built around empirically based preventive measures for support in the wake of collective crises and catastrophes (Hobfoll et al., 2007). These measures have proven effective in helping children to activate their own natural recovery mechanisms.

The BLP aims to regain lost learning capacity for students exposed to crisis and conflict related stress. BLP-1 and BLP-2 are school-based, teacher-led psychosocial programs; BLP-3 is led by school counselors and teachers and targets students with recurrent nightmares. The program originated in Palestine, and all three modules have undergone testing and large-scale implementation in Gaza.

BLP-1: Children can be supported by being presented with opportunities and safe spaces to express themselves, talk about their fears, process their grief and despair, and express their compassion for and solidarity with victims, particularly those of their own age. Children should be reassured that these are natural reactions and that the most disturbing ones will gradually fade. It helps to talk about their feelings, it helps to be in the company of others, and it helps to attend school, to play and do the ordinary things of normal everyday life. These messages can result in emotional processing of traumatic experiences, normalizing of their distressing emotional responses, and garnering the positive power of resilience.

BLP-2: The program builds on BLP-1 providing space for stimulating natural recovery in terms of allowing time to process grief and despair. The program has an additional focus on improving learning strategies for under-achieving students. It emphasizes that a reduction in learning capacity is natural and temporary—and that there are some strategies that can be used to improve the learning. Both BLP-1 and BLP-2 should be delivered by the regular teachers to all students in full class.

BLP 3: This program, led by school counselors and teachers, is designed for children and adolescents with nightmares and sleeping problems lasting for more than three months. A nightmare is defined as a recurrent terrifying dream—in this context, one caused by previous traumatic stress, and replaying or representing traumatic memories. This program includes group and individual sessions that teach coping skills, education about sleep and nightmares, and teaching strategies to reduce nightmares and improve sleep. It is recommended that groups are run

with one counselor and one teacher.

Referral pathways

Paving referral pathways in a psychosocial support program ensures that individuals receive the most appropriate and effective care, promotes collaboration among service providers, and contributes to an overall holistic approach to mental health and well-being. The emergency response needs to be coordinated with existing clusters (i.e. education, protection etc.); if the usual referral pathway is not in place or not active, a new mapping exercise needs to be put in place to ensure that resources can be optimized in the natural context such as schools, while more specialized services are reserved for those who truly need them. Referral pathways enable those individuals to be directed to professionals with specialized expertise, ensuring more effective and targeted interventions.

Research provides a good empirical base for arguing that most children can receive a considerable part of their essential psychosocial support through school. This can be accomplished with a well-integrated system of school-based psychosocial support that targets traumatic stress and grief. Classrooms in Gaza will need a long-term plan whereby psychosocial support is incorporated into learning as a normal part of attending school. This will allow for the primary psychosocial support to be delivered at school to all children. With such support, most children can and should stay in school without being referred further. The school context is in itself conducive to healing: it provides social support, structure and predictability. Moreover, the expert level is likely to be overburdened, available only for those who are not able to return to school and those who simply drop out. The best course of action is to ensure that teachers have the means to provide good primary psychosocial support as part of their regular curriculum, with the aim of retaining children in school.

The following conditions should raise concern, indicating the need for conversations with parents, discussions with colleagues, requests for guidance from school counselors—and lastly, referral, if available.

- When parents are not in a position to provide support to their children.
- Severe sleeping problems and nightmares.
- When children repeatedly do not show up at school.

A good night's sleep is a good sign. If children have nightmares and sleep problems, teachers should report this to the parents and consider, with parents and school professionals, whether to refer the child to a healthcare provider. Lasting nightmares and sleeping problems are important signs of distress. If they persist

for more than three months, referral is advised.

Sleep problems and daily functioning: Children and adolescents who have experienced traumatic events frequently demonstrate a range of post-traumatic symptoms, including recurrent nightmares that impair quality of life and daily functioning. A recent report on the prevalence of nightmare disturbance found that in a large sample of 10 to 12-year-old students living in conflict-affected areas of Gaza, 56% reported an average weekly frequency of 4.20 nights in the past week and a mean duration of 2.48 years (Schultz, Forsberg, Harb & Alisic, 2021). Their self-reported academic functioning was negatively affected by these nightmares. Given the high prevalence of nightmares and the relation between nightmares and academic functioning, students in conflict-affected areas stand out as a particularly vulnerable group (Schultz, Forsberg, Harb & Alisic, 2021; Harb & Schultz, 2020).

Students with reduced school functioning: A recent study investigated factors contributing to academic underachievement in students from Gaza (Diab & Schultz, 2021). They exhibited symptoms of traumatic stress, had considerable problems with the cognitive process of learning, and lacked basic study techniques. They experienced a considerable weakening of natural support systems through lack of care, safety, or stability at home and additional burdens in school, contributing to a profound sense of inadequacy and failure. These findings show how parents/caregivers need support in order to support their children—and how school-home collaboration can be a major contributor to this support (Diab & Schultz, 2021). BLP-2 focuses on this group of students and aims to strengthen school-home relations. The program was evaluated in Gaza, and showed students (N = 300: 9–16 years of age) reporting improvement in academic functioning, as well as long-term effects in self-regulation, self-efficacy and study skills, five months after implementation (Forsberg & Schultz, 2023).

Involving parents/caregivers

Parents/caregivers are vital in stimulating recovery by strengthening the protective environment and preventing long-term effects. Parents/caregivers can help teachers to strengthen the support—as well as provide information of how the child is doing. Experience and research clearly show that the best help a young person can get in a crisis or its aftermath is the support provided by parents/caregivers and family—and from teachers/educators. This support is particularly effective when parents/caregivers and teachers/educators work together. Parents/caregivers often search for better information and practical ways to help their children, and here teachers can provide important assistance. We recommend that parents/caregivers receive a pres-

entation of the aims of BLP and practical activities for maintaining effective stress management.

Here it is important to acknowledge that caregivers in Gaza have to a considerable extent been affected by repeated prior wars, as well as perhaps being acutely traumatized and/or grieving from the current war. In view of their possibly reduced resources, care should be taken to ensure that the information provided to caregivers is as clear/simple and practical as possible. Advice on how to seek help from available counseling services is a part of this information.

3. Self-care for teachers and frontline workers

Also teachers and counselors/helpers have been exposed to severe trauma and loss; they too will require additional attention in the aftermath of the current war. Planning for self-care education and support for these adult helpers will help them to support the children's academic and social functioning effectively. We suggest the following self-care strategies to help educators manage their own well-being and to prevent burn-out.

Remind teachers about their mission and purpose. Highlight their mission as teachers in promoting students' motivation for learning, supporting their development, and teaching them knowledge and skills in order to prepare them for a productive future. Such a focus on how their important work furthers the mission allows them to feel a sense of accomplishment, control and purpose.

Provide psychoeducation about normal responses to trauma and loss. For teachers, understanding their own posttraumatic and grief reactions increases self-awareness of emotions including anger and underlying feelings of helplessness, sadness, and fear. Such awareness of their own limits, stress levels and needs can empower them to make informed decisions about self-care and the care of students.

Encourage peer-to-peer support. Social/peer support is a protective factor against burnout and is a critical part of teachers' self-care. Scheduled open peer-support sessions can give teachers a time-limited space to check in on each other and share emotions related to their own experiences or to being confronted with their students' post-trauma reactions. This can promote their own feelings of being understood, supported, and validated, as well as increasing social connectedness. Teachers and NRC staff being involved in the Better Learning Program (BLP) are experienced in teaching preventive measures and stand to benefit from sharing this among themselves through peer-to-peer-support.

Encourage routine and structure. Focusing on routine and a "one day at a time" mindset will allow teachers to focus on things under their immediate control. Routine and daily rituals strengthen the sense of being in control, restoring some predictability and safety in the aftermath of trauma.

Provide resources and limit demands. The added complexity of teachers' emotional reactions and their teaching of traumatized children may require increased monitoring of their own well-being, as well as limiting the extra demands placed on them. Resources such as mindfulness and stress management information could prove useful, together with evidence of efficacy for reducing burnout and promoting resilience. Finally, it is important to provide referrals for professional assistance when teachers show signs of severe distress, are unable to function or sleep or report suicidal thoughts.

References

- Alisic, E., Zalta, A.Z., van Wesel, F., Larsen, S.E., Hafstad, G.S., Hassanpour, K., & Smid, G.E. (2014). Rates of post-traumatic stress disorder in trauma-exposed children and adolescents: meta-analysis. *British Journal of Psychiatry* 204 (5), 335–340. doi: 10.1192/bjp.bp.113.131227
- Cherepanov E. (2020). Responding to the psychological needs of health workers during pandemic: Ten lessons from humanitarian work. *Disaster Med Public Health Prep*;16(2):734–740. doi: 10.1017/dmp.2020.356.
- Diab, S.Y., & Schultz, J-H. (2021). Factors contributing to student academic underachievement in war and conflict: A multilevel qualitative study. *Teaching and Teacher Education*, 97, 1–11. doi: 10.1016/j.tate.2020.103211
- Forsberg, J.T. & Schultz, J.H. (2023) Educational and psychosocial support for conflict-affected youths: The effectiveness of a school-based intervention targeting academic underachievement. *International Journal of School & Educational Psychology*, 11:2, 145–166.
- Harb, G. & Schultz, J.H. (2020). The nature of posttraumatic nightmares and school functioning in war-affected youth. *PLOS ONE*. ISSN 1932-6203.s doi: 10.1371/journal.pone.0242414
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 283–315.
- Hosny, N., Bovey, M., Dutray, F., & Heim, E. (2003). How is trauma-related distress experienced and expressed in populations from the Greater Middle East and North Africa? A systematic review of qualitative literature. *SSM – Mental Health*, Volume 4., 100258.
- International Society for Traumatic Stress Studies: ISTSS (2017). *Trauma and Mental Health in Forcibly Displaced Populations*. *Displaced-Populations-Briefing-Paper_Final.pdf.aspx* (istss.org) (accessed November 2023).
- Kaplow, J., Layne, C., Pynoos, R., & Saltzman, W. (2023). *Multidimensional Grief Therapy: A Flexible Approach to Assessing and Supporting Bereaved Youth*. Cambridge University Press. doi:10.1017/9781316422359
- Manzanero, A.L., Crespo, M., Baron, S., Scott, T., El-Astal, S., & Hmaid, F. (2021). Traumatic events exposure and psychological trauma in children victims of war in the Gaza strip. *Journal of International Violence*, 36(3-4), 1568-1587. doi: 10.1177/0886260517742911
- Norwegian Refugee Council (2019). *Better Learning Program 1: Supporting Students' Recovery in Emergencies, Classroom Sessions*. UiT, the Arctic University of Norway & Norwegian Refugee Council, Oslo.
- Norwegian Refugee Council (2017). *Better Learning Program 2: Group Sessions. Improving Study Skills, Education in Emergencies*. Department of Education, UiT, the Arctic University of Norway & Norwegian Refugee Council, Oslo.
- Schultz, J-H., Forsberg, J.T., Harb, G., & Alisic, E. (2021). Prevalence and characteristic of posttraumatic nightmares in war- and conflict-affected students. *Nature and Science of Sleep*, 13, 423–433. doi: 10.2147/NSS.S282967

Guiding the delivery of psycho-social support

This educational response brief was made for Norwegian Refugee Council, Palestine (NRC) with the objective of providing a research-informed framework for the planning and implementation of school-based psychosocial support following the 2023 war.

Educational Response Brief for Education in Emergencies

This document, part of a series of briefs addressing the protection and support of children in emergency contexts, serves as academic foundation for practical initiatives. The series aims to present a framework of research-informed principles to guide the planning, the delivery and evaluation of responses for education

in emergencies. This collaborative effort involves the Norwegian Refugee Council (NRC) and UiT, the Arctic University of Norway.

Disclaimer

The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of NRC or UiT.

Public Domain Notice

All materials appearing in the series of briefs are in the public domain and may be reproduced or copied without permission provided that the authors are cited in any use, and no fee is charged for copies of this publication.

Recommended Form of Citation

Schultz, J.H., Harb, G., Alisic, E., Forsberg, J., Diab, S.Y., Al-Shanti, K., & Lodi, C. (2023). School-based psychosocial support for children in Gaza: A research informed framework for providing support and identifying needs in the aftermath of the 2023 war. *Educational Response Brief for Education in Emergencies, No.7: UiT, the Arctic University of Norway*.

