

## **Prague Symposium on Crisis, Disaster and Trauma Psychology**

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### **‘Crisis Interventions in Slovak Schools’**

The number of critical incidents experienced by schools appears to have increased in recent years in Slovakia. When a crisis event occurs it can cause strong reactions in adults and children and here is now a growing expectation on the psychologists to be ready to lead the response to crises in schools.

Teachers and principals have no idea, how to respond when the tragedy occurs. The leaders of the schools are overwhelmed by the event and they are grateful for any assistance. Following exposure to crisis events (in Slovakia mainly death of a teacher, a friend or family member, car accidents, suicides, and acts of violence,) adults and children can display symptoms of acute distress. They express their distress in many different ways and the manner in which adults react to a crisis has a significant effect on how further development of the support system in the schools will occur. The teachers, parents, and other caregivers play a critical role in helping children cope with crises. However, some children (and adults) may be at risk of more extreme reactions because of personal circumstances. Slovak schools have neither crisis plans, nor protocols, logistcs, nor coordination, the school principles don't know, what to do after tragedy. Unfortunately, very often they refuse our offer to come to school and provide crisis interventin.

So my role after critical incident in school is /in 48 hours after an incident/, to provide crisis intervention for students, school employees, parents and others affected with the opportunity to express their thoughts and feelings about what happened and how it can be handled. I try to provide crisis intervention for all vulnerable children and adults in paralell classes, for parents and school staff and whole community. Moreover, the post-vention is also important- it may last for months- in helping the school staff and students to settle down so they can return to normality, continue to work in an environment they can trust, and to feel safe.

In this phase (4 weeks after critical incident and first crisis intervention) I use BASIC Ph model of coping and resiliency, developed in 1984 by prof. Mooli Lahad and Dr. Ofra Ayalon in the The Community Stress Prevention Center in Israel. The model is based on suggestion that every person has internal powers, or coping resources, which can be mobilized in stressful situations. The question of coping and resiliency is a crucial element in crisis intervention and post-vention as well.

Basic Ph consists of six major aspects that together may describe human attempts to survive and thrive. These are: Belief system and values, Affective expression, Social support, Imagination/creativity, Cognitive processing, Physical behaviour. The people usually react in more than one of these modes and everyone is potentially capable of coping in all six modes.

When the trauma is beyond the words, I use non-verbal and psychologically safe method, using symbols and metaphors via metaphoric cards, which enables children and adults access deep feelings and narrate their experiences and their story. By using Cope cards participants can learn to identify their own particular ways of coping with crisis, stress and trauma and discover their inner strength. It is because images affect us differently from words and concepts, pictures directly address the intuition and emotions, often bypassing rational understanding. And what is also important- by telling a story of the grief and sadness in a group of other people, it can support the feeling of closeness, that remains and can be healing.