

CRISIS INTERVENTION

Tomasz Bilicki

I. DEFINITION ASPECTS

What is crisis intervention?

- a. Psychological first aid in a crisis.
 - b. Short-term psychotherapy.
 - c. Crisis and disaster management.
-

Answer **a** is correct. Crisis intervention is **psychological (emotional) first aid in a crisis situation**. It is for a good reason that the definition refers to first, pre-medical aid, which is, after all, not provided by professional medical personnel. It makes sense to be able to perform resuscitation or to stop a haemorrhage in order to help a person in need. Likewise with crisis intervention. It is professionally done by trained specialists in pedagogy, psychology and psychiatry, **but it would be good if everybody knew the basic principles**.

Crisis intervention understood as psychological first aid covers the support for persons suffering because of an event (e.g. a relationship falling apart, death of a significant other, experience of aggression, accident, disaster, exclusion from a group, school failure). This suffering affects healthy persons and mentally ill ones alike. **Crisis intervention, however, is not psychotherapy** – it is aimed at bringing back the status from before the event, not treating mental disorders. Despite the similar name, **nor is it the same as crisis management**, which is about mitigating national security risks.

A crisis is a one-off event and it can be triggered by different factors in different persons. Different situations cannot be compared, as everything depends on many factors, such as:

- prior experience in overcoming difficulty;
- emotional reactivity (sensitivity);

- coping mechanisms at one's disposal (in children and young people, i.e. in the formative period, these abilities are generally weaker than in adults);
- the ability to avail oneself of the social support network (e.g. family, friends);
- **importance (value) which the particular person assigns to the event.**

When conducting a crisis intervention, one must bear in mind that **human reaction to the crisis trigger may be acute or chronic**. In case of an acute reaction, there is usually temporary damage to advanced psychosomatic functions: inadequate perception of reality, incorrect processing of information, behavioural disorders (e.g. aggression, escape, stupor), bodily changes (e.g. sweating, muscular tension, accelerated breath and heart rate). This is an adaptive, natural response, which is not indication of mental illness, especially if the symptoms recede day by day and the situation returns to normal (i.e. to the status before the event).

In the case of a chronic reaction to a traumatic event, the symptoms may be weaker, but lingering over a long period. **If worrying symptoms remain for more than 1–3 months or threaten the health or life of the person in crisis, this is an unconditional indication for termination of the crisis intervention and reaching for psychological, psychotherapeutic or psychiatric help.**

As a rule, a maximum of 10 sessions are conducted in an intervention. The course of the support provided must be tailored – customised, adapted to each given situation. The directiveness of the crisis intervener should depend on the condition of the person in crisis – the more disoriented they are, the more decisive should be the attitude of the supporting person.

The table presents the recommended stages of support.

Classic, 6-stage crisis intervention model, popular in Poland	Tomasz Bilicki's RE-START model, inspired by American models
1. What is the problem? Recognition and definition of the problem from the point of view of the person in crisis	1. Self-reflection of the intervener. Will I be working in conditions that are safe for me? (e.g. taking care of appropriate premises, provision of support from another person if necessary, reduction of one's own tension, trusting one's own ability)
2. Ensuring safety. Assessment of safety of the person in crisis (e.g. threat to health or life, or risk of completely losing the ability to act). Undertaking any measures aimed at protecting health or life	2. Acceptance. Greeting and showing acceptance to the person in crisis – both to the person themselves and to the situation they are in. There are no crises without reason, even if the helping person thinks the event is insignificant. It is a good idea to make the person in crisis aware that we understand his or her suffering and situation

<p>3. Support. Assuring the client of the intervener's support. Informing them about the importance of engagement of the person in crisis himself or herself</p>	<p>3. Basic needs. Attending to the rudimentary needs of the person in crisis – e.g. safety, peace of mind, reduction of stress, drinks, food (a person focused on the source of stress may forget to take care of those). One should be open to needs and build a relationship of caring</p>
<p>4. Considering possibilities. Helping the client in seeking available possibilities of obtaining adequate support and resources. Proposing ways to cope with the difficulties</p>	<p>4. Talking about the situation. The subjects should be discussed in the following sequence:</p> <ol style="list-style-type: none"> 1. Facts – what happened? 2. Thoughts – what did you think at the time, what do you think about the situation now? 3. Feelings – what did you feel then, what do you feel now? <p>If the person wrongly blames herself or himself, it is a good idea to remove the burden from them and help them understand the roles and possibilities of each person involved in the situation</p>
<p>5. Putting together an action plan. Helping the person in crisis come up with a realistic, short-term plan of specific actions</p>	<p>5. Resources and actions. Reviewing the resources available to the person in crisis and coming up together with a realistic, short-term plan of specific measures: what will you do soon?</p>
<p>6. Motivating the person in crisis to action</p>	<p>6. Psychoeducation. What to do and what not to do in a crisis? E.g. one should not drink alcohol or make any important decisions, and it is also good to take care of reducing tension and to maintain the daily rhythm</p>

If the issues described in the text are of particular interest to you, or if you are facing a similar problem in your school, we encourage you to read the following materials.

References

Badura-Madej W. (1999). *Wybrane zagadnienia interwencji kryzysowej*, Katowice: Wydawnictwo Naukowe „Śląsk”.

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II. EPIDEMIOLOGY

What is a crisis?

- a. A short-term period in a bad mood (feeling down).
 - b. Disturbance of mental stability in response to a difficult event.
 - c. A kind of mental illness (similar to depression, anxiety, OCD).
-

Answer **b** is correct. A crisis is more serious than a short spell of the blues. Neither is it mental illness, however (although it can morph into one), but a natural part of life. Any person, regardless of age and situation, experiences crises in his or her life. Most of them he or she can manage, thanks to the support of family or friends.

A crisis is not an event but a one-off, subjective reaction to an event, a stressful situation. Being aware of this is important for understanding the psychology of a crisis. Different people may react to the same situation in completely different, unique ways. Thus, there are no crises without a cause. It is a good idea to have acceptance for crises of others (and for one's own).

Vulnerability to a crisis depends on many factors: from the potential impact of the event, personal predispositions and the social status of the person. In principle, people with a higher sensitivity, experiences of numerous unresolved traumas, deprived of support from their significant others (or unable to use it), incapable of distancing themselves from problems, react more strongly. That is why it is so important to take good care of oneself.

Young age also contributes to the presence of crisis reactions. During childhood, personality is formed – a child does not have many proven, developed mechanisms for coping with difficulties. Likewise teenagers, who are in a period of development crisis, meaning many life

changes, not always comprehensible for themselves. Do not underplay crises among children and young people – their mental pain is no smaller than sufferings of adults.

Pretty much anything can constitute an event triggering a crisis, depending on the value ascribed to a given situation. Often, it is an experience of violence, parting or death, and natural disaster, a diagnosis of an illness, sudden change of life situation, etc. Moreover, a person does not have to be affected by such situation directly - he or she may also be its witness. A crisis may also result from experience of the difficulties mentioned above by significant others (referred to as an indirect crisis).

Support for persons in crisis is provided by way of crisis intervention – psychological first aid. It is not psychotherapy, which is, as a rule aimed at curing a patient. Crisis intervention includes a range of impacts aimed at supporting a person in crisis in returning to the state from before the event. Guidelines for such assistance are provided in module 5.

A crisis that has not been worked out may be transformed into a relatively permanent psychological trauma, and the trauma into mental illness (e.g. the post traumatic stress disorder, depression, anxiety, and mental disorders). Crisis intervention, therefore, fulfils a preventive function with regard to occurrence of mental illness and disorders. A school is not a psychotherapy or crisis intervention centre, but one can hardly imagine preventive and upbringing activities without psychological first aid. In this sense, each teacher is a crisis intervener.

A crisis reaction entails a range of effects: cognitive, intellectual, emotional, behavioural and physical ones. A person in a crisis has difficulty adequately perceiving reality, processing information and accessing memories; he or she has the impression that emotions govern his or her behaviour. The body also functions differently (e.g. faster breathing and heart rate, muscular tension, trembling hands, dry throat, sweating). There can be different symptoms of a crisis, depending on personal predispositions, but they boil down to three strategies: escape, aggression, stupor.

In the beginning of a crisis, an acute reaction to stress is rather typical. As many advanced psychological functions are temporarily affected, people are capable of acts which they would never perform in everyday life – in a stable mood. An acute stress reaction is typically followed by stages of gradual adaptation to the situation.

A crisis may last for several days, weeks, months. If its symptoms remain or escalate, they may make daily functioning impossible or even lead to self-harm or suicidal thoughts. In such case, we are dealing with a situation threatening to life or health.

We usually associate crisis with something negative, as it is accompanied by difficult emotions and behaviours. It may, however, be a chance to get to know oneself better, to draw conclusions, gain new experiences, or even make the decision of a life change (e.g. to begin psychotherapy or treat one's addictions).

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III. A COMMON MYTH

Is the following statement true or false?

Teachers should have a procedure available to them, enabling them to always help a student in crisis.

This statement is **false**. But this does not mean that we should not help students in crisis, only that **there is no one effective procedure of helping**, which could be used to support anyone. A crisis is an individual and one-off phenomenon, therefore something different will work for each person in crisis. For one person, a long conversation may be helpful, another may be irritated even more. Some need touch or a hug, others prefer working at arms' length.

Crisis intervention, therefore, must be personalised. Algorithms for aiding are important, as they may inspire us for action, but one must always bear in mind that a single, effective model of helping does not exist. This requires teachers to trust themselves; it helps get rid of the fear that our support will harm the ones we want to help. Guidelines for crisis intervention may include advice on preparing for a conversation and the sequence of actions undertaken, as well as some hints for the helper – they are supposed to facilitate providing support, but they should not obscure the most important aspect of the intervention, i.e. the relationship.

There are no crises without reasons. Even if it seems to us that an event triggering a certain reaction is negligible, others may perceive it otherwise. It is wrong to separate triggers into strong and weak ones, because the strength of each trigger depends on the value a particular person assigns to it.

A common problem is the mistaking of feeling down or a crisis, which are natural parts of life, with disorders – trauma, depression, personality disorder, PTSD. A symptom of mental health is a stable mood prevalent most of the time (feeling well). In certain circumstances, in response to different life situations, the mood can be disturbed by feeling down or by an event

with a crisis potential. This is a natural, adaptative reaction. This is accompanied by difficult emotions and phenomena (e.g. problems in interpreting reality), but it does not constitute a disorder or illness.

The experience of a trauma, i.e. a relatively permanent mental injury, falling ill with depression, personality disorders or the post-traumatic stress disorder, are not the same as just feeling down or going through a crisis. As the language shapes our consciousness, one should be careful not to misuse terms such as 'trauma' or 'depression'.

Many people incorrectly believe that every crisis requires support of a psychiatry or psychotherapy expert, psychological consultancy or crisis intervention. In fact, many such situations can be worked out without participation of a professional helper, by using the therapeutical role of the family, friends, trusted persons. This being said, professional support is no reason for shame. We should not fear being judged, rejected or condemned by professional helpers, because their job is to provide support, not to make judgments.

In the Polish culture of helping, we often deal with a stereotypical and completely ineffective approach to people who try to "cure" a crisis with alcohol or drugs. They are often sent to addiction therapies. The reflection is missing, however, that a probable cause of reaching for psychoactive substances are difficult experiences. When the addiction therapy is effective, and the person puts away alcohol or drugs, the effects of the crisis become more acute. Thus, in the person's view, his or her situation gets worse instead of getting better.

Many teachers may think that in a school, the matter of a crisis is one for psychologists and pedagogues to deal with. In fact, teaching staff should be aware that children and youth take part in lessons "as a whole", not just as their intellect, interested in educational results. In this sense, each teacher can be a crisis intervener, and expecting only the designated person to fulfil that role is misguided.

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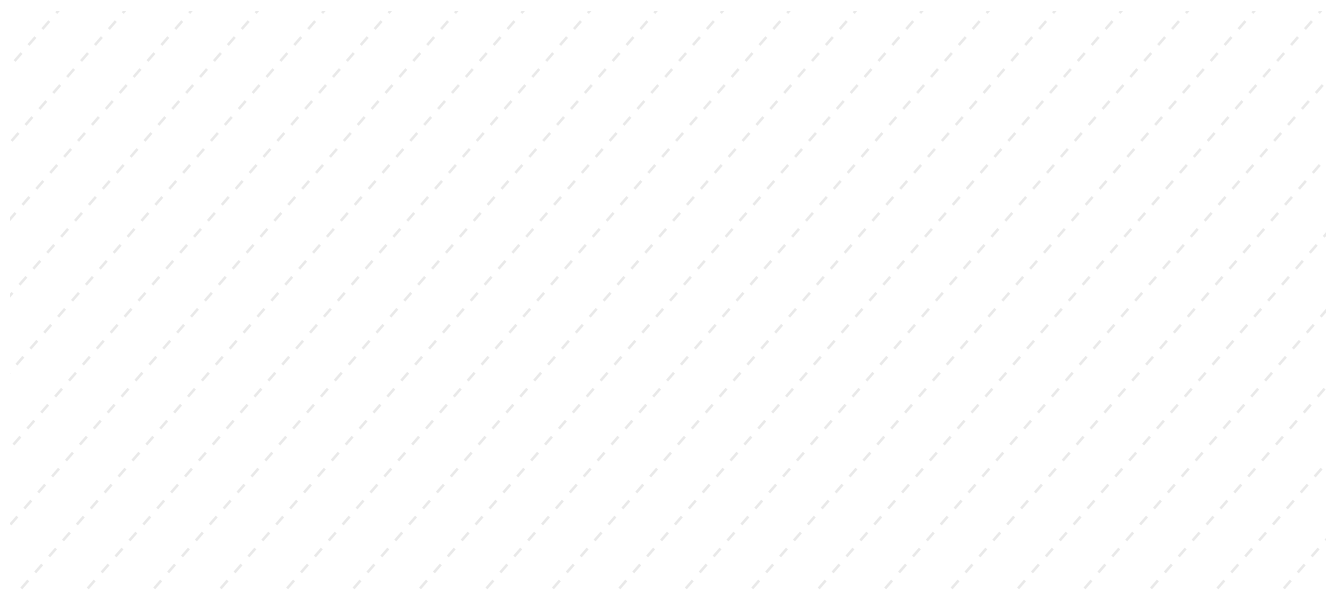
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IV. TYPICALLY AT SCHOOL...

How many percent of teachers want to help their pupils and think that a student could come to them with their problem?

- a. 75%.
- b. 50%.
- c. 25%.

Answer **a** is correct – three-fourths of Polish teachers want to help (Rozmawiaj z Klasą [...] 2021). 65% would like to receive training on the ability to provide support.

The report mentioned here indicates that persons working in the education system perceive the most frequent reasons for problems among youth and children:

- 76% – low self-esteem,
- 76% – lack of interest on the part of parents,
- 68% – lack of acceptance among peers,
- 65% – peer pressure.

Occurrence of a crisis or trauma following a stressful event typically depends on the potency of the stressor (its type, intensity, time of exposure), personal predispositions, living environment and potential support. The results presented above indicate that, according to Polish teachers, there are some major factors which may contribute to the occurrence of crises, and at the same time that school may be a place for obtaining psychological help.

OCCURRENCE OF A CRISIS AFTER A STRESSFUL EVENT DEPENDS ON THREE FACTORS:

1

POTENCY OF THE STRESSOR

(including its type, intensity and time of exposure)

2

PERSONAL PREDISPOSITIONS

3

LIVING ENVIRONMENT AND POTENTIAL SUPPORT

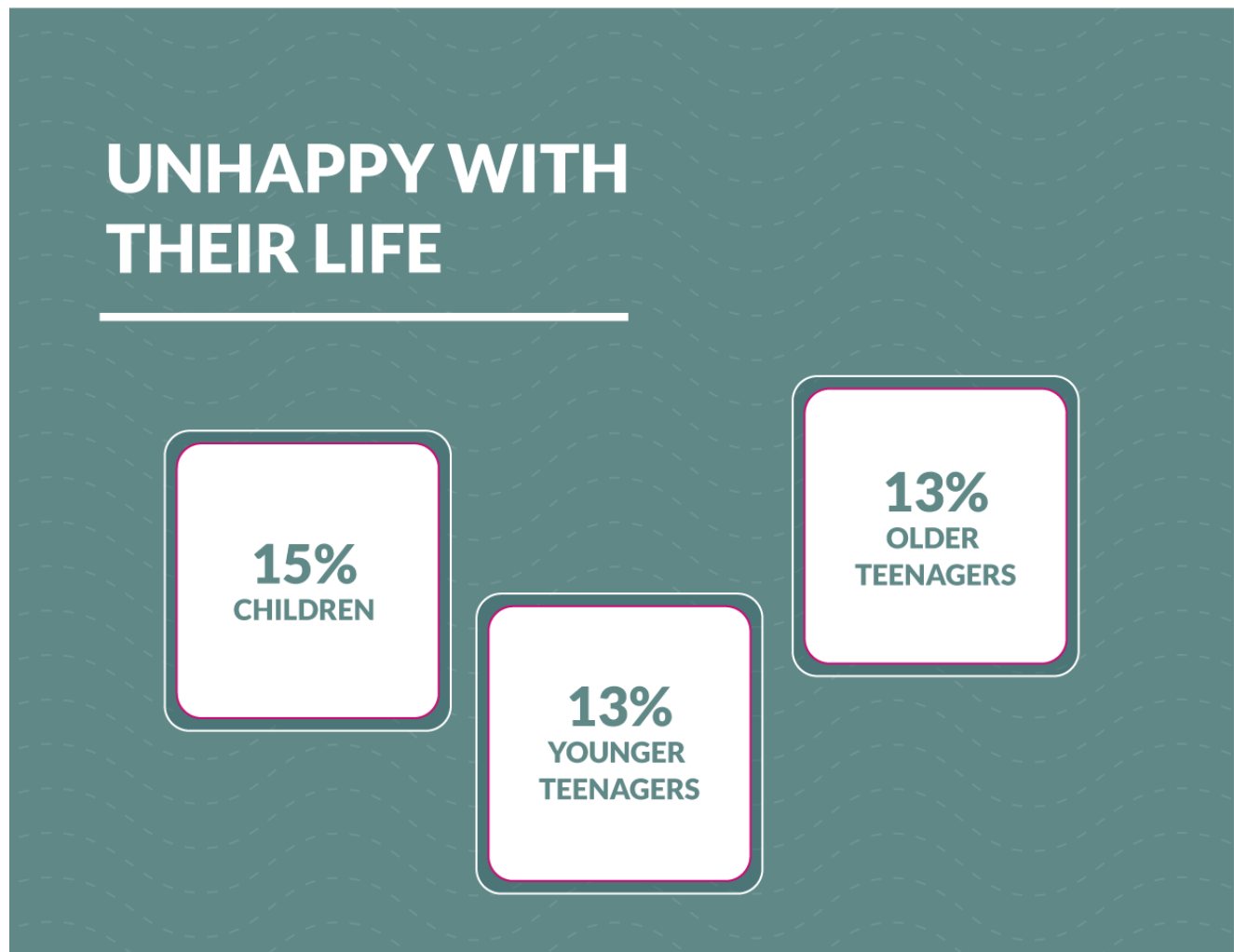
Source: Own work.

The readiness of the teachers to support the children and young people, however, does not exhaust the potential of the school. The UNICEF (2021) report from studies conducted in EU countries notes that when experiencing sadness, as many as 53% of young people seek support from a peer, vs. only 36% from an adult (not necessarily a parent). This proves that it is necessary to develop peer crisis intervention, i.e. to shape attitudes and an ability to provide safe and effective support in horizontal relationships. The results of the UNICEF studies should also inspire adults to build better relationships with the young people under their care and to become attractive helpers for them.

One should note the facts determined by the Dajemy Dzieciom Siłę Foundation (Włodarczyk 2022): 7% of teenagers do not have a single person in their surroundings to go to in a difficult situation. Unlike in the UNICEF report, 63% of respondents indicated mother as the supporting person, 51% pointed to a friend, 42% - their father. The report also provides the following data:

- 13% of teenagers are unhappy (most often this happens to persons 15–17 years of age),
- 7% of teenagers do not feel safe in their neighbourhood (especially persons 15–17 years of age).

A report of the Ombudsman for Children (2021) makes similar indications: every seventh child in Poland feels dissatisfaction with their lives to an extent which poses a hazard to their mental health. Older girls and youth from large cities feel worse. Half of the young people do not accept themselves. These are risk factors related to the presence of crisis reaction and life in permanent or traumatic stress.



Report of the Ombudsman for Children. National survey of the quality of life of children and youth (2021). Warsaw: Office of the Ombudsman for Children

In summary – many young people experience crises in their lives. The school must not be an environment focused on educational effectiveness only. Students come to the institution not only with the desire to learn math, but also with their problems, joys, experiences, dreams, expectations and needs. Teachers do not deal with psychotherapy or crisis intervention by profession, but they often encounter situations in which they have to provide psychological-pedagogical aid. Fortunately, $\frac{3}{4}$ of education personnel are willing to tackle this challenge.

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V. HOW CAN ONE INFLUENCE IT?

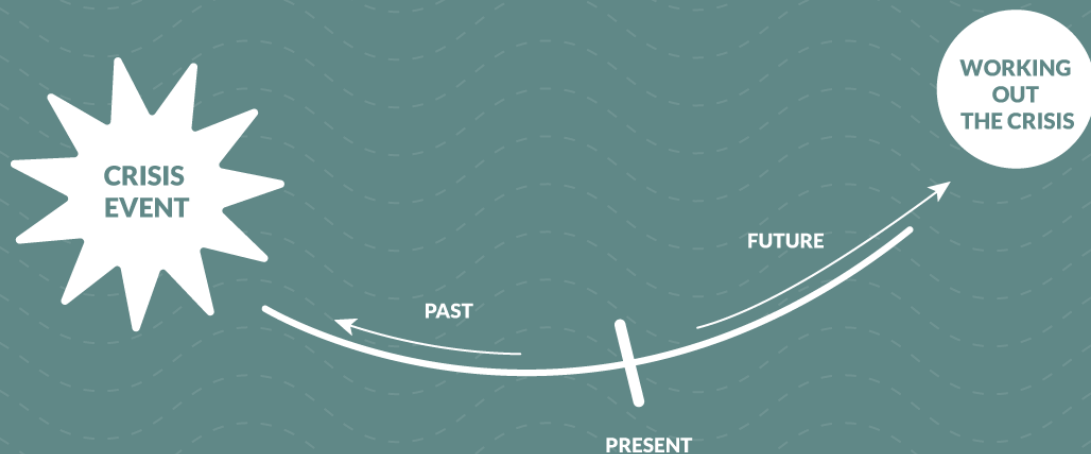
What is the best way to help a person in crisis?

- a. Cheer them up, tell them that nothing terrible has really happened.
 - b. Refer the person to a psychiatrist.
 - c. Accept the crisis and accompany the person.
-

Of course, **c** is correct, and probably the response chosen by most. We need to emphasise, however, that choosing **b** is not wrong – a person in a crisis sometimes needs a psychiatric consultation and prescription of appropriate medications. As a crisis is not an event, but a unique, subjective reaction to a stress situation, it can run a different course for each person. A crisis intervention should be implemented in accordance with the principle of individualisation, which is expressed in the phrase “I find a new theory and new practice for each person”.

It is not true that time heals wounds and what does not kill you, makes you stronger. Working out a crisis involves detaching oneself from the crisis event, pushing it back into history, realising the difference between the present, the past and the future. Any trauma following from the crisis is nurtured by silence and isolation.

WHAT DOES WORKING OUT A CRISIS INVOLVE?



Source: own work.

HOW TO HELP A PERSON IN A CRISIS?

- **Take care of yourself (the helper)** – the prime rule of helping is the safety of the supporting person. You always have the right to refer the person needing help to another person.
- **Understand and accept the phenomenon of the crisis** – do not argue, criticise, punish or point out wrongdoings. Every person has the right to a subjective reaction to a difficult event.
- **Take care of basic needs** – think of food, drink, temperature, comfort. Ensure safety of the person.
- **Determine the facts, talk about thoughts, allow expression of feelings** – talk peacefully on these three planes, paraphrase, listen actively.
- **Prepare a plan to allow freeing from a sense of guilt (if needed).**
- **Advise** – support in working out the crisis without resorting to alcohol and without taking rushed decisions, respecting the daily rhythm, taking care of oneself, relaxation, appropriate food and attention to ensuring rest and sleep.

WHAT SHOULD WORRY US?

- Escalation (instead of subsiding) of symptoms of crisis over time.
- Self-destructive methods of reducing tension (e.g. alcohol, drugs, medicines taken without medical consultation, self-harm).

- A degree of tension preventing day-to-day functioning.
- Suicidal thoughts or plans.
- Symptoms of crisis persisting for more than 1–3 months.
- Symptoms persisting for more than 1 month:
 - ☐ at least 1 symptom from the reliving group, e.g. **intrusive thoughts, nightmares, flashbacks (uncontrolled memories), physiological agitation,**
 - ☐ at least 1 symptom from the avoiding group, e.g. **avoiding thoughts or memories,**
 - ☐ at least 2 (or more) symptoms from the group of adverse changes in the cognitive processes and mood, e.g. **amnesia, blaming oneself or others, negative emotions, loss of interest, alienation,**
 - ☐ at least 2 (or more) symptoms from the group of adverse changes in agitation and reactivity, e.g. **irritation, self-destructive behaviours, excessive vigilance, difficulty focusing, sleep disorders** – this may be PTSD (post-traumatic stress disorder).

In such situations, professional consultation is necessary, e.g. with a crisis intervener, psychologist, psychotraumatologist, psychiatrist.

Helping others is a **natural human need**. Just as natural is the burnout with the role of the helper. Due to the phenomenon of fatigue from compassion, empathy and support, **one should take care of oneself first of all**. Just like on an airplane: we put the mask on ourselves first, and after that on the person in our care. **Persons who are ill or burnt out will help no one** – they will need support themselves.

Before one decides to enter the role of a helper, **it is worthwhile to honestly review one's own resources**, i.e. think how much time we can devote and to what extent to become engaged without detriment to ourselves and our significant others. In particular, this pertains to plans of long-term support and direct help to people in crisis or with a trauma. This can be highly encumbering (physically, mentally, financially etc.), and **lead to second-hand traumatization of the helper, the so-called borrowed trauma** (trauma appearing in a person talking to a person with trauma). Another threat is relaying difficult emotions, crises and traumas onto one's family or friends, for example.

One must not hold it against oneself if the resources for helping run out – this is a normal thing. What works in such situations is to take a break and become relatively detached from the problems. **It is a good idea to think about supervision**, i.e. periodic individual or group meetings to discuss one's successes, weaknesses and difficulties. Helping must not be like a candle, which burns out and gets used up as it gives light. There is a world outside of helping. **One must not devote 100% of one's time and energy to helping.** We must enjoy life, pursue our own passions and interests, take care of our relationships with family and friends.

Never blame yourself for doing too little or that your actions are inadequate. There is nothing wrong (quite the opposite!) with you living your own matters, going to restaurants and going skiing.

To expect wonders is unrealistic. Small things are worth appreciating. Do not set out to save thousands of lives. No one can do this single-handedly, and such goal may only add to frustration. One solution is the **method of small steps** – focusing on what concrete things can be done “right now”, for concrete people. It is key to tell between things we can affect from those which are beyond our control. **We have to accept the things we cannot change.**

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VI. THE IMPACT OF THE TEACHER'S COMPETENCE

In school, psychological/pedagogical help is provided by:

- a. the school pedagogue or psychologist only;
 - b. home room tutors, school pedagogue or psychologist only;
 - c. all the teachers and the school pedagogue or psychologist.
-

Obviously, **c** is correct, which is clearly stipulated in the *Regulation of the Minister of National Education of 9 August 2017 on principles of organisation and provision of psychological/pedagogical help in public kindergartens, schools and institutions*. § 4.2 reads that such help shall be provided by all substantive staff of the institution, i.e. “teachers, home room tutors and experts performing psychological/pedagogical help function in the school, kindergarten or institution, in particular psychologists, pedagogues, speech therapists, professional advisors and pedagogical therapists.”

Even though a school is not a crisis intervention, psychotherapy or psychotraumatology centre, **each teacher maintains relationships with the pupils, has an impact on their mental wellbeing and is required to be interested in their problems, including crises**. Restricting the role of teachers to merely completing the curriculum and the role of students to ingesting information severely restricts agency of these persons. Noone expects teachers to undergo psychotherapy training or postgraduate studies on crisis intervention (although many do, which enables them to help more effectively and safely). Nonetheless, at least a rudimentary level of knowledge and skills in psychological first aid are necessary in the work of every substantive school staff.

An attitude of silence is not good enough. It is not true that time heals wounds and the best way is to let problems pass unnoticed. Our actions are extremely important in crisis intervention, and the school fulfils at least three functions related to psychological/pedagogical help:

1. **Conducting prophylactic activities**, including:

- reinforcing the mental health and wellbeing of teachers (also through supervision);
- strengthening the self-esteem among students;
- training the teaching staff and parents on crisis intervention and suicidology;
- collaboration with the parents and interdisciplinary collaboration with third parties;
- workshops for the young people on seeking the meaning of life and its positive aspects;
- workshops on coping in difficult situations for everybody in the school community (teachers, children, young people and parents);
- attention to symptoms of crisis among teachers, students and parents;
- preventing peer violence and discrimination in school;
- exchange of information and observations between the school's employees;
- using diagnostic tools for detecting threats;
- psychoeducation on the subject of crises.

2. **Creation of a peer support environment** – everyone in school, including children and teenagers, should know the basic principles of crisis intervention. Peers talk about their problems a lot. Often they are the only ones to know about suicide plans of their friend. Thanks to education in this area, they will be able to support persons in crisis effectively and safely, and in some situations they will be able to ask others to join in the effort of helping.

Principles of peer crisis intervention – how can students help each other:

- always keep one's own safety in mind, do not become overburdened, set limits;
- in case of an acute stress reaction, first help calming down, so that advanced mental functions can get back to normal;
- accept the fact that a friend is in crisis;
- do not deny feelings (do not say: "nothing has happened", "others have it worse", "it's going to be OK in a while", "chill out, man", "just walk it out and it'll be alright");
- do not use professional help as a scare – motivate to using it;
- be open to helping but mindful of one's own limitations and the right to take care of oneself;
- it also good to have a possibility to consult the case with a specialist or a trusted adult.

3. **Conducting intervention activities** – providing psychological first aid. Teachers often lack faith in their competence. On one hand, they would like to help, on the other, they are afraid to do harm. The dilemma is understandable, but it is a good idea to trust oneself and keep in mind that crisis intervention is neither psychotherapy nor treatment of mental disorders.

An exceptional role for the school in this area may be to recognise symptoms of suicidal plans. In such situations, interventions should focus on leading to a meeting with a psychiatrist, who will assess the condition of the student. Warning signals related to the risk of suicide:

- appearance of symptoms of the pre-suicidal syndrome, e.g.:
 - prevalence of difficult feelings and emotions, perceiving no possibilities of change;
 - devaluation of value, feeling of loneliness;
 - accumulation of tension and (self-)aggression, presence of suicidal phantasies;
- sudden change of behaviour, bidding farewells, giving away one's objects;
- self-harm (evident or hidden);
- relationships with people who harm themselves or consider suicide;
- membership of internet groups focused on the subject of suicide;
- visiting websites about suicide, listening to music involving such themes;
- impulsiveness, moodiness, irritability;
- not speaking about one's future, having no plans for the future;
- low ability to solve problems and become detached;
- belonging to a group suffering from discrimination (e.g. LGBT+);
- ambivalent relationships with the parents, other adults and peers;
- mental disorders (e.g. depression, anxiety);
- prior suicidal attempt, occurrences of suicides and mental illness in the family.

If the issues described in the text are of particular interest to you, or if you are facing a similar problem in your school, we encourage you to read the following materials.

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SCHEME - PHILOSOPHY

Activities promoting student wellbeing (regardless of the area addressed in our project) should be implemented in a logical and coherent way involving the whole school community. What follows is a clear description of a strategic way of thinking about a specific area, important for young people's wellbeing and mental health. We show how it can be holistically addressed in the school. In order to make the strategy as practical as possible, its different stages are presented in blocks, together with questions that the school management and teaching staff need to answer at each respective stage.

Such an analysis should help the management to see whether the activities in a particular area carried out in the school follow a model that has a good chance of being effective. The analysis can provide basis for a decision about what to improve and how. Teachers can assess how appropriate in terms of the subject matter are the activities conducted in school and consider how to coordinate their individual work with them. Even the best teacher initiatives, in which a lot of time and energy is invested, are often not very effective if they are not coherent with the activities of others in the school and with a shared philosophy. Of course, it is clear that the quality of activities aimed at young people's wellbeing and the awareness of important issues in this area differ from one school to another. However, it is always worth starting where we are, with the potential we have at our disposal. It is useful to know the goal we are aiming for, namely system-wide action at a level of the school as a whole.

For each of the six thematic areas, we have prepared an extensive list of activities that can be carried out within it, with a brief description of each.

STRATEGIES

1. Is this area related to the wellbeing of pupils important in our school?

Baseline – the problem	Baseline – actions	Baseline – support and training
Have there been any major events that have made the given issue important in our school?	What activities in a particular area (effective and well-received by the community) are already being carried out by our school?	What is our knowledge of the issue in question? What training have we attended? What is our competence in the area concerned?
What data do we have from diagnostic studies (e.g. surveys of the problem at school)?	How are the activities in this area carried out by our school so far evaluated by: pupils, parents, teachers?	What knowledge and support do we lack?
Have learners, parents, teachers or anyone else reported that there are any problems/gaps in the area?	Which activities carried out by our school in this area are ineffective or have very little effect?	What support do we as a school use in a particular area? Which experts, professionals and institutions are helping us?
	Which activities carried out by our school have proven to be effective, producing good or very good results?	How do we evaluate the support we already use?
	Are the activities related to this area coordinated in our school?	Are there any establishments, professionals carrying out activities in this area that are worth following or implementing?
	What actions are missing in this area?	What are the costs of the measures we want to implement, and do we have or can we get the funds for them?
		Are there entities or institutions that can provide support to our school at no cost?

STRATEGIES

2. Are we acting in this area according to a common philosophy and together?

Philosophy of action	Joint actions
Do we all define an area in the school in a similar way? (This includes learners, teachers, parents as well as other school staff).	When planning activities, do we include everyone (learners and teachers, parents, other school employees) in the discussions and decision-making processes, and how?
Do we have a school-wide document that defines the area and describes what the school does within the area?	When implementing solutions in an area, do we listen to and take into account everyone's voices about the actions being implemented (both positive and critical)?
Do we define the area not only negatively (e.g. anti-violence), but also positively (e.g. fostering positive peer relationships)?	Do we constructively resolve conflicts at school when differences of opinion arise about what to do and how to run a particular programme?
What professional literature do we use to define an area?	How do we take into account the special needs of certain students (or groups of students), e.g. those with specific disabilities, in programmes in the area?

3. Are our activities in a specific area logically planned for the long term?

Activity structure – planning phase	Structure of measures – implementation phase	Structure of activities – evaluation phase
When planning activities, do we discuss the results of the diagnosis or carry out additional diagnostic activities?	Are the tasks in the area being implemented according to the agreed plan?	Do we continuously review the effects of the area's activities and the implementation process itself?
Are we using good quality methodological and scientific studies when planning solutions?	Do we document the introduction of activities in the area?	Are we using ongoing lessons learned to modify and improve operations?

STRATEGIES

3. Are our activities in a specific area logically planned for the long term?

Activity structure – planning phase	Structure of measures – implementation phase	Structure of activities – evaluation phase
Do we review and consult solutions with external experts before implementing them?	Does the team responsible for implementing the activities discuss implementation difficulties on an ongoing basis and seek ways to deal with those?	Is an evaluation conducted after each major (pre-defined) period of programme implementation?
Is there a clearly defined, leader-led team working on action planning in the area, in which – at least to some extent – all important groups in the school are represented?	Do we have good quality internal and external communication about what the school is doing in the area?	Are the results of the evaluation discussed and the conclusions used in further implementation of the solutions?
Does the team set for themselves tasks to be completed within a certain timeframe and check that they have been completed? na środku nic, a po prawej: Are the results of the evaluation communicated (at least to some extent) internally and externally? How? To whom are they communicated?		

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CRISIS INTERVENTION

Tomasz Bilicki

Student wellbeing activities (regardless of the area addressed in our project) should be implemented in a logical and coherent way, involving the whole community.

As we have highlighted in the presented model, crisis intervention activities in schools should follow a common philosophy and understanding of the problem. These assume that:

- The school is not a crisis intervention centre, but all teachers provide psychological first aid in a crisis situation.
- Crisis intervention is, in this sense, part of psychological-pedagogical assistance. The school principals are responsible for organising such help.
- Particular attention should be paid to people who may be in crisis (also related to suicidal plans) and hide this fact ("put on masks").
- It is necessary to involve all actors present in the school, i.e. pupils, their parents, teachers as well as external experts, in the support activities.
- Cooperation with public and non-public entities dealing with the mental health of children and adolescents (e.g. crisis intervention centres, community psychological and psychotherapeutic care centres of 1st reference level) is very important.
- Clear cooperation procedures are needed regarding the exchange of information by school staff (including administrative staff).
- Peer crisis intervention (with access to adults who can offer support for persons providing peer assistance) should be taught to young people.
- Schools should popularise helpline numbers.
- Attention to the mental health of teachers and students is crucial.
- Individuals in the school should master rapid and thoughtful responses to the threat of a suicide attempt – basic skills in assessing suicidal readiness.

STRATEGIES

- Attention needs to be paid to groups that are particularly vulnerable to experiencing crises (this may include, for example, profound sensitivity, mental illness and disorders, low self-esteem, lack of environmental support).

The implementation of such a philosophy of action in the area of crisis intervention includes the following list of solutions that should be implemented as elements of the coherent school strategy discussed above:

- Firm assumption of responsibility for the provision of pedagogical and psychological support by all the teachers.
- Holding discussions on a regular basis regarding the quality of the psychological and pedagogical support provided.
- Exchange of information during meetings on observations of pupils. The homeroom teacher should play a key role as the host of this process.
- Provide teachers with good quality training on crisis intervention, suicidology and psychotraumatology.
- Organise meetings for parents (carers or guardians) on how to support young people in crisis.
- Educational materials for parents (carers or guardians) on supporting young people in crisis.
- Provision of good quality training for teachers on taking care of their mental health and wellbeing.
- Providing supervision for teachers, especially those in the role of the pedagogue and school psychologist.
- Creating an atmosphere of understanding and acceptance of crises. Having an integral understanding of the psyche of pupils, without limiting it to the intellectual sphere only.

STRATEGIES

- Providing inclusive education for people in crisis, with mental illnesses and disorders.
- Well-prepared, brief educational materials for all staff in the organisation. Should include a crisis intervention model and guidance for the presuicidal team.
- Ongoing reporting of serious cases of mental health neglect to the relevant institutions (e.g. family and juvenile court) with a request for insight into the minor's situation.
- Evaluation and screening activities for mental health problems.

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CRISIS INTERVENTION

SCENARIOS AND SHORT ACTIVITIES

dr Wiesław Poleszak

SYMPTOMS OF A CRISIS

Objective

The pupil should be able to assess the severity of the crisis symptoms experienced.

Materials

- Sheet: “a scale of crisis reaction for children and young people”
- Pen or pencil

Steps

1. Print out a worksheet on assessing the symptoms of a crisis) in as many copies as there are people in the class.
2. Set rules for working in the classroom. It is crucial to maintain anonymity – both on your part and on part of the students. Explain why the exercise is important for each person and then ask for mutual respect and privacy.
3. Distribute printed crisis symptom assessment questionnaires.
4. Ask the participants to fill in by themselves the questionnaires they have received. Emphasise that pupils are only doing this for themselves and will not be sharing the results with anyone. Ideally, they should mark the answers by putting an „X” in the box according to how they feel. The work should take no more than 10 minutes.
5. Ask people in the class to connect the answers with a line so that a graph is formed.
6. When they have finished, ask the pupils to turn the sheets of paper over with the unsigned part upwards – in such a way that no one can see their results.

Moderator's commentary

If the majority of your scores fall to the right of the column marked in grey, this may indicate that you are experiencing a crisis. A crisis is not a disorder, but if unresolved it can lead to a deterioration of mental health. I would therefore encourage you to talk to the school psychologist/psychologist.

Talk about crisis and give a definition of it, using theoretical material in such a way as to show the developmental nature of the phenomenon. Mention that resolved crises make it possible to move to a higher level of development (Dabrowski's theory of positive disintegration).

Steps (cont.)

- 7.** Conduct a brainstorming session on „My ways to cope with a crisis”. In classrooms where the level of confidence is low, it is useful to hand out cards or slips of paper on which each person anonymously writes his or her strategies for coping with a crisis. The written ideas are then collected, shuffled and read. The ones that are not constructive should be commented on, with pointing out their weaknesses.
- 8.** If you are a trained crisis interventionist, invite pupils who need help for a conversation. Provide a place and time and a way to make an appointment.
- 9.** If not – refer to a school psychologist/psychologist or other person trained in this area. In the absence of such people in the school, consider training on the subject for volunteers from your school community.
- 10.** If it turns out that there are no people qualified to perform crisis intervention in your school, provide the class with addresses and how to contact the counselling service responsible for the school. Agree with the support person on how to contact him/her about the crisis being experienced. Ensure that pupils know the name of the person they are to reach.

A scale of crisis reactions for children and young people

(Mireia Orgilés, Alexandra Morales, José Pedro Espada)

Polish adaptation by Wiesław Poleszak and Grzegorz Kata (2021)

How often have you experienced the following states and behaviours over the last fourteen days?

Choose one of the five options in each row.

	SYMPTOMS	VERY RARELY OR NOT AT ALL	RARELY	SOMETIMES	OFTEN	VERY OFTEN
1.	Worry					
2.	Impatience					
3.	Anxiety					
4.	Sadness					
5.	Nightmares					
6.	Discouragement					
7.	Loneliness					
8.	Waking up often at night					
9.	Not enough sleep					
10.	Insecurity					
11.	Embarrassment					
12.	Nervousness					
13.	Fear when falling asleep					
14.	Quarrels with family					
15.	Withdrawal					
16.	Crying a lot					
17.	Anger					
18.	Thinking about death					
19.	Frustration					
20.	Boredom					
21.	Irritation					
22.	Problems sleeping					
23.	Lack of appetite					
24.	Unrest					

25.	Difficulty focusing					
26.	Helplessness					
27.	Different physical conditions (e.g. head-ache, belly ache)					
28.	Breaking norms and rules					
29.	Overeating					

SOCIAL RESOURCES

Objective

The pupil is able to identify sources of social support in his or her environment.

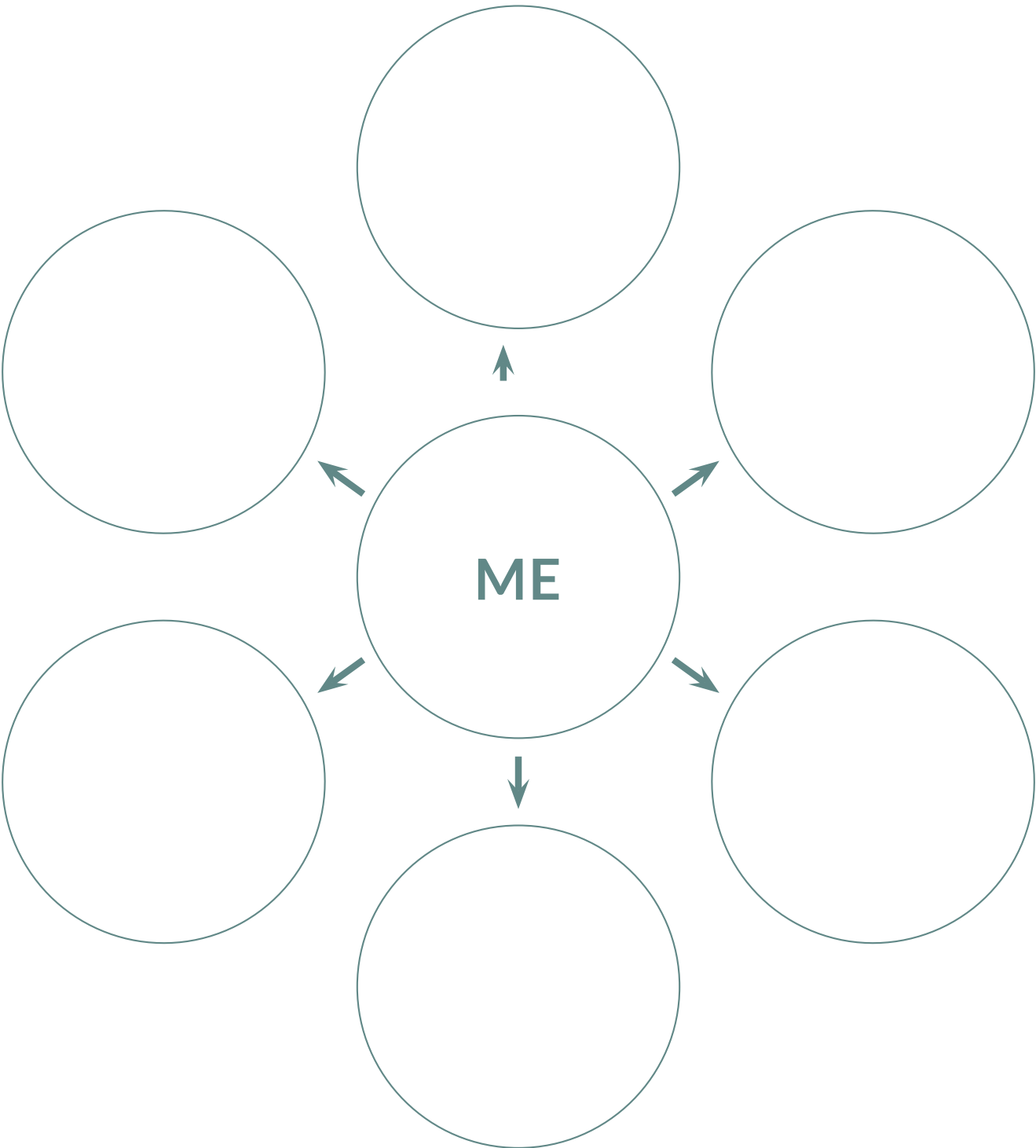
Materials

- Worksheet “Social resources – peers” and “Social resources -- adults”
- Pen or pencil

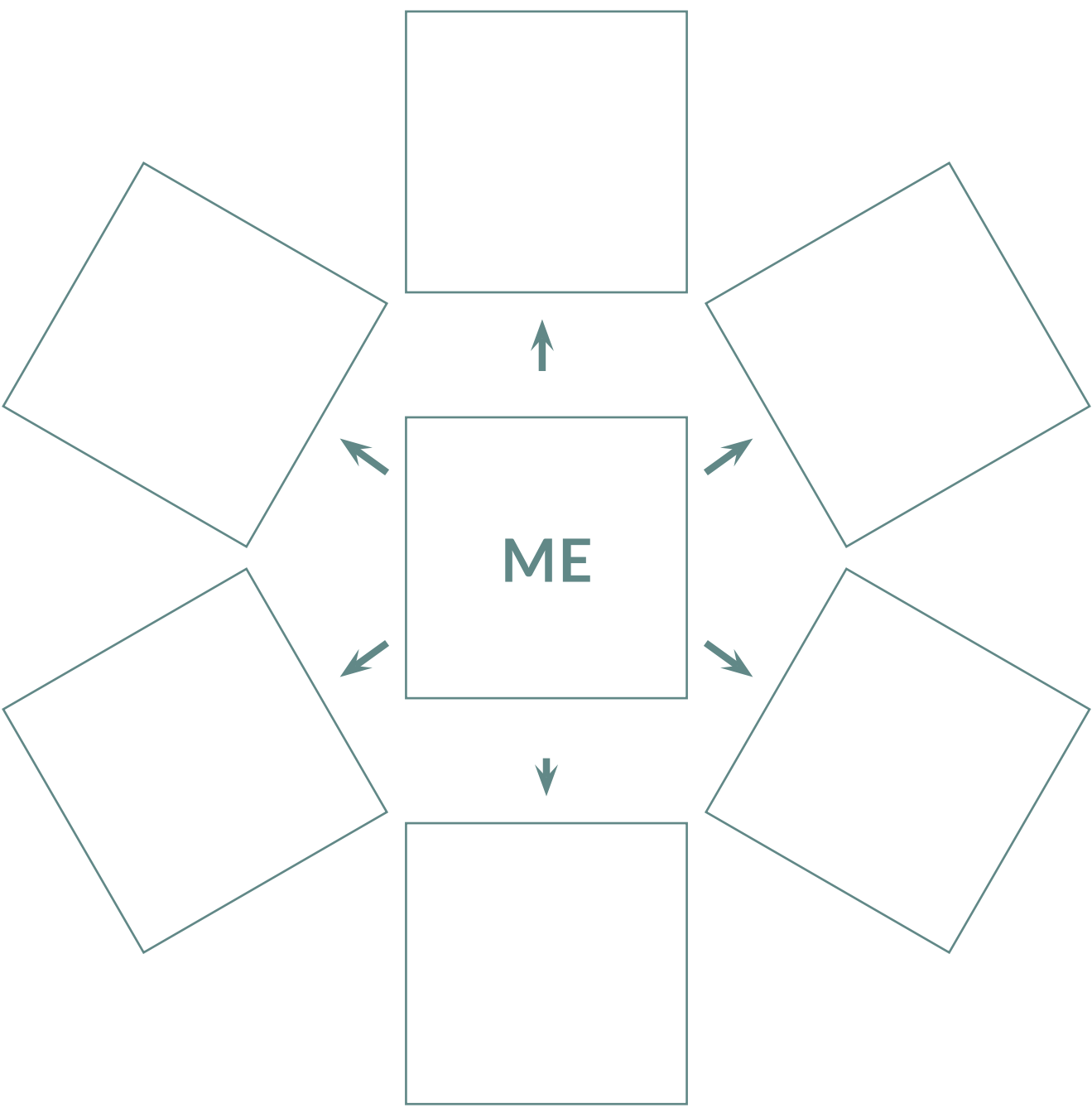
Steps

1. Read the definition of developmental crisis found in the theoretical paper on crisis intervention (<https://www.szkolazklasa.org.pl/obszary/szkola-dobrostanu/interwencja-kryzysowa/>).
2. Print out the worksheets 2 and 3 (on assessing social resources) in as many copies as there are people in the class.
3. Establish rules for working in the classroom. Anonymity is key – both on your part and that of the students. Ask for privacy.
4. Distribute the printed worksheets.
5. Ask them to fill in card 2 by themselves: “Please write in the circles your peers and peers who you can turn to in a difficult situation. They can be classmates, friends, close and distant family”. Ask them to fill in card 3 by themselves: “Please write in the circles the adults around you who you can turn to in a difficult situation. This could be parents, family, friends”. The work should take no more than 5 minutes for each worksheet – 10 minutes in total.
6. Encourage students to share reflections on their social support networks.
7. Ask if they are satisfied with these networks.
8. Conduct a class discussion (possibly brainstorming) – what can one do to build oneself a social support network.
9. Give the homework: “Plan activities that will make your support networks grow”.
10. Summarise the exercise, making students aware that the main way to cope with a crisis is to talk to well-wishing people and feel supported by them.

Social resources – peers



Social resources – adults



YOUR WAY OUT OF A CRISIS

Objective

The student should be able to identify his or her coping strategies.

Materials

- A4 sheet
- Pen

Duration

15-20 minutes

Steps

1. Introduction – comment before the exercise: “Each of us has experienced some kind of crisis in our lives and will probably experience it more than once. It is important to identify one’s effective way of dealing with it”.
2. Ask the class to look for situations in their lives that can be described as a crisis and write them on a piece of paper. It could be a change of school, a loved one turning away from you, violence from peers, etc.

You can also ask them to create a list of different crises on the board. It is good to start with yourself – name a crisis from your life.

The aim of this step is to get a sense of community and universality in experiencing crises.
3. Ask each person to choose, from the crises written out, the one they think they have dealt with best.
4. Ask the pupils to write down on their cards everything that helped them during that difficult time.
5. Emphasise that what has helped them in the past, they can successfully apply now and in the future.
6. Make a joint list of the most effective ways to deal with crises.

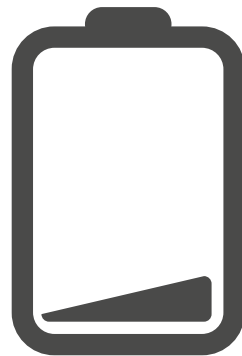
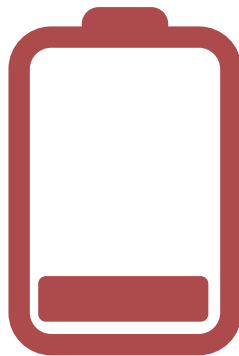
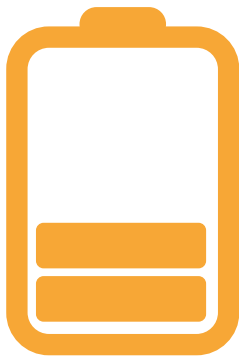
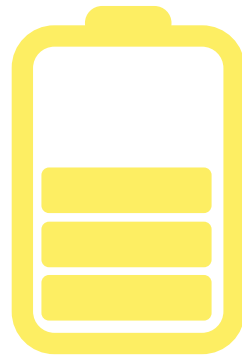
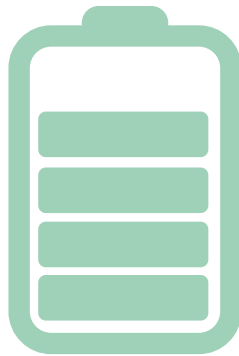
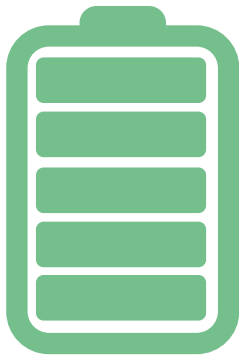
Tomasz Bilicki

HOW MUCH ENERGY HAVE YOU GOT TODAY?

The sheet can be used in different situations, e.g. during checking the list.

It allows you to find out about the mood of the students. It is good to give appreciation to all responses, also those indicating feeling bad.

All emotions and feelings are good, including the difficult ones.

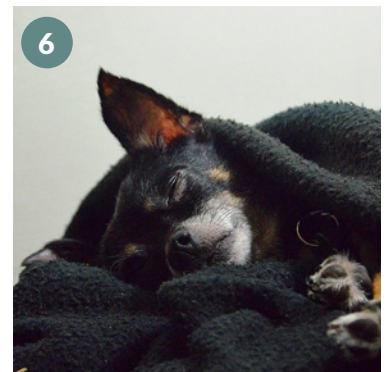
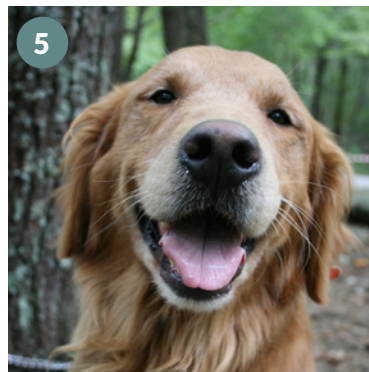
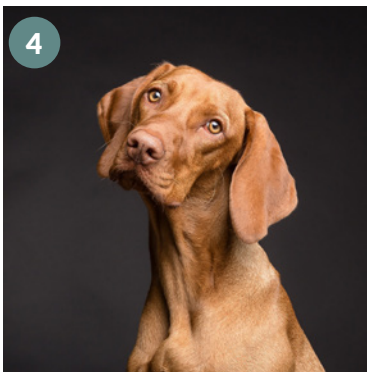
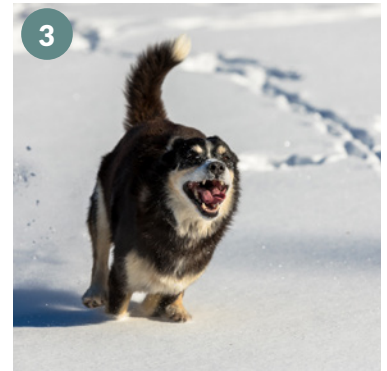


WHICH DOG DO YOU IDENTIFY WITH TODAY?

The sheet can be used in different situations, e.g. during checking the list.

It allows you to find out about the mood of the students. It is good to give appreciation to all responses, also those indicating feeling bad.

All emotions and feelings are good, including the difficult ones.



fot. Pixabay

CHOOSE ONE QUESTION FROM THE LIST AND ANSWER IT

- What is tolerance for you?
- What is your goal in life?
- Do you prefer to “shine” or stand aside?
- What is respect for you?
- What would you like to achieve?
- What may stand in the way of you achieving your life goals?
- What makes a life good?
- What is learning for you?
- What does “to love” mean for you?
- Have you ever feel threatened?
- Have you ever been let down by someone?
- What makes you a strong person?
- What superpower would you like to have?
- What are you thankful for in your life?
- What is freedom for you?
- What do you feel when you enter the school?
- How has the pandemic changed your life?
- What makes someone a good friend?
- What do you value in adults?
- How has remote learning changed your life?
- What would you do if you were the richest person in the world?
- What is the most important thing you have learned?
- Have you ever dreamed of doing something exceptional?
- What does it mean for you to “find one’s place in life”?
- Who is the most caring person you know?
- Who is an authority figure for you?
- What does it mean “to rely on oneself” for you?
- Do you accept your feelings and emotions?
- Who understands you?
- What are your most important values?

The sheet can be used in different situations, e.g. during checking the list.

It allows you to find out about the mood of the students. It is good to give appreciation to all responses, also those indicating feeling bad.

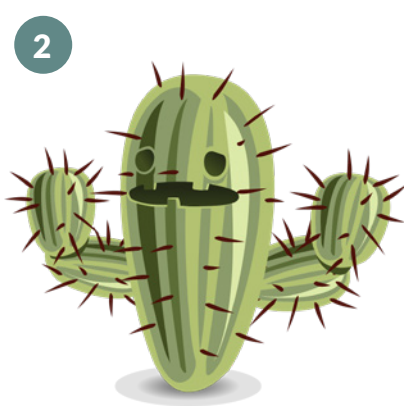
All emotions and feelings are good, including the difficult ones.

WHICH PLANT ARE YOU TODAY?

The sheet can be used in different situations, e.g. during checking the list.

It allows you to find out about the mood of the students. It is good to give appreciation to all responses, also those indicating feeling bad.

All emotions and feelings are good, including the difficult ones.



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