THE ROLE OF SCHOOL AND THE TEACHER IN CHILDREN'S CRISIS INTERVENTION IN THE CZECH REPUBLIC

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Abstract

This study interprets hermeneutically the specific position of the teacher in the crisis intervention in the Czech Republic as an independent phenomenon. It pays attention to connections resulting from the manner of providing care and the teacher's own understanding the character of the subject of crisis intervention. On the one side the study arrives at the conclusion that the crisis intervention approaches the solution in an instrumental and pathogenetic manner. On the other hand this care specifically neglects the fundamental issue, i.e. the point of view of the child itself. Should crisis intervention be approached salutogenetically, the teacher and school form a specific place. For the time being this field of the "teacher's treatment of the child" appears to be an overlooked issue in consequences of the hermeneutic explanation of crisis intervention.

Keywords: Crisis Intervention, Pathogenetic Approach, Salutogenetic Approach

1. Introduction

The scope of legislature regulating a relationship to the child, his/her social and legal protection and assistance that should be given to children, is extraordinary. It is an enormous effort from the outside and its aim is the "removal of a problem", which is distinctive of the pathogenetic approach.

The determination of competent persons by statute, however does not mean that these persons will be trustworthy for the child and that the child might be entrusted into the hands and care of such person. An extraordinary role is played, in connection with these problems, by pedagogues (teachers and educators) since they have a permanent, wide and regular (in terms of time) contact with children.

Although educators can be guides in the right sense of the word, since children know them and thanks to the regular contact with them, they can establish a trustworthy relationship with them, i.e. the relationship leading to

closeness and intimacy, this possibility, in fact, is not realised. Pedagogical employees in our society are not still granted the competencies they would deserve for the above-mentioned reasons, which corresponds with the crisis intervention being understood and perceived by our school system as something that is secondary or as menial work. In the pregradual teacher preparation no condition (or precondition) that even children in distress or children without peace in mind can appear in every classroom, is not yet taken into account. From wider statistical relations we can assume that every day teachers and educators meet children who are not in perfect piece of mind in their process of education. The research focused on the opinions of 126 interviewed teachers/pedagogical employees gives evidence that **87 % of them do not know what to do with children if they experience this situation. Then it means that children's education and upbringing is not accommodated to the state of their minds and situations a lot of children can get into.**

The salutogenetic approach is based on the principle of the support to what keeps us in full life. Looking at the problem from the philosophical point of view, it concerns the soft style of grasping reality, i.e. the very opposite approach to the pathogenetic hard removal of the problem from the outside. The salutogenetic approach follows the principle of risks prevention. To achieve success it necessarily makes use of the awareness of risk factors and directs its goals to supporting the so called protective factors which have been differentiated for the purposes of research, into two groups: individual characteristic features and favourable impacts of the environment.

Protective factors are applied only in the presence of risks and for that reason it is not possible to understand salutogenesis as prophylaxis (prevention), which is, in its character, also pathogenetic.[9] Whereas the projective factors are closely/tightly linked to man's social determinacy, the core of which in the childhood is a family, and then, if the family becomes a risky environment, *the* care for individual characteristics of resilience **is even more topical (relevant to the current situation). In this sense the teacher himself can have an unsubstitutable role as a prospective trustworthy guide who disposes of the proper means for salutogenetic support of resilience, for supporting individual qualities of resilience, i.e. specifically focused educational strategies.**

2. Statutory Qualifications and Reality

I consider as necessary to select the consideration of the width of the statutory support of crisis intervention in the Czech Republic as underlying. The acts that govern children's crisis intervention cannot be separated from the acts concerning children. For that reason the scope of this legislature can

be understood as extraordinary. It is an enormous effort coming from the outside and its aim is, *ipso facto,* "the removal of a problem".

All employees of our medical and non-medical places of work who are governed by Act No. 359/1999 Sb. (Coll. of laws of the Czech Republic) on social and legal protection of chidren[1], are expected to be guides to children in distress. The act, however, stipulates the responsibility of these employees for healthy mental development of children, so to speak, across the board. The mentioned guides, who are determined by law/by statute to protect children, are for that reason lacking in trustworthiness that is a necessary condition for the child's establishment of a contact. The idea that a child would open out to a person with whom it has not built up an intimate relationship, or even to a person it does not know at all, is quite naïve, even on the basis of a sound judgment For that reason to determine competent persons by statute does not mean that these are bearers of trustworthiness, or persons who will create the atmosphere of familiarity, and it this sense they will fulfil specific requirements for becoming competent guides for children in distress.

In consequence, neither the vast legal regulation, nor the application of laws, can be a good warranty of our intervention care. If we suppose that the necessity of such massive legal regulation is caused, among other things, by the permanently comfortless situation in this field, we can understand why the effect of our crisis intervention is so weak.

In addition to that, the approaches of our crisis intervention are confirmed by the international legal overlap, which is ensured in our country by the Bureau for International Legal Protection of Children, included in the gestion of the Ministry of Labour and Social Matters (Špeciánová, 2003).

3. The third paradox of children's crisis intervention: *neglect of the apparent/the obvious*

I have included in the theory of three paradoxes of children's crisis intervention (Závora, 2010) three significant paradoxical implications, i.e. the fact that the crisis intervention is (i) ready to affect (or lend a helping hand to) *the apparent cases of distressed children that suffer without showing it on the outside, (ii) that children crisis intervention is at the same time, inaccessible for children, and (iii)* that school teaches children according to a *false assumption that they are all in good metal condition, without crises and traumas.* The consequences of three paradoxes will be discussed in the following paragraph.

The third paradox describes an invalid **presumption that "school" teaches children that are healthy and unabused. The opposite cases are considered examples of "pathology" and educators have to solve the problem of sending this child "somewhere" with a proper**

recommendation. In this case we can see a significant manifestation of philosophy of the pathogenetic approach. The above given example of the precondition leads to our negation of reality and therefore to neglecting the specific preparation of teachers. Very often educators have to face seriously anxious or nearly suffering children and do not know how to cope with this situation. Their confidence in "any other" institution that will solve the problem seems to be a purely mechanistic solution which allows to manipulate the child, or child's problem as if it was an object –i.e. something separate, defective, designed for remedy or correction.

If our presumption is based on the established reality and not on the constructed presumptions and competencies resulting out of them, all those who meet children and have an influence on their education and upbringing, are children's guides. Pedagogues (teachers and educators) have, in this sense, the essential position in this process. Taking into account the fact that the child attends school *systematically, regularly, and for a long period of time,* the competencies of our teachers and educators (in the sense of their preconditions) are, *ipso facto,* much wider than it "has been agreed on" at present. Here we can include competencies for diagnosing changes in children's behaviour, in their acting and thinking. The competencies concerning diagnostics are closely connected with those of support, i.e. such acting or such forms of treatment that follow healthy physical and mental development of the child and its progress. For that reason the questions of competencies in the area of children's protection and care for their mental development should not be a matter of practice or habit, although they are anchored in law. The formulation and content of competencies of this type must result in a pregnant answer *to natural needs of the children, real things in their lives and to real and practical contributions of all competent institutions.*.

I consider the fact that **teachers such have duties, even duties defined by law, although they practically do not have any competencies (possibilities to act)** as the third serious paradox. In fact, our pedagogues are, in terms of competencies as they are **understood at present**, deprived of solving problems of the children not having peace of mind, or who are not at ease, or even children with risks to their health. The only competence these teachers and educators have is their statutory obligation to notify relevant institutions of the cases of abused children.

The question "Who is responsible for children's protection?" is answered by Petr Pöthe (1999), in the chapter of the same name as his book, as follows: "*The representatives of the departments under the Ministry of Labour and Social Affairs, the Ministry of Health, the Ministry of Justice or the Ministry of Education, are authorised by the state to solve all concrete cases of endangered children as conscientiously as possible and, above all,*

in the child´s favour." (s.18). As our experience proves "*The cases of cruelty to children, those of child abuse and neglect are reported by teachers and educators in 13.1 % of all cases. Educators are thus the most frequent initiators of statutory reporting, thus - following health service institutions. It is therefore very important to pay attention to educating pedagogical employees in problems of the child´s protection and inform the relevant institutions, among other things, about the specification of the signs and symptoms that appear in children suffering from physical, mental or sexual abuse."* (Špeciánová, 2003:85).

Our school belongs among main sources of information on the basis of which the CAN Preventive Programmes[2] are being elaborated according to the recommendations of The Council of Ministers of the European Member States (of 22nd March 1993) (In: Dunovský, 1996, p. 53; similarly also Mellan & Brzek, 1995; Täubner, 2005).

School is also an institution on which a theoretical demand is made to **increase sensitiveness of the whole society** to phenomena of the ill-treated, neglected and abused child (e.g. Gianotten, 1993; Špeciánová, 2003; Běluša & Matuška, 1985; Weiss 2005; Dunovský, 2005, etc.).

For a teacher it means one great duty- to be responsible for children's protection and their healthy development. However, in principle our teachers have no information about how to teach and bring up children with traumatic experience and children in a crisis, how to deal with their anxiety, discomfort or agitation. The teacher, so to speak, is not well prepared for such situations. Our pedagogical faculties, instead of preparing teachers to be able to provide children with direct assistance, the care for children's mental life at school is, according to the model of pathogenetic grasping, "is organized", which means that it is treated separately (in an object–oriented manner), as if it was a school subject. The objectification of this phenomenon means its exemption from a complex context of relations.

The greatest attention is paid to the prevention of sexual abuse of children. Prevention is a subsection of sexual education, family education, or a subsection of specific pre-school programmes (Täubner, 1996, 2006; Špeciánová, 2003). For other phenomena, often "unclassifiable" due to their character and manifestations, the so called educational counsellors have been established in schools. Even this solution can be assessed as a kind of separate (object -oriented) understanding of the child´s "problems".

The school/educational counsellor is an institute with a hard style of handling reality, the establishment of which only confirms that the child has a problem. Its existence participates in exempting the anxiety from the child´s subjective reality by grasping this anxiety as pathological, as something that must be completely removed. This also suggests an assumption of the result. To be more precise, by means of this "removal" the

child is expected to be returned to "normality"; it is, in fact, the transfer of an abstract structure of physical pathology into the mental sphere (Foucault, 1971).

4. Pedagogical assumptions and reality

Although school and all school facilities are obliged by law to be engaged in the system of intervention care, the position of our pedagogues does not correspond with this situation.

As I have outlined in paragraph dealing with the so called third paradox of crisis intervention (Závora, 2010) in pre-gradual preparation of teachers, the fact that even children considerably anxious, or distressed children or those suffering from the CAN syndrome may appear in every classroom is not taken into account. The elementary training of teachers being prepared at faculties of education is carried out as completely separated. Prospective teachers are trained in special elective modules, usually within the family education and special courses (Marádová, 1999). According to our research, crisis intervention is perceived by pedagogues as segregated and separated also in school practice. (Závora, 2010). Such is the answer of reality to the statutory obligation which has, more or less, an across the board character.

To support the assumption that children who require a special approach appear in school benches, allow me to refer to a couple of statistical data about mental health of contemporary children, both in our country and abroad.

According to the foreign monitoring of the World Health Organization (WHO) (2004) only one of five children and adolescents had mental problems that could be identified and treated. At least one of 10 children, i.e. approx. 6 million young people, had a serious emotional disorder. From the point of view of medical treatment of children one piece of information is surprising, i.e. that only one third of all children with a mental defect or disorder have been treated (SAMHSA, 1997).

It is undoubtedly important to give a thought to the perspective of suicides. According to the statistical data, the USA is in the 9th place as regards the main causes of death (Centers for Disease Control, 1997). Specifically, the suicide itself is the third main cause of death in persons at the age of 15-24 and the sixth cause of death in children at the age between 5 to 15 years. The incidence of suicide in young people 15 to 24 years old has increased three times since 1960 (American Academy of Child and Adolescent Psychiatry, 1995). One child of 33 and one adolescent of 8 suffers from clinical depression (CMHSS, 1996). Every year more than one million young people will come to contact with the legal system for juveniles and more than 100 000 people are placed in a certain type of corrective

institution. All studies discovered unanimously that the rate of mental deficiencies is twice or three times higher in juvenile delinquents than in the total population (Coccozza, 1992), (retrieved on 31.3.2008) from:[http:// www.tigis.cz/PSYCHIAT/PSYCH499/09zpr.htm].

According to the report of 2007 in the area of psychology the most frequent diagnoses of children at the age of 0–14 years are not only developmental deficiencies they suffered from in childhood and their adolescent age, but also neurotic defects for which nearly 85% of the total number of children in this age category have been medically treated. The greatest number of children are hospitalized in psychiatric wards due to the treatment of deficiencies of their mental development and defects of children's behaviour and diseases appears most often in childhood and at the beginning of their adolescent age (i.e. the group with diagnoses F80–F98), and that is usually more than 77 %. Among other deficiencies there were neuroses, stress, somatoform disorders and syndromes of deficiencies of behaviour (the groups with Diagnoses. F40–F48; F50–F59), and they cover nearly 11 % of all hospitalized children. (Retrieved on 3rd March 2009 at: http://www.uzis.cz/news.php?mnu_id=1100&archiv=1]).

In the years 2001-2005 the number of out patient psychiatric treatments of children in the Czech Republic grew up by 7% and the biggest interim growth was found out between the years 2003 and 2004.

As it is evident from the logic of the presented statistical findings that our pedagogues (teachers and educators) must daily meet even children who are not at ease or children without peace in their minds. Unfortunately, they are not being prepared specifically for this situation. From the research of 126 teachers of the first degree of primary schools who were asked four questions with an attempt to find out the mental condition and frames of mind (mood) of the children on whom the respondents exercise their pedagogical influence, we could observe that the following relations have arisen (Závora, 2009):

1. 44% of the responding teachers answered the question "*Do you think that all children are of good mental health?"* by estimating that approximately 12% of all children they exercise their influence on are not mentally healthy;
2. The answer to the question "*Are you convinced that all children are relatively at peace of mind and permanently at ease?"* has been estimated by 63 % of the inquired teachers as follows: Approximately 15% of all children are not at permanent peace of mind;
3. The answer to the question "*Do you think that some of the children would need a special intervention?*" has been "yes, some children would need a special intervention (psychologist, psychiatrist, psycho-therapeutist) in 83% of all respondents (teachers);

4. The question "*Do you think that some children would need a special approach in the teaching-learning process?"* has been answered by 87 % of the responding teachers as follows: Some children would need a special care at school (due to their mental condition and health).

Do teachers have professional diagnostic competences? If they do, then these are competencies in the educative sphere. For that reason it is probably suitable to consider the answer to Question 4 as extraordinarily alarming: **87 % of the addressed teachers are not able to take care of children in connection with their state of mind.**

5. The salutogenetic approach - a support to resilience

The care for mental health is connected with pathogenetic reasoning. It means that we have to look for courses of such diseases with the aim of their removal. From the philosophical point of view this approach is based the so called hard style of dealing with reality, which has its implications that may represent something that is not always quite effective.

It is possible to take care of mental health also with the support of what keeps us to be healthy. Aaron Antonovsky (1987) has introduced (only recently) the notion of salutogenesis[3] for this approach**.**

From the point of view of philosophy behind this approach, we can speak about a soft style of grasping reality. The salutogenetic approach follows the principle of risk prevention. Here lies the importance of looking for and making use of what keeps us healthy and resilient (Public Health). **The salutogenetic approach is** not prophylaxis (prevention), the principle of which is avoiding *the unhealthy style of life*. The factors taken under consideration by salutogenesis *"…….have a positive effect per se, and thus they can protect."* (Tress et al., 2008:49).

5.1 Protective factors

In connection with the salutogenetic approach, at first I have to explain briefly the so called projective factors. These are such considerations that lead to protection; however, they assert themselves *only in the presence of risks*. Protective factors become a matter of unfulfilled possibilities, connections and the permanent movement/stream of live reality. The protective factor therefore cannot be understood as an "object", as a pill the shape of which, small and round, is adapted to the act of swallowing and thus it can be swallowed at any time it is necessary.

This fact urged researchers to *study protective mechanisms and processes (*coherent and the related actions). It makes the difference in the approach to understanding the individual's qualities, which are used by psychology for giving an aggregate expression of resilience. For that reason for instance *resilience*[4] *cannot be, according to* Werner and Smith (1989)

understood as a more or less permanent protective shield in the salutogenetic conception. The question of its duration here has a completely different character.

The present-day bio-eco-psychological and psycho-social approach to man's health and its defects is in compliance with salutogenetic principles. Provided that we get over from the wide field of general science to the area of sociological sciences, in particular to psychology, we can see that psychological projective factors are closely linked with man's social determinism„… *"which is mastered and lived out predominantly in the family"* (Vymětal, 2003:98).

If a man is influenced (determined) by social relations to such a great extent, it is not surprising that the protective factors are relational factors. According to Vymětal (in the same article) they are related ***to the person himself/herself and to the world:***

a. *meaningfulness in the view of the world and man's own activities, i.e. seeing the world and one's own life as a meaningful picture;*
b. *the faith in the firm and stable personal and surrounding world;*
c. *comprehensibility and understanding– i.e. above all rational orientation resulting from the existence of regularities that govern the world and that can be learned;*
d. *mastering and controlling the course of event that part of which I am, i.e. mastering the personal competence and ability to influence other people* (p. 98).

If it is possible to investigate the life and features of character of a resilient man who has overcome harmful conditions of his own childhood, since only in childhood we can expect the presence of protective factors according to salutogenetic principles. Then however, the question what we should focus on appears. Tress (2008) quotes Reister (1995), according to whom he observes and investigates salutogenesis *of the man's ability to get himself (or accept) a social support* (instrumental and emotional). This ability is formed by the personality qualities acquired in *man's relational experience*. The present day salutogenetic research focuses on this ability and on these qualities and researchers further work with them while trying to support man's health (Tress et al. 2008).

5.2 Risk factors and individual characteristics of resilience

While introducing the salutogenetic approach, it is also necessary to explain **risk factors**. The goal-directed studies of risk factors have resulted in differentiation of a great number of such factors (Ebina & Yamazaki, 2008; Konu & Lintonen, 2006; Wolf & Ratner, 1999; Gribble et al., 1993;

Lösel et al., 1992; White, 1985; etc.): According to Cederblad and his colleagues (1994) these are for example:

a. *a mental disease or an alienation defect on the side of mother or father;*

b. *misuse of alcohol or mother or father's alcoholisms, or drug abuse in parents;*

c. *criminal behaviour of mother or father*

d. *the socioeconomic pressure, e.g. life in poverty or misery, in an overcrowded flat, in the family with too many children, or the child's illegitimate origin, the parent's promiscuous behaviour, social degradation of the family;*

e. *a defect in the family relationship, for instance the child abuse, disintegration of the relationship between the parents, violence in the family, the age difference between the parents that is too large, the parents that are too old;*

f. *separation of the chid from its parents when the parents are divorced, death of one of the parents, life in a substitute family, the fact that the child is illegitimate, too frequent moving children from one place to another;*

g. *the parents´ heavy and long-term physical sickness;*

h. *the parents´ low intellectual qualities;*

i. *the child is affected by perinatal complications, by the child's developmental retardation, low intelligence, high level of aggressive behaviour, early delinquency.*

Tens of salutogenetic factors have been discovered by the same study (Cederblad et al., 1994). Some are understood as *individual and characteristic* (some of them are more or less inborn), while the other factors are accepted *as favourable environmental impacts*.

Characteristic salutogenetic features of endurance[5] in an individual:

1. *an energetic child*
2. *successful dealing with problems*
3. *good control of impulsivity*
4. *autonomy*
5. *well-developed ability to cooperate*
6. *self-respect*
7. *intellectual abilities*
8. *improvement of the child's own situation*[6]
9. *self-control*[7] *(internal locus of control)*
10. *hobbies and special interests*
11. *creativity*

Salutogenetic (favourable) environmental impacts to resilience[8]:

1. *confidential and really deep relationship at least to one of the parents*
2. *shared common values*
3. *clear rules of cohabitation and family standards*
4. *the largest number of children in the family was four*
5. *openness in the family*
6. *another emotionally significant individual*
7. *additional individuals taking care apart from the parents*
8. *mother with a permanent job outside her own household*
9. *taking into account the fact that the child is the only child or the oldest child in the family*
10. *ability to help somebody else provided that they are asked for help/assistance*
11. *assistance resulting from common social sources*

5. Conclusion

The above mentioned examples of risk factors point at a conspicuously important role of the child's family, or the role of the family environment. Provided that the family fails to fulfil the role in terms of the point of view dealt with above, or that it even becomes a risky environment, the care for individual characteristic features of resilience is even more topical in the teacher's hands.

If the family becomes a risky environment, the care for individual characteristics of resilience is even more topical (relevant to the current situation). The teacher can have an unsubstitutable role as a prospective trustworthy guide who disposes of the proper means for salutogenetic support of resilience, for supporting individual qualities of resilience, i.e. specifically focused educational strategies.

Every day teachers and educators meet children who are not in perfect piece of mind in their process of education. However, 87 % teachers and educators do not know what to do with children if they experience this situation. Children's education and upbringing is not accommodated to the state of their minds and situations a lot of children can get into.

This is the consequences of three paradoxes which has been discussed here: i.e. the fact that the crisis intervention is (i) ready to affect (or lend a helping hand to) the apparent cases of distressed children that suffer without showing it on the outside, (ii) that children crisis intervention is at the same time, inaccessible for children, and (iii) that school teaches children according to a false assumption that they are all in good metal condition, without crises and traumas.

Footnotes:

[1] for the comment on this act see Novotná & Burdová & Brabenec, 2002;

[2] Child abuse and neglect

[3] from the Latin word *salus*, i.e. health; Aaron Antonovsky related salutogenesis to the "sense of coherence", (i.e. the notion meaning a well-developed sense for understanding the world as a complex and sensible whole) and elaborated the SOC questionnaire that will enable to find out the level of the sense of coherence; individual items of this questionnaire are closely connected with the below-quoted correlation factors.

[4] resilience depicts one of the qualities of individual resilience

[5] the order is determined by the common ratio of presence of an individual factor of resilience in individuals who were living under the influence of at least 3 risk factors

[6] this means the extension of skills and their deepening

[7] i.e. the factor relating to adolescence: the feeling of an individual that is holding life in his hands

[8] the order is determined in the same way as in case of resilience factors

[9] prophylaxis is based on the principle of keeping people from the unhealthy way of life.

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