Community reactions to disaster: An emerging role for the school psychologist *

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ABSTRACT

This article will describe ways in which communities react to severe crises, both on a local and on a national level. Based on experiences in Israel over the past twenty years, including recent traumatic events such as the assassination of prime minister Yitzhak Rabin and the terrorist suicide bombings, and on an intervention in Buenos Aires, Argentina, after the bombing of the Jewish Community Centre in July 1994, a model is presented to describe different stages of reaction. The importance of the creation and development of community prevention and intervention programs is stressed. Emphasis is placed on the role of the schools and the school psychologists in developing and implementing such programs, and on their critical role in dealing immediately with crisis situations and their aftermaths. The prevention program emphasizes the fostering of inner strengths and resources in children and teachers ('inoculation'), and makes provision for dealing with emotional support for the professionals in charge of helping the community in times of crisis. Finally, a model for the future development of the profession of school psychology into a broader community service is proposed.

RESUMEN

REACCIONES COMUNITARIAS FRENTE A SITUACIONES DE DESASTRE: UN ROL EMERGENTE PARA EL PSICÓLOGO ESCOLAR

El artículo describe maneras en las que una comunidad puede reaccionar ante situaciones de desastre, tanto locales como nacionales. Sobre la base de experiencias vividas en Israel en los últimos veinte años, incluyendo sucesos traumáticos recientes como el asesinato del Primer Ministro Yitzhak Rabin y las bombas terroristas suicidas, y una intervención en Buenos Aires, Argenina, después del atentado perpetrado en julio de 1994, se propone un modelo que describe etapas distintas de reacción. Se señala como relevante la creación y concreción de programas de prevención e intervención. Se enfatiza el rol de la escuela y del psicólogo escolar para la realización de esos programas y sus roles críticos para afrontar las crisis en lo inmediato y en momentos posteriores. El programa preventivo se centra en el refuerzo de posibilidades internas de niños y docentes (innoculación) y brinda elementos para garantizar el apoyo emocional de los profesionales a cargo de la situación de crisis. Finalmente, se propone un modelo para el desarrollo futuro de la especialización en psicología escolar desde una perspectiva comunitaria.

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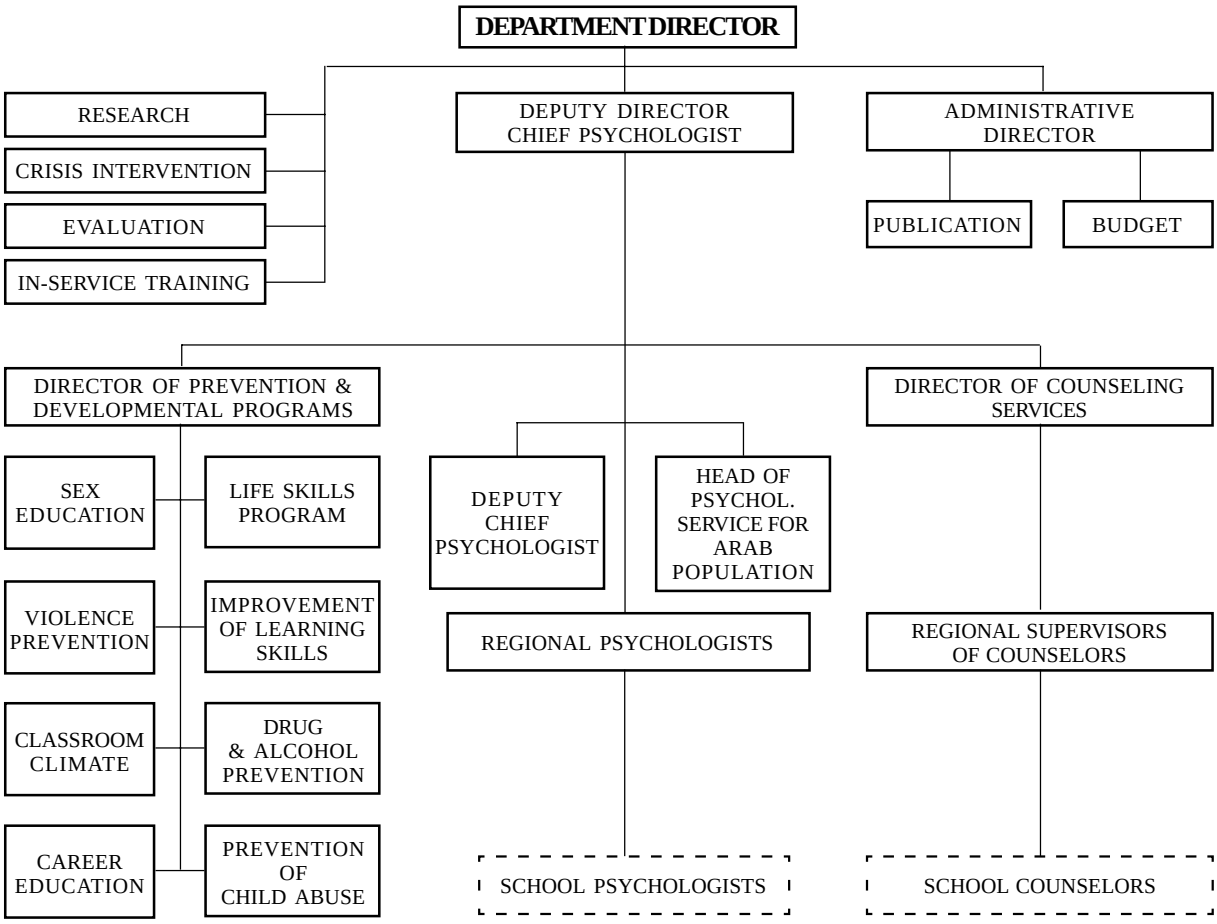
We live in extremely difficult and confusing times. Knowledge is increasing so rapidly that it is becoming almost impossible to keep up with changing developments. Science and technology have improved the span and the quality of our lives, but we live under the constant threat of crisis and tragedy—and there are many forms to this. Besides natural disasters, such as earthquakes and hurricanes, we face recurring threats of war and civil strife. Moreover, the menace of terrorism striking without warning lurks everywhere, even in relatively tranquil places like Oklahoma City, as well as in London, Paris, and Tokyo. And, most insidiously, there are the madmen wreaking senseless havoc on innocent passers-by, as we have recently witnessed in Dumblane and Tasmania, and at the Olympic Games in Atlanta.

We are all potential victims, but children suffer the most for they are the most defenseless. Alarming numbers of children suffer today the aftermath of horrors in South Africa, in part of the former Yugoslavia, in Iraq....to name but a few. As school psychologists, we have a duty to come to their aid. We have tools that can help individuals and communities cope with crisis, and I believe it is our duty to make sure that as many people as possible benefit from this knowledge. My purpose in this article is to offer a blueprint for our profession to take a leadership role in dealing with some of the psychological, social and educational aspects of this critical challenge: preparing communities to cope effectively with crises at the individual, school, community, and national levels; preparing children and adults to deal with potential and actual disasters; intervening on the spot in times of crisis; and treating the psychological problems that may become manifest in the aftermath. In suggesting this proposal, I am drawing particularly upon the wealth of experience we have accumulated in Israel over the past twenty-five years (Klingman, 1992 a, 1992 b; Solomon, 1995). During this time, school psychological services in Israel have played an increasingly central role in dealing with all aspects of crisis, and have expanded their influence beyond the school to the community and national levels.

Figure 1: Shefi headquarters

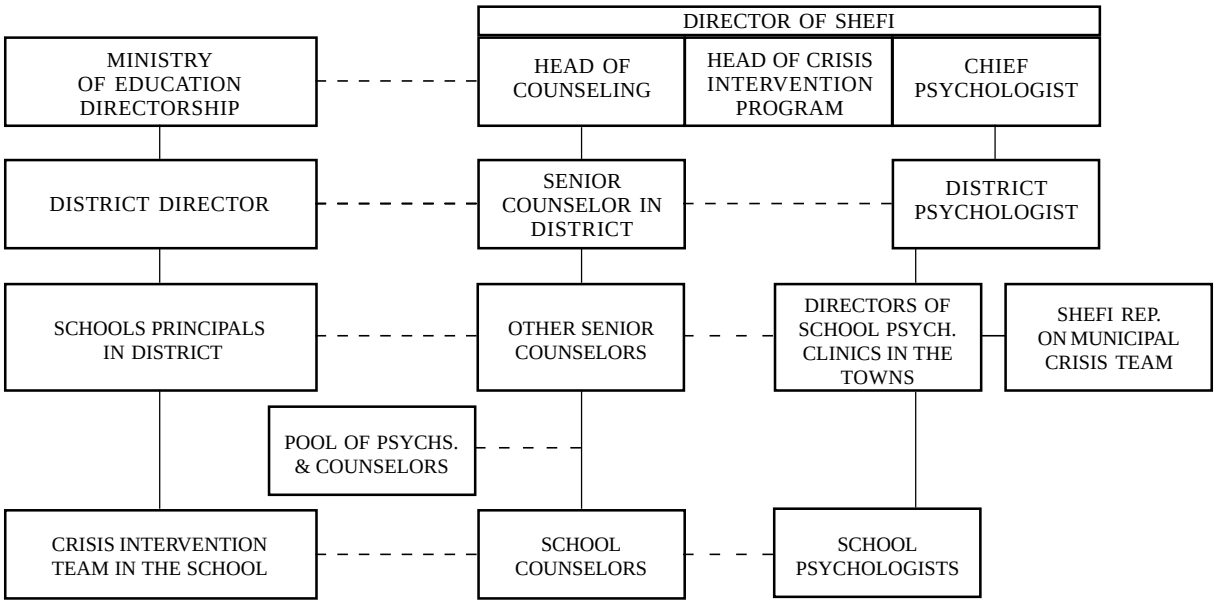


As Figure 1 shows, school psychological services in Israel are uniquely privileged to be centrally organized within the Ministry of Education. The umbrella is a department of psychological and counseling services

known by its Hebrew acronym as SHEFI, which budgets and supervises 240 school psychology services throughout the country, employing about 1600 school psychologists through the local municipalities and regional councils. Besides the psychologists, close to 2400 guidance counselors are employed directly by the schools. SHEFI has also developed over the years a number of prevention programs (drug and alcohol abuse, violence, child abuse) as well as several other programs dealing with life skills training and sex education, which are implemented throughout the school system. SHEFI also serves as a consultant to the minister of education and to decision makers in the Ministry with regard to educational policy issues entailing psychological aspects.

Whenever a crisis situation emerges involving children, SHEFI takes the initiative in mobilizing psychologists in the field and in coordinating measures with the minister of education and other senior officials in the Ministry. Figure 2 presents a schematic outline of the organizational framework of SHEFI with the onset of a crisis situation.

Figure 2: Framework for the organization of shefi with onset of crisis situation.

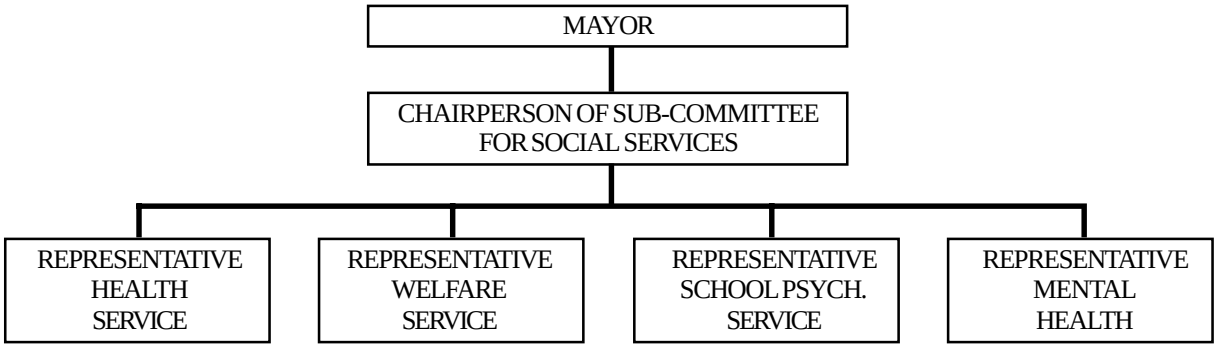


The need for training school psychologists to deal with crisis situations at various levels initially arose out of an awareness that evasiveness and denial on the part of the community and the educational leadership in the face of serious problems, be it a single death or a large disaster, were widely prevalent. Teachers were going into their classrooms after a tragic event and avoiding the issue completely, and psychologists were noticing increasing signs of stress amongst pupils as well as amongst teachers. The culturally entrenched tendency had been to refrain from expressions of fear or anxiety, which were all rejected as symptoms of weakness (Lahad and Cohen, 1988). Schematically, one may look at the 1973 Yom Kippur war as the first denting in this shield, denoting greater willingness to discuss emotional issues, and reduced defensiveness with regard to ostensible personal frailties.

Crisis intervention programs evolved from then on, based on the assumption that it was important to vent feelings relating to stressful or traumatic events, and to prepare teachers to deal with these issues in their classrooms, with the support of the school psychologists. Programs were also developed to prepare pupils and school staff to deal effectively with the emotional and behavioral aspects of potential traumatic events, providing a kind of psychological "inoculation." As the program developed, its mandate spread naturally and organically from the individual pupil and the school to the wider community level. It became clear that crisis situations should be perceived and handled in a wider perspective so as to enable coordination between various community services, such as health and welfare, in order to exploit community strengths and support systems to the full, and to increase the population's sense of security.

The crucial nature of leadership and the dissemination of accurate information in times of crisis have been widely acknowledged. For this reason, most communities have set up emergency teams that are mobilized into action as soon as a crisis occurs. Figure 3 schematically illustrates the organization of services at the local level.

Figure 3: Organization at the municipal level.



This organizational scheme reflects a gradual shift in the definition of the core role of school psychologists: from their traditional position of focusing on "problem" children, evaluating pupils for placement, and consulting with the school system, they have come to play a central and critical function as community psychologist in the widest sense of this term. In times of crisis, they are looked up to for direction and counseling by the school staff and the political and professional leadership of the community.

This development seems immanent to the skills that psychologists acquire in the course of their training, sharpening their cognitive and emotional abilities as "problem solvers." We are furthermore uniquely fortunate in belonging to a generation of psychologists that is less shackled by theoretical axioms—the age of dogma is no longer haunting us. The Freudian paradigm is fast weakening, having failed to deliver everlasting happiness and well-being. A growing awareness that our predicaments are ever-present but solutions will only be partial, tentative, and never absolute has taken hold. Two parallel processes have led us to recognize gods as imperfect, at times even dangerous. On the one hand, religious and political dogmas have broken down and lost their hold—witness the fall of Communism and apartheid, to mention only two recent examples. On the other hand, nationalism and religious fundamentalism have reawakened in many countries, surprising the liberal West in its intensity. Political and social developments in the West since the nineteen fifties had suggested linear progress toward sobering and pluralistic views and attitudes, captured in Niels Bohr's well-known remark that "the opposite of a correct statement is an incorrect statement, but the opposite of a profound truth is another profound truth." Bohr's assertion is part of a long tradition, resounding as far back as Heraclitus, the Greek philosopher who in 513 B.C. wrote that "something is true only if its opposite is true." In all traditions and cultures one can point to instances of both these trends taking up center stage and receding in pendulum-like fashion. At times of crisis, the pendulum tends to swing in the direction of a search for absolutes. Our training may help us to help others remember that we must go between both horns of the bull, namely, that we must always keep in mind that "truth" embraces polarities. Tidiness is not a proper end for heterogeneous societies, says Isaiah Berlin; there are no perfect answers to social problems, and the pursuit of absolute solutions too often leads to oppression or bloodshed. Renouncing the ultimate pursuit of one set of values at the expense of the other is an attempt to avoid this peril.

There is an interesting fable that illustrates the tentative nature of all "truths." It is the story of a man who is obsessed for many years with the desire to know the truth, but cannot find anyone that knows the answer. So he leaves home and wanders around the world for many years, until one day he discovers a cave high up on a tall mountain, where he finds an old, ugly and withered woman who says she knows the truth. He listens to her intently for many months, perhaps for many years and, at long last, feels he has found his answer. Now he is ready to return home, but as he leaves the cave to begin his descent of the mountain, he thinks he should offer the woman some reward for all her favors and asks her what she would like. After a long pause, she says: "Tell the people down below I am young and beautiful."

The tentative nature of all truths emerges as a particularly serious problem at times of crisis, which are often plagued by rumors, and where the fast pace of events makes all reports necessarily temporary. A relatively recent study of behavior in extreme situations sums up the findings of the task force set up by the American Psychological Association after the 1991 Gulf War (Hobfoll, et al, 1991). The group dealt with war-related stress with the aim of developing strategies for the prevention and treatment of psychological, psychosocial, and psychosomatic disorders associated with extreme situations facing

communities. Their conclusions emphasize the crucial importance of providing accurate information about what has happened and why, particularly to children. Much information, appropriate to various developmental stages, can be provided through psychoeducational messages broadcast by the media and disseminated through schools and community organizations.

Children are less likely than adults to speak about their problems, or even know they have any. Their stress-related difficulties may instead emerge in their school work, in their relations with peers, or in their interactions with family members. Children are also more vulnerable because they have less experience coping with stressful events. Lack of prior experience may lead them to exaggerate their problems and prevent them from seeing the light at the end of the tunnel. Emphasis should also be placed on information about reactions that are to be expected, negative reactions to watch out for, and desirable ways of coping with various situations that might arise. It is also important that information be given about where help can be obtained.

Successful coping with a crisis situation at the community level depends on careful planning and setting in place an organizational structure that can be mobilized at short notice. Klingman (1992 a) has elaborated upon some of the more prevalent concepts in crisis intervention policy:

A ***crisis*** can be defined as the temporary instability of an individual or a social system. Etymologically, the word derives from the Greek *krisis,* meaning decision, and *krino,* to decide. The etymology seems important, as it enables us to view the concept as more ambiguous rather than necessarily negative by definition. In a time sequence between two poles, before and after, the crisis appears in the change between them. We can point to two basic types of crisis (Green 1994): a situational crisis that appears between various stages of human development, such as that between childhood and adolescence, or when we begin a new stage of development, such as leaving home, marriage, parenthood, or beginning a new job. These crises are integral aspects of development that cannot be avoided. Other crises are situational and appear unexpectedly—unemployment, sickness, death, war. These can produce stress or anxiety. Both types of crises are generally characterized by a disorganization of behavior, at the individual and community levels. Instability may result from outside pressure or from the perception of an event as threatening, when normal means of coping with problems are no longer considered effective.

Schematically, we could point to two ways of facing crisis, or what Green (1994) referred to as the fight and flight model—the community or the individual are strengthened through the struggle, or react by regressing. In order to cope with the crisis successfully, it is necessary to re-evaluate the situation, to adapt one's resources to the new reality, and to mobilize natural support systems in one's environment. Since people in crisis may be temporarily incapable of helping themselves and are usually not responsive to traditional forms of counseling, professional intervention must be proactive, direct, and provide direction and leadership.

Disaster is defined as a calamitous event, usually unexpected, which causes great damage to life and property, partially or totally destroying the social structure and leading to the interruption or cessation of routine and normal life.

Support systems, such as family, social frameworks, or religious or community organizations (including schools), can be effectively utilized to help people in crisis and guide them through it toward a state where there is a feeling of relative safety and normal coping mechanisms are functioning once more. These support systems provide emotional assistance, offer hope and optimism about a solution, emphasize positive resources as opposed to what has been lost, provide information and tools for problem solving, offer concrete assistance, share feelings and legitimize them, and remind individuals of what they were like before the crisis erupted.

Prevention is a concept borrowed from the medical model: instead of waiting for a problem (or a disease) to erupt and only then treating it, it is preferable to immunize healthy people and thereby prevent a later outbreak. The conceptual framework for psychological intervention in a crisis situation derives from such a preventive model, and aims to forestall the eruption of pathological phenomena in the future.

Primary prevention consists of preparing individuals and community systems to cope effectively with crisis situations by providing them with the knowledge and the tools they can utilize when necessary.

Blueprints for action are a must, and should be carefully prepared in times of calm and quiet, ready to be put into action when needed. It is obvious that effective planning cannot be achieved under intense pressure, when a crisis is actually taking place. Good preparation includes the simulation of potential situations and the organization of materials that will be required at the critical time. Planning should also take into account that it is extremely important for professionals to take a backseat position as early as possible in the process, once having assisted in successfully getting the various parts of the community system to assume their functions.

Figure 4 presents a model suggested by Green (1994), tracing a *time sequence* of the phases of disaster:

Figure 4: Phases of disaster

1. PRE-DISASTER
2. ALARM, WARNING
3. IMPACT
4. INVENTORY
5. RESCUE
6. HEALING
7. REHABILITATION

The first stage is PRE-DISASTER. The general tendency at this stage is to deny or repress, whether at the collective—"it won't happen"— or personal level—"it won't happen to me." In these circumstances, we will usually find one group reacting with paralysis while another minority, including leaders or professionals, will take steps to cope with the situation. Distance from the actual location of the disaster is a crucial element, although we must distinguish between the physical and the psychological levels. Whereas regarding the physical level it is obvious that the further the distance the lesser the impact, regarding the psychological level, we may be placed at the epicenter by having someone close to us affected. Populations are defined as high or low risk according to their distance from the actual event.

Reactions at this stage are influenced by a variety of intrapersonal and interpersonal factors, such as age, experience, personality style, and religious beliefs, as well as the radius of social contacts and support systems.

The second stage is WARNING, which is possible in some types of disaster and may enable people to move to safety. Again, a broad spectrum of reactions is possible, ranging from hyperactivity to paralysis, affected by a misuse of defense mechanisms, a mistaken interpretation of stimuli, and a manipulative use of information. We know of instances where community leaders feared that warning potential victims might result in uncontrolled panic, or decided "it could not happen to them" and precluded rescue attempts. Research shows that the majority of the population does not panic and uses available information to lessen uncertainty and improve functioning by developing coping mechanisms.

The third stage is IMPACT, the time of the actual events, which may also vary. At this stage most reactions are physical--people are hurt or have physiological reactions like sweating or crying, houses fall down, power and water supplies are cut off. The media, which now plays a prominent role in reporting disaster, can sometimes magnify the intensity and the duration of the impact or, paradoxically, blunt its effect by heightening our tolerance of horror through repeated stimulation.

At the fourth stage we take INVENTORY and ask ourselves "What happened?" "What happened to me, to my loved ones, to my property?" The last two stages can be very short, but can also be agonizingly lengthened if we lack information.

The first four phases are characterized by brief and confined intervention, limited to pre-agreed or ritualized patterns. In plans for coping with crisis, as many people as possible should be assigned defined tasks and know their role in the ritual. Intervention covers broad areas of involvement—social, psychological, medical, moral, etc.. It could mean providing money, shelter, food, burying the dead, or providing emotional support to those directly or indirectly affected.

RESCUE, the fifth stage, entails providing help that, first and foremost, is directed to the saving of human life and involving two groups—professionals who implement existent plans of action, and volunteers. Rescuers may reveal at this stage symptoms of hyperactivity and anxiety, having worked to the point of exhaustion and lacking access to support, and hence the importance of helping the helpers through processes such as debriefing and ventilation.

After rescue is completed, having taken hours, days or weeks, the stage of REPARATION begins. Professionals diagnose damages suffered at the individual, group, and community levels in various realms and recommend measures for intervention.

The last stage is REHABILITATION, implying a return to normalcy. Disasters have a beginning and an end, and rehabilitation entails a return to previous levels of functioning. This process may extend over a long period, and can be said to conclude when individuals return to adaptive modes of functioning.

By definition, then, *crisis intervention* is time-limited, provided for as long as the crisis exists. Intervention is based on the assumption that dysfunctional phenomena that manifest themselves during the crisis are not pathological or irreversible and, therefore, assistance need not deal with deep psychological issues but rather focus on the "here and now." Crises tend to sharpen underlying problems and bring out latent pathology but, as I noted, a crisis is a crossroads, an opportunity to improve the functioning of the community if it can learn the right lessons and change its defense mechanisms. Effective work at the community level is especially important for children, who will react to crises depending on the behavior of adults. An unsuccessfully treated disaster can turn into another disaster.

I now wish to illustrate this model for crisis intervention by comparing two contrasting examples. One is taken from the Israeli experience and illustrates how a well-oiled organizational framework, developed over the years, can be brought into action and function quickly and efficiently as soon as an emergency occurs. The second describes an intervention undertaken in another country that was lacking a suitable infrastructure to cope with crisis, where a central goal of the intervention was to set up such an organization as quickly as possible.

To illustrate an intervention program in Israel, I will describe the work of school psychologists during the aftermath of three massive suicide bombing attacks in Jerusalem and Tel Aviv in February this year, resulting in 56 deaths and many injuries. In each of these events, the unraveling of developments was similar: the breaking of the news and the incessant, almost obsessive preoccupation of the media with the unfolding tragedy; the personal tragedies of those affected by the blasts; and the mobilization of the various emergency services called in to cope with the situation. Here I will only focus on the functioning of the school psychological services, obviously bearing in mind that they are part of a broader community system of medical, welfare, and security services.

As soon as the news of the bomb attacks were announced, the emergency teams in the psychological services of the two cities were mobilized. Their immediate functions were to take part in the rescue operations and put plans into action, namely:

(1) To help set up an information bureau and a telephone hotline for the general public so that people could find out about victims.

(2) To accompany the immediate families of victims to the morgue in order to be with them during the horrible process of identifying the dead and to provide any support they might need.

(3) To establish immediate contact with all the schools in which there were pupils or teachers related in any way to the victims.

(4) To meet with the staffs of all the schools in order to discuss with them the planning of the next day of school, where the first lesson would be devoted to discussing the traumatic events of the previous day.

These situations are characterized by a dynamic development of events and demand a great measure of flexibility and adaptation on the part of those involved in the intervention process. Several functions of the psychologist are important in this context:

(1) Participation in the municipal emergency committee, a body that includes representatives from the medical, welfare, security and educational systems in the city.

(2) Being available to schools in order to deal with emerging problems, such as counseling individuals requesting help for themselves or for friends or family, usually troubled by fear and anxiety; preparing teachers to discuss the issue in their classrooms and providing them with techniques to encourage expression and discussion in an open and non-threatening climate; being on hand for parents who are seeking advice on how to cope with their children at home. Teachers were also provided with a page of guidelines, shown in Figure 5, in preparation for their first meeting with their classrooms on the day following the incident.

Figure 5: Guidelines for teachers on the "morning after."

PHASES OF DISASTER	PHENOMENOLOGY	FACTORS	INTERVENTION	RESEARCH
PRE-DISASTER	INDIVIDUAL, FAMILY, COMMUNAL, (PHYSICAL, PSYCHOLOGICAL, SOCIAL)	INTRAPERSONAL INTERPERSONAL	DIAGNOSIS	
ALARM, WARNING	HYPERACTIVITY OR APATHY (PARALYSIS)		SHORT, LIMITED	
IMPACT	PHYSICAL, PSYCHOLOGICAL, SOCIAL	INTRAPERSONAL INTRAPERSONAL	SHORT, LIMITED	
INVENTORY	PHYSICAL, PSYCHOLOGICAL, SOCIAL	INTRAPERSONAL INTERPERSONAL	SHORT, LIMITED	
RESCUE	RESCUER-VICTIM PSYCHOLOGISTS			
HEALING			INDIVIDUAL, FAMILY COMMUNAL, (PHYSICAL, PSYCHOLOGICAL, SOCIAL)	
REHABILITATION				ANALYSIS, EVALUATION, FOLLOW-UP

(3) Appearing in the media as experts on psychological reactions to disasters. As I mentioned before, the media ceased its regular transmissions and devoted most of their time to reports of the events and to interviewing people, and there was much demand for psychologists to explain reactions and to perform as calming agents of sorts. This is very important, although there is a definite danger of overkill and banalization.

(4) Influencing the media to tone down the level of sensationalism in their reporting, for there was evidence that people were reacting not only to actual events but also to the bloody pictures they saw on television. It was also important to try and convince the press not to devote too much time to interviews with survivors and families of victims immediately after the event, when they were still in a state of shock and saying things they might regret later.

From SHEFI headquarters in the Ministry of Education, guidelines and directives were sent to all the psychological services and to the school counselors, and letters were prepared to be sent to the schools signed by the minister and the director general. The letters expressed encouragement, placed events and feelings in a broader historical and symbolic perspective, and called for resuming normal routine as quickly as possible.

A further role undertaken by SHEFI was to mobilize psychological services in other parts of the country. Many people from other towns had been injured or killed in the Tel Aviv terrorist attack, including children, and school psychologists in all areas where victims came from established contacts with the local schools and with the community services to coordinate involvement with the families

In the aftermath of traumatic events of such proportions, having tremendous impact on the entire country, immediate reactions tend to be hysterical, expressing helplessness and usually accompanied by predictions of doom. They often give rise to virulent reactions from extremists and members of the lunatic fringe, clamoring for revenge and calling for massive reprisals on the perpetrators of the atrocity. Yet these responses are usually short-lived, and return to normalcy is remarkably rapid; data collected over the years indicates a

negligibly low incidence of long-term pathological or chronic stress reactions to disaster. (Milgram, et al. 1988). In some measure, this may be due both to prevention programs instituted over the years, as well as to the swiftness of the intervention and the utilization of community support systems. It is also important to give credit to the basic inner strengths of the individual personality to cope with and overcome tragedy. It is interesting to note that in Jewish tradition there is a period of seven days of mourning (Shiv'a) after the death of an immediate relative (parent, spouse, sibling or child), a process that undoubtedly contributes to the individual's capacity to return to a normal life routine. Freud commented on this in his paper "Mourning and Melancholia"—active mourning, where feelings of anger, guilt, and depression are openly and collectively expressed, plays a significant role in successfully overcoming deep loss and enables a relatively smooth return to normal functioning, whereas the absence of mourning and emotional expression increases the probability of depressive symptoms appearing at a later stage (Freud, 1917).

The issue of "helping the helpers" at the stage of rescue is often ignored. Psychologists and other professionals become so involved in carrying out their tasks in an atmosphere of emergency and constant tension that they tend to forget themselves and their own needs and anxieties, or develop defense mechanisms of denial and isolation. It is extremely important to create a situation in which these people can talk about *their* feelings and fears and share them with co-workers. After the Oklahoma City bombing in 1995, each person involved in the evacuation of survivors and dead bodies from the ruins of the building came out of his shift and immediately attended a debriefing session with a mental health professional. This allowed them to give vent to feelings awakened as a result of exposure to the horrible sights and to reorganize themselves before returning to normal routine, or in preparation for their next shift in the rubble (Ofman, et al. 1995).

I want to offer now a brief description of an intervention by a group of Israeli school psychologists in another community affected by a terrorist attack. On the 18th of July 1994, a car bomb destroyed the seven storey building of the Jewish Community Center in Buenos Aires, Argentina, killing 98 people and injuring almost 200. The Israeli Ministry of Education, in response to a request for assistance from Israel, dispatched a team of four school psychologists to the Jewish community in Buenos Aires to help set up a crisis intervention program.

The Jewish community in Buenos Aires consists of approximately 200,000 people and has a highly developed organization dealing with religious affairs, welfare, sports clubs, and education. There are 44 Jewish day schools in the city, covering 18,000 students aged 2-18. The attack on the building, which housed most of the offices of the community as well as its archives and a teachers' training seminary, occurred two years after the Israeli embassy in the city had been wrecked in a terrorist attack where 38 people were killed and about 60 injured. The reaction to this second attack in the community was a surge of anxiety and fears regarding personal safety, especially of the children and staff at Jewish schools, which were seen as targets for future terrorist attacks. Even though the identity of the attackers is still unknown, their anti-Semitic motivations seemed obvious, reawakening associations with the Holocaust.

It is important to stress that neither the Jewish community nor government agencies had any framework or infrastructure for dealing with this event, and the leadership was quite lost and disorganized in its attempts to cope with the unfolding crisis.

The central mandate of the team concerned the Jewish school system in the city. The team was organized within two days and arrived in Buenos Aires one week after the bombing attack, on the same day as another Israeli team, that had dealt with the physical clearance of the destroyed building, was returning home. The background of this request and the response to it lies in the special ties linking Israel and the Jewish communities in the Diaspora. Furthermore, there is a considerable group of former Argentineans who have settled in Israel, and many still have family (and certainly emotional) ties to their country of birth.

The team consisted of four school psychologists, who were also trained as clinical psychologists and had experience in community crisis intervention. It was decided that the group should be small, so as not to overwhelm the local clients, and preferably Spanish speaking.

The team met for the first time at the airport on the way to Argentina. The initial plan of action, to be implemented during the first day or two of the work, was formulated in the course of the long, twenty-seven hour flight. Little information was available as to what was happening in Buenos Aires. Reports were confused and simply repeated the phrase "there is a terrible mess here." With this limited information, and cashing in on their experience, the following guidelines were laid down for the intervention process:

(1) The team was not to appear as outside experts that had come to save them or teach them what to do, but as professionals who had accumulated experience in intervention in crisis situations and were coming to share it with them, leaving them to choose what was applicable to their reality, both sociologically and professionally.

(2) They would not deal with individual cases nor treat people, but would concentrate solely on community systems, namely, on those bodies responsible for the school system, and on the professional groups treating the victims' families and the survivors.

(3) The team members would always work in the presence of local people, who would have to carry on the work after we left.

(4) Access to the media would be denied so as not to have interference with the work and avoid exposing "clients." It was agreed that no member of the team would give any interviews to newspapers, radio or television while work was in progress and would only report at the end of the mission.

(5) Extreme care would be taken not to arouse antagonism or resistance on the part of local psychologists. This was a matter of serious concern, as Buenos Aires may be the city with the highest density of psychologists in the world. Most of them, however, are psychoanalytically oriented, mainly Freudian but also Lacanian, and short-term or community approaches are not prevalent. Hence the policy would be to refrain from any challenge to their theoretical standpoints, and to insist on our model of intervention as an additional option they might find useful.

(6) The team was to be conscious of the danger of scapegoating, for they could easily become targets of the frustrations resulting from the local population's feelings of impotence and anger.

On arrival, the team was met by a senior staff member of the community, whose help proved crucial to the ultimate success of the intervention. He and his office provided logistic support, secretarial services, transportation, and communication facilities.

The first step was to hold a meeting with the leadership of the Jewish community, where a briefing was held as to all that had happened until then (one week after the blast). The attack was still the focus of media interest and pictures of the removal of bodies from the ruins of the building were being shown repeatedly, even obsessively, on television. A large meeting had been held the evening before the team's arrival, attended by all the school principals and senior personnel. From the minutes of this meeting it became clear that expectations from the mission were very high, and also that there were many concerns troubling the community. Questions ranged widely. For example: How to present events to the children and the parents, given the enormous and sometimes sensationalist media coverage? What should teachers say in the classroom? How to deal with children who themselves or their immediate families had been personally affected? How to balance between the need for justifiable caution and an overreaction that may lead to every stranger becoming an enemy? How to help adults appear strong when they themselves were afraid? How to encourage the expression of negative feelings? How to insure that security measures would not provoke panic, given that brightly painted concrete-filled barrels had been positioned at the entrances of Jewish institutions in the city so as to prevent car bombings, thus paradoxically "marking" them as targets? It is worth noting that one of their fears proved ungrounded. The blast took place during the mid-term vacation, and participants at the meetings reported concern that parents would decide to take their children out of the schools for fear of further attacks, but when classes resumed one week later there were actually no dropouts.

The next day the team began a grueling schedule of meetings with every group or institution within the community that they thought could have an input into the healing and rehabilitation process. Sometimes the team split up and met separately with individuals or spoke at staff meetings of various organizations, sometimes they were all together and held large gatherings of various sections of the community. They met with lay leaders and visited schools. They described their experience in Israel and spoke about theoretical models of crisis intervention. They spoke with teachers about the importance of legitimizing their own feelings, making it easier for them to confront their pupils and relate to the feelings that they wanted to express. Various techniques were presented for working with children on emotional issues, such as expressing feelings via drawing or writing.

Another facet of the work was the contact with a group of volunteer professionals. Faced with the lack of mental health services able to deal with the emergency, a group of about ten young psychologists had volunteered to provide help to the survivors and to the victims' families and had organized themselves into a self-help group that met every day to share experiences. They set up a crisis center to which people in need could turn for help, and began taking on individuals for therapy without charge. Six meetings were eventually held with this group during the two week stay, focused on helping them develop a conceptual framework for what they were doing intuitively. The team provided supervision and consultation services, and the work with them turned out to be an important aspect of the intervention.

The creation of a local organization of school psychologists that could also be responsible for crisis intervention emerged as a further crucial aspect of the mission. Most Jewish schools employed a psychologist, who dealt mainly with diagnosis and placement. Hardly any of these psychologists, about 50 of them, knew each other or had professional contacts, so the team began by inviting all of them to a meeting, thus marking the beginning of their crystallization into a professional group.

A number of lessons can be drawn from this intervention:

(1) The availability of intervention plans, devised by trained professionals and repeatedly tested in the field on a variety of circumstances, proved to be of prime importance. Although the members of the team had almost no time to prepare, they could all fall back on a shared conceptual framework and on similar intervention experiences in the past, which they could now adapt for use to a new and quite unknown situation.

(2) Another important element was the ability to find the "right tone" for the contact with the community leadership, and particularly with the local professionals, who were mostly clinically oriented. The team's status as "participant outsiders" seems to have helped create a state that could be termed "ego suspension." Faced with the enormity of events, suffering and sorrow overshadowing so many and so much around us, and inspired by a sense of mission as Israelis and Jews, the members of the team put themselves aside for the sake of the group ego, which led to harmony and great cohesion among the four for the entire duration of the intervention process. With no egos to be bruised they could be more aware of the sensitivities of others, and established a more than cordial working relationship with all local agencies.

(3) The status of the team also helped them to act as catalysts for deep and long standing tensions and break through entrenched defenses among the local people. People began to speak openly about subjects that had been taboo, such as the "proceso," a widespread euphemism to describe the period of military government and terror during which thousands of people disappeared and were killed, the Falkland-Malvinas war, and the bombing of the Israeli embassy two years before, which had always been considered an Israeli problem. The advantages of the status as "participant outsiders" should not make us oblivious to the drawbacks. Team members were indeed treated as welcome guests and held in respect as experts who could remain beyond the local political tensions and conflicts of the community and the professional establishment. Their perception as outsiders, however, meant they would soon be going home and leaving them with all their troubles, which could lead to ambivalence and resentment.

(4) Continuous and ongoing feedback from the local community about their work was a crucial element of the team's ability to help. It indicated they were working in the right direction, and also served as a form of positive reinforcement. They were far away from their own support systems and needed more than the mutual support which they provided each other.

(5) Follow up on the mission has proved important; since the mission, SHEFI has maintained contact with the community in Argentina, mainly with a view to helping them strengthen and develop the incipient structure of a local organization of school psychologists. Materials and books relevant to the field were sent, and SHEFI also ran a three-week training program for twenty six psychologists who came to Jerusalem six months after the mission, focusing on various aspects of school psychology and crisis intervention. The nature of the work of the school psychologists in Buenos Aires underwent a significant change, and they were placing far more emphasis on working with the school as a system and spending less time on individual problems of pupils. They had also established a professional organization, and set up training and supervision frameworks.

What are the lessons and implications of this type of intervention program? What can we, as school psychologists, contribute to the understanding of how communities cope with crises and re-integrate as quickly as possible?

It is absolutely essential that the community have a pre-organized administrative structure that takes leadership as soon as a crisis occurs. At the first level there are the medical teams, the police, the fire brigade, and security forces wherever relevant. At the next level are the mental health and welfare services. These teams have to keep training and upgrading procedures. Disseminating information to the population is vital, and one of the first steps is to set up an information center. School psychologists are strategically positioned to play the leadership role in setting up such a structure in the community.

I would like now to take a larger view and look at the future of school psychology as a profession, in the light of the framework I have considered so far and in the face of the changes in schools and in society in general. In the not too distant future, schools will most probably not look at all as they look today, (and as they have for the past hundred years). We are already well into the age of the Internet and of many new and rapidly changing technologies. There is a distinct possibility that schools as we know them might soon cease to exist, and that even if they do survive they will be structured quite differently. (There are already complete university degree courses offered on the Internet, all within the confines of the room where the PC is kept.) Children will probably not be grouped on the basis of age or abilities, but will study individually, perhaps even at home on their own. Even today, many children enter first grade with computer literacy levels that often

surpass those of their teachers, and are immensely frustrated when they are held back in their ability to advance at a more rapid rate than their classmates.

Another issue that our profession will most probably have to tackle quite soon is the privatization of public services in many countries. Many governments are finding it increasingly difficult to provide funding for welfare and health services, and we have been witnessing the waning of the welfare state as well as of communism, and the emergence of "pay for what you get" systems. So what will the school psychologist do?

For many of us, who have devoted our professional lives to these pursuits, events that seem to preempt the need for our services will undoubtedly appear as a grave threat. The question is whether we approach them as a situational crisis, which even if foreseen would best be avoided, or as a transitional crisis, an unavoidable stage of development that can be used as an opportunity for growth. We can mourn our imminent demise and set up barricades to contain the onslaught, or we can reinvent ourselves to meet the dynamism of a changing reality.

I wish to propose a model in which the school psychological services become broad community services. People will live longer and healthier lives, will have much more leisure time to be filled, and our services will be called upon to offer solutions to the whole population, from infant development to old age. We will also have to contend with dramatic changes in the structure of the family: people are getting married at a later age and divorcing at increasing rates, single-parent families are becoming more and more prevalent, same-sex parents are no longer raising eyebrows as they did not long ago, and so on. Unemployment is becoming a way of life in many countries, with pupils in schools growing up with the knowledge that they may never get work, reducing their motivation to excel in their studies. Violence and terrorism of all forms are on the rise and will become more of a major problem for most countries. Drugs and other forms of addiction will most probably increase as a reaction to all these social phenomena.

We must define for ourselves a vision and a mission, and out of this delineate the goals toward which we intend to strive, and lay down the strategy of how we plan to attain these aims. Following is an initial and tentative proposal for a definition of our future goals. It was developed by a group of directors of school psychological services who are participating in a managerial course in Israel:

THE DEVELOPMENT AND THE DELIVERY OF SERVICES (INTERVENTION AND APPLICATION) AND THE MARKETING OF COMPREHENSIVE SOLUTIONS THAT ARE INTERDISCIPLINARY, MULTI-FACETED, AND VARIEGATED IN THE FIELD OF PSYCHOLOGY AND EDUCATION FOR THE LOCAL MUNICIPALITY, THE EDUCATIONAL SYSTEM, FOR COMMUNITY SERVICES AND EDUCATIONAL FRAMEWORKS (AGE 0-18, AND PERHAPS BEYOND), AT THE SYSTEMIC AND INDIVIDUAL LEVELS, SHOWING RESPECT FOR THE INDIVIDUAL AND ACTING WITHIN A CODE OF PROFESSIONAL ETHIC.

This is the challenge we face in the foreseeable future. I sincerely believe that our past success and creativity in building up a profession that has made a significant impact on both individuals and upon educational systems will provide us with the inspiration and the tools to become effective participants in future developments. We must become more proactive and initiate new ideas, and not only remain, and perhaps even stagnate, in the reactive mode, waiting for others to turn to us with problems and questions.

In the Talmud it is said that the art of prophesy was given to fools, so in deference to this I will avoid predicting the future as it relates to ourselves. But let us at the same time remember another famous saying by John Scully: the best way to predict the future is to create it. We must dream and be in a constant and ongoing dialogue with our dreams, until we will find ourselves in another place, a better and a more creative one....and start once more with new dreams...

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