  

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

**‘Lessons learned from the European Countries’**

Friday 20th of October 2017

Time: 9.00 – 13.00 hrs.

Ministry of Interior, Prague 7, Nad Štolou 3.

Czech Republic

*Organisation:*

*Standing Committee on Crisis, Disaster and Trauma Psychology EFPA*

*The Union of Psychologists association of the Czech Republic*

*The Ministry of the Interior of the Czech Republic.*

**Program**

**8.30 – 9.00 Registration**

**9.00 – 9.15 Opening and Welcome**

**David Chovanec**

**Director of Security Policy Department, MoI**

**Magda Rooze**

**Convenor Standing Committee on Crisis, Disaster and Trauma Psychology EFPA**

**Senior advisor Arq Psychotrauma Expert Group, The Netherlands**

**The Netherlands**

**9.15 – 9.30 Aneta Langrová**

**Police Presidium of the Czech Republic   
 ‘Psychological Services of Czech Police’**

Will be presented: Short introduction and experience of crisis interventional system (support to victims of crime and disasters), peer support system, Crisis Help Line and psychological care for Police officers.

**9.30 – 9.45 Zuzana Dittrichová**

**DG Fire Rescue Service of the Czech Republic**

**‘Experience of system of Psychological service of Czech FRS’**

Will be presented: Experience of system of Psychological service of FRS of the Czech Republic, which main tasks are doing basis for personnel work and service, post-traumatic care for firefighters and psychosocial support of people attached by the emergency situations. The service has recently focused attention on the specific groups of people such as people with disabilities.

**9.45 – 10.00 Bohumila Baštecká**

**Representative of Protestant Theological Faculty, Charles University   
 in Prague, Czech Republic**

**‘The twilight of psychological resilience programs in the army? Lessons learned’**

U. S. Army implemented in 2009 The Comprehensive Soldier Fitness program based on positive psychology to train all soldiers in resilience and to prevent PTSD. Now, we can take it as great psychosocial experiment resulting in doubts, questions and inspirations useful for psychotraumatology as a whole: PTSD doesn´t seem to be preventable, only presumable; Clear theoretic framework linking prevention strategies to intended outcomes is missing; Coping is individualized, not universal; inducing positive mood can decrease coping ability in some individuals; Shame and guilt may be important for reconnection with others (= returning to “normal” context after deployment); Pervasive influence of trauma and grief-oriented therapists may reduce sensitivity to adaptive responses; The concept of resiliency itself is not defined clearly and unanimously; There are rather environmental than psychological prevention processes and causes of stress pathology.

Recommendation for psychologists: know and use real world (= combat environment) of their clients. Good message for conclusion: resilience training predicted e. g. improved morale.

**10.00 – 10.22 Noreen Tehrani**

**Representative of the Crisis Disaster and Trauma Section   
of the British Psychological Society**

**‘Screening of emergency service workers dealing with primary and secondary trauma’**This presentation will provide the background and results of an online psychological screening programme that has been introduced into emergency service organisations in the UK. Some results from the screening programme will be presented

**‘Work with the recent terrorist attacks, Early interventions after the Grenfall Fire’**

**10.22 – 10.30 Mária Anyalaiová  
 Crisis and Disaster Interventionist, Therapist**

**Slovak Republic**

**‘Crisis Interventions in Slovak Schools’**

Experience from group crisis interventions in schools after student's suicide, death in a car accident and teacher's death. Working on coping resources using therapeutic cards (BASIC PH) and grief and bereavement support in school class.

**10.30-10.45 Dominique Szepielak**

**French Federation of Psychology and of Psychologists, French Navy,  
 French Association of Terrorism Victims. Paris France**

**‘Children of Nice’**

Will be presented: Psychotherapeutic program for children, victims of the Nice assault.

**10.45 - 11.15 Discussion**

**11.15 – 11.30 Coffee Break**

**11.30 – 11.45 Štěpán Vymětal**

**Ministry of Interior of the Czech Republic**

**Charles University in Prague  
Representative of the Union of Psychologists association of the Czech Republic**

**Andrea Šíchová**

**Charles University in Prague**

**‘Psychological aspects of radicalization – results of research in Czech prison population’**

The research maps the characteristics of individuals in potential risk of radicalization in Czech prisons. The sample of 67 people is composed only of men, average age is 34 years. Nearly half of the cases involves right-wing radicalization, in one third of cases individual non-specific radicalization is identified, and Islamic and left-wing radicalization is represented in low percentage of cases. In the sample, we can observe a high rate of unemployment, previous criminality, low level of education, childhood behavioral problems, under-average intellect, increased aggression, or impulsivity. Dissociative personality, identity problems, or mental health issues are also very common.

**11.45 – 12.00 Ingeborg Porcar**

**Crisis and Disaster Psychologist**

**Directora técnica - Unidad  de Crisis de Barcelona   
 (Universidad Autónoma de Barcelona)**

**‘Psychosocial support in Barcelona after the recent terror attacks’**

16 people died, 100 wounded. The main problem was that it happened in the most touristic part of Barcelona, with tens of thousands tourists and people from Barcelona and surroundings witnessing the attack, slipping away from the van and then being confined for more then 5 hours in restaurants, hotels, stores and in some cases private houses, because form the beginning there was the possibility that there could be more attacks and with the only information coming from smartphones with horrible pictures and videos from outside… The amount of those who have a an acute stress reaction and are in risk of PTSD is estimated by more or less 25.000 persons. 60% are tourists, so they have gone home. For example we took care of 1153 German adolescents who were all at 500 meter trajectory which the van covered at about 80km/hour really "hunting" pedestrians.

Barcelona was finishing its preparation for such an attack. There was a meeting planned for September, 18th in which we would have finished the plans for psychological care after terror attacks. This plan was not ready, but at least there was a more or less concrete concept of what to do.

So we are now working very close to the public health network, which is which is challenging, because before the attack most of them did not know about acute and posttraumatic stress. But by now they are faced with patients who present a "strange kind of anxiety" and they are learning a lot of new ideas.

**12.00 – 12.15 Lucia Formenti**

**Psychotherapist at the Psychotraumatology Research Center in Milan-Italy,   
 representative of EMDR Europe**

**‘Dealing with the aftermath of the earthquake in central Italy: early intervention and psychological support with EMDR therapy’**

During the presentation the emergency response that EMDR Italy has been developing in the last months after the earthquake that hit central Italy will be described and data about the effectiveness of the treatment will be shown.

**12.15 – 12.30 Claudia Schedlich**

**Crisis and Disaster Psychologist**

**Representative of BBK, Germany**

**Gisela Zurek**

**Crisis and Disaster Psychologist**

**Representative of BBK, Germany  
 City of Düsseldorf**

**‘Needs of disabled people in disasters – results of EUNAD IP project’**

Will be presented: Results of European project focused on people with different disabilities in disaster and post disaster settings.

**12.30 – 13.00 Discussion**