

## MOOC 1

### *Interview*

#### **Personal Info**

- profession: Psychopedagogue
- age: 28
- gender: Male
- trained in psychological early interventions: NO
- experience in psychological early interventions. YES
- If yes, role in psychological early interventions experience
  - 1) Volunteering as a therapist in early intervention in a counseling center for Dependent Individuals (KETHEA PILOTOS)
  - 2) Working as a Social Scientist/Case Worker in the Open Accommodation Center for Refugees in Oinofyta for the NGO SolidarityNow.

#### **1) How do you describe the condition of emergency or mass crisis?**

- a) Describe the situation you know/in which you were involved.

A situation on which the beneficiaries have urgent and basic needs, that is food, shelter, medical needs or/and needs related to their mental health, when at the same time there is no designated infrastructure and specialized personnel to meet those needs.

- b) Describe and the support you provided.

Usually as a case worker I make a risk and needs assessment with the beneficiary and try to organize his requests and prioritize with him the most important which is done through a social history form that I fill during our first session. Secondly, I want to make sure that the person has food and shelter. Then, I always ask about any medical issues that must be dealt with immediately in which case I refer him to the medical actor that is located in the camp. After this I always inform the beneficiary about other services provided in the facility (like non formal education services, female friendly space activities for women etc.) In case that the individual needs psychological support, we arrange to meet in a weekly basis for supportive sessions. The next steps, could be referring the person for legal support so that he/she can make a request for asylum, family reunification with separated relatives residing in one of the Dublin II states, application for accommodation services etc.

**2) How do you define victims of first type (who is directly involved by the impact of the event) involved in an emergency crisis?**

a) Which kind of needs do they have?

Basic Needs: Food, Shelter, Protection, Medical Needs and Legal Needs: Asylum related procedures

b) What kind of resilience do they have?

They are more durable when it comes to emotional pain or they even seem to withstand physical strains and pain more and they are adaptable to change.

c) What kind of intervention do they need? Please describe demands matched by phases.

"I fled Syria because of the possibility of me being forcefully recruited by Isis and I want to go to my relative in Europe"

"Somebody raped me, I run away but he is still looking for me. I need protection"

"My abusive husband has my children, and he uses them to threaten me if I don't go back to him"

"I just arrived in this camp. I do not have food, nor money or shelter. Please help me."

**3) How do you define victims of second type (who are indirectly involved by the event, but who are close relatives of the first type victims) involved in an emergency crisis?**

a) Which kind of needs do they have?

Psychological Support. Legal Support (in case it is required for them to act to assist the first type victim)

b) What kind of resilience do they have?

They are more durable as far as emotional pain is concerned.

**4) How do you define a victim of third type (rescues, emergency staff...) involved in an emergency crisis?**

- a) Which kind of needs do they have?

Psychological Support. Access to a network of services, so that they can refer the first type victims to them for more specialized treatment (for example interpreters, hospitals, health centers, counseling centers, accommodation services etc.)

- b) What kind of resilience do they have?

Durability to emotional pain, adaptability to a constantly changing environment and cultural sensitivity.

- c) What kind of intervention do they need? Please describe demands matched by phases.

"I work with a woman that needs to see a doctor immediately and no hospital will accept her without a medical insurance number. Moreover, my organization will not cover the financial cost for her to see a private doctor."

"Working with migrants and asylum seekers affects my mental health and wellbeing. It is like I cannot really do anything that is enough for these people and that makes me feel helpless and insufficient"

**5) How do you define a victim of fourth type (community) involved in an emergency crisis?**

- a) Which kind of needs does it have?

Information about the first victims' background and needs.

- b) What kind of resilience does it have?

If it is a diverse community, then adaptability to changes and cultural sensitivity.

- c) What kind of intervention does it need? Please describe demands matched by phases.

Activities and events oriented to bridge the gaps between the first and the fourth type victims.

**6) What information do psychological early intervention staff need? Do they seek help from any other rescuers?**

Psychological early rescuers need a protocol on cases of mental health emergencies. They need to be informed about particular cultural characteristics of the population that they work with. They need to be involved in a network of other services and rescuers where they can seek assistance.

Indeed, from my experience psychological early intervention staff seek help from other rescuers.

**7) What kind of skills does a psychological rescuer need in order to cope with a psychological early intervention?**

a) What skills should psychological early intervention staff have?

Adaptability, cultural sensitivity, emotional resilience, teamwork, problem solving, being calm under pressure.

b) What skills should psychological early intervention staff improve?

All of the above.

**8) What kind of knowledge does a psychological rescuer need to cope with a psychological early intervention?**

a) What knowledge should psychological early intervention staff have?

Good knowledge of their field of work. Information about the characteristics of the population they are working with.

b) What knowledge should psychological early intervention staff improve?

Both of the above.

**9) How do you define the quality of a psychological early intervention?**

a) How do you measure the impact of the psychological early intervention?

I do not know.

- b) Which kind of indicators do you use to evaluate the impact of a psychological early intervention?

I do not know.

- c) How do you usually evaluate the impact of a psychological early intervention?

Probably by the absence of any kind of crisis, the level of adaptability, the quality of the cooperation of the beneficiary.

### **10) Please describe a good practice in your experience**

1. Supportive group sessions with Unaccompanied Refugee Minors
2. Supportive group sessions with Migrant Women

- a) Please give more details

I conducted supportive groups based on my training in Group Analytic Psychotherapy in the Institute of Group Analysis in Athens. These supportive groups after some months seemed to work for themselves as tools for early psychological intervention and also for long term psychological support to the most vulnerable beneficiaries in the Open Accommodation Center of Oinofyta.

### **11) What are the main results you observed after psychological early interventions?**

- a) How do you measure the impact of the interventions/experiences?

The unaccompanied minors who used to be distant and reluctant to accept my organization's services, after the group sessions they created and maintain a relationship with our personnel. They started going to school more often. They referred to each other for help and support even out of the context of the group. They identified, supported, and referred new unaccompanied minors to our organization and were very welcoming to them, by offering them a place in their room, or food for the first days.

Refugee women found a more private safe space where they developed trust towards a male conductor. They shared experiences and feelings regarding their

Project Number: 2020-1-PL-KA202-082075

marriages, the role of women in a Muslim society, they provided emotional support to one another and like the forementioned group, they identified other

vulnerable women, referred them to our organization and warmly welcomed them to the facility.

b) Please describe some references you use (e.g. articles, guidelines...)

1. Giannakopoulou, A. (2005). *Experiencing Trauma: The Use of Counselling*. Dissertation for the Degree of MSc in Counselling Studies. University of Hull, UK.

2. Fili, V. Xythali. (2017). **The Continuum of Neglect: Unaccompanied Minors in Greece** *Social Work and Society (SW&S) International online Journal*

3. Majumder P, O'Reilly M, Karim K, Vostanis P. (2015). **'This doctor, I not trust him, I'm not safe': the perceptions of mental health and services by unaccompanied refugee adolescents**. *Int J Soc Psychiatry*. 2015

4. Ní Raghallaigh M & Gilligan R (2010) **Active survival in the lives of unaccompanied minors: Coping strategies, resilience, and the relevance of religion**. *Child and Family Social Work*

5. Tucker S. (2011) **Psychotherapy Groups for Traumatized Refugees and Asylum Seekers**. *Group Analysis*.

6. Weinberg H. (2016) **Impossible Groups that flourish in leaking containers' Challenging group analytic theory?** *Group Analysis*

7. Yalom, I. D., & Leszcz, M. (2005). **The theory and practice of group psychotherapy**. New York: Basic Books

c) Please give more details

The most inspiring article for me was Weinberg's "Impossible Groups that flourish in leaking containers" where he supports the case that psychotherapeutic groups can flourish even though some of the prerequisites for the group's function, as we know them – like the setting – are not fully met. He argues that what makes this groups therapeutic and functional is what he calls the conductor's "secure presence" and the imagined internalized group that the members create.



Co-funded by the  
Erasmus+ Programme  
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

**12) Please describe what kind of methods and therapeutic factors are supporting your psychological early intervention?**

a) What kind of methods and therapeutic factors will you improve?

Here-and-now, socialization through the group, mirroring phenomena, installation of hope, universality, interpersonal learning, group cohesiveness

d) Please describe some references you use

The minors who were isolated in the premises of the Open Accommodation facility firstly benefited from socializing through the group. They obtained the sense that their problems are universal and they are not the only ones who face them. When one of them was moving on with their asylum or family reunification procedures the rest were feeling hopeful for their own cases as well. After some months they benefited from the group's cohesiveness and that allowed the group to welcome new members, that is, new unaccompanied minors who arrived in the facility. The fact that the group was cohesive, made it the perfect tool to immediately support the new arrivals and the conductor's intervention became less frequent and needed. Lastly, by focusing on the here-and-now of the group, the minors were able to be relieved – briefly – from any tragic events of their reality that were penetrating the group (bombardments in their local area in Syria, losses of family members and significant others etc)

**13) Is there any subject you consider to be important in order to help the research which has not been mentioned in the interview?**

a) Do you have any suggestions?

1) The sensitive subject of therapeutic work with the assistance of an interpreter.

2) The therapist's flexibility as far as his/her therapeutic method is concerned.

3) The subject of the therapist's cultural competency and how it is developed.

4) The theory of bilingual or multilingual therapeutic groups.

5) The "setting" of the therapeutic group in the context of crisis or emergency situations.