



MOOC 1

Learning Unit 7

GOOD PRACTICE 2

External Coordination

Instructions

In the following case study, you will be given a series of questions related to a scenario. You will have:

- 10 minutes (optional) to watch a video about the real scenario from which the case was taken. You will hear a description of the scenario and of the health workers' needs made by a psychologist in the Emergency Care Unit.
- 5 minutes to read about the setting and the scenario.
- 15-30 minutes for answering the questions.

Background Scenario Description

It is February 2021, you are in the North West of Italy in a town of almost 100.000 inhabitants. After 11 months of Pandemic, the National Health System has observed a psychiatric emergency in the pre-adolescent and adolescent population: compared with 2020, patients in the Neuropsychiatry Department of the local hospital have increased of more than 50%. The Society of Child Neuropsychiatry has been involved to report on the psychiatric emergency. This widespread unease, which emerged as early as spring 2020 thanks to a survey conducted by the

same Institute to assess the consequences of social isolation due to the Covid-19 Pandemic, seems to have sky-rocketed in the second lockdown, often with dramatic forms.

“There is a real emergency in the Neuropsychiatry ward of the local hospital and, from the data we have collected, also in other structures of the region” says prof. Y, director of the Child and Adolescent Neuropsychiatry Department. “The malaise encountered in the first lockdown now seems to have turned into an outright pathology. In particular, the requests for hospitalization for increasingly serious acts of self-harm, up to attempted suicide, have increased”.

The trend is also confirmed by the referrals to the Society of Child Neuropsychiatry from the emergency rooms in the south of the region: requests for hospitalization for self-harm in the last three months, from October 2020 to January 2021, increased by 50%, compared to the same quarter of the previous year.

Alongside acts of self-harm and suicide attempts, the most frequent pathologies also include eating disorders, psychosis with impaired reality testing, aggression and destructive behavior, social withdrawal and Internet addiction.

Indicators of this alarming picture had already been highlighted in 2020 by a cross-sectional cohort study – which is about to be published – conducted by Fondazione X at a national level.

Adolescents between 12 and 17 years of age were asked to answer an anonymous questionnaire with questions aimed at investigating the effects of confinement at home on their well-being, with the aim of identifying symptoms of acute stress and post-traumatic stress: of 1,649 adolescents, 79% reported subthreshold symptoms – red flags, but not requiring an intervention yet – of which 29% had acute symptoms and as many as 50% had symptoms already becoming chronic.

The recent Covid-19 Pandemic has projected them into a new scenario with confinements at home and social distancing. Recent studies, which refer to ever-expanding research, explore the effects of forced isolation (lockdown), quarantine and social distancing: schools open intermittently; contact with peers only through social media; group sports activities suspended. A recent review says that children and adolescents are likely to develop high rates of depression and anxiety during and after the end of forced isolation. The adolescents interviewed are afraid of being infected and of infecting their loved ones.

Setting:

It is December 2020 and you are an emergency psychotherapist hired as coordinator of a small team by the National Health System, the Psychology Department and by the local high school; your job is to design a debriefing intervention and a preventive intervention to support adolescents coming from the same region during lockdown periods. Two students attending the local high school have committed suicide in the last three months: a 16-year-old girl, who was attending the second year (grade 9), and a 17-year-old boy, who was attending the third year (grade 10). The girl lived with her mother and had 7-year-old brother. Her father had been living with a new family for 4 years in another town. The second victim lived with his parents and his 13-year-old sister, who attends the local middle school (grade 7). Both siblings were involved in the Local Scout Group and in the local church activities.

Objective:

Your role as a psychologist facilitator manager is to coordinate both the interventions required:

- 1) debriefing interventions involving all the direct and indirect targets you will identify;
- 2) preventive intervention to support adolescents of the town/area during lockdown periods.

Your role as coordinator will focus on:

- a) your organization/team work (5 psychotherapists);
- b) all the organizations/agencies (some of them are already mentioned in the scenario, other could be involved by you).

Methods and resources:

Your team includes two expert EMDR psychotherapists, two expert psychotherapists living in the town and one young psychologist.

You have got a few resources to support your team. All the other agencies have got their own budget or are volunteer agencies.

You could organize meetings between agencies and train local volunteers if needed.

Instructions:

Review the details of the case study and respond to the following questions to complete the activity. It is not necessary to describe the whole process in detail. The aim of this activity is to consider how you would use the decision-making process in a crisis situation.

Click on the link to watch the video for further details provided by dr. Giada Maslovaric, Associazione per l'EMDR Italia facilitator <https://youtu.be/8FnIMOOhQwU>

Time Limit: 50 minutes.

Consider the following:

You are the psychologist facilitator appointed by National Health Service and the Local High School. You are in charge of:

a) Inner coordination:

- defining roles and goals
- planning the interventions
- evaluating the interventions
- planning the follow-up

b) External coordination:

- designing a map of all the victims involved (please refer to the 6 typologies of victims)
- designing roles and goals of all the agencies involved
- coordinating the intervention at the local high school after the two suicides
- thinking of a preventive intervention that involves as many adolescents as possible
- defining a communication plan to give a coordinated information to the media

Time Limit: 15-30 minutes.

Questions:

Please answer to the following questions.

1. Resources:

- a. Map your resources, match them with the targets' needs and plan an efficient acquisition and distribution of resources.
- b. What resources do you have in order to communicate the intervention and its results?



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2. Objects:

- a. Bearing in mind that you are in the complex context of a pandemic with long-lasting lockdowns, what are your goals?
- b. What criteria do you use to prioritize your interventions?

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3. Methods:

- a. Is a preventive plan/protocol available to support the design of the intervention?
- b. Do the agencies involved usually work together? Are they already coordinated?

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4. Leadership:

- a. What could be the pivot in the coordination of the various key figures involved in the intervention with the adolescents of the city?

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**Psychological
Early
Intervention**

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