



Psych.E.In. MOOC 1

Unit 2

CHAPTER 2 - § 2.1 – INTERVIEW [D]

Semi-structured interview

Target:

1. Trainers of psychologists, psychotherapists and psychoanalysts in emergency

Personal Info : Alessandra Zambelli

IAAP President and Trainer Director - Institut Alfred Adler de Paris

- profession :

Psychologist, Psychotherapist, Supervisor, Adlerian Psychoanalyst Trainer and Psychologist Emergency Trainer, EMDR Practitioner, Psychodrama Therapist and Supervisor and Trainer.

- age :

- gender : Woman

- trainers of psychological early interventions courses: yes. If yes, which one? EMDR Italy

- experience in psychological early interventions :

In private a office inside a general medical practitioner group (6 physicians + 2 medical doctors under different training level)

- role and experience in psychological early interventions :

Direct psychologist and psychotherapist for victims in prevention and follow up (post-acute phase), rare in acute phase, and trainer for Adlerian psychoanalysts

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

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





Terrorist attack (post-acute phase : Ex Bataclan), Witness of suicide (acute phase and post-acute or follow-up phase), Car accidents (also professional victim, acute phase, post-acute and follow-up phase), Covid-19 pandemic (post-acute or follow-up phase)

b) Describe the support you provided

General practitioners' office and specific psychotherapy support (as EMDR)

2) Which is the most peculiar psychological rescuers capability in dealing with psychological early interventions?

a) Which kind of knowledge?

Territorial knowledge and relations in addition to basic knowledge in the event of psychological emergency

b) Which kind of skills?

Empathy and flexibility and creativity and logical thinking; psychopathology diagnosis skill

c) What kind of competences?

Mediation competences and containment of anguish

3) What kind of weaknesses do you observe in psychological rescuers preparation?

Not understanding the practical meaning of Empathy, which is not compassion

a) Which kind of knowledge do psychological rescuers need?

Understanding the Empathy as what the person/victim and group/institution really needs, perhaps without knowing it, and discovering the resources that individual and community already possess





- b) Which kind of skills do psychological rescuers need?

Techniques to show the individual (real or potential victim) and groups/institutions how to use their resources to respond to the crisis situation without shutting themselves up in only survival mode, conscious or unconscious.

- c) What kind of competence do psychological rescuers need?
Dialogical, relational, empathic, organizational and logical competences

4) What kind of training do you think could be more effective for psychological rescuers?

Communication and managerial capacity in addition to basic emergency psychological techniques

- a) Please describe some references/good practices
b) Please give more details

5) What are the most important competences of psychological rescuer trainers?

- a) Which kind of knowledge?

Direct experiences and in various contexts and settings and “anthropological thinking”

- b) Which kind of skills?

The ability to carry students to understand difference, to analyze it and to understand it: capacity to teach empathy skill

- c) What kind of competences?

The competence of managing groups in role-playing situations

6) As a trainer of psychological rescuers what do you mostly need?

- a) What kind of methods/tools do you need in your role of trainer?



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Visual theoretical material (PP), practical exercises, examples (as case studies)

- b) What kind of tools do you have to cope with the weakness?
Individual and group supervisions

- c) What kind of networking do you need to receive support?

Territorial networking and scientific support



7) Which are the most relevant difficulties of psychological rescuer trainers?

Making people understand that the relationship is as important as techniques, especially since the quality of relational empathy is not easily teachable: it takes hours of group therapy, psychodrama and supervision, and personal maturity and balance updated daily.

The importance of verifying both scientific and organizational sources of information

- a) Please give more details

8) How do you define the quality of a psychological early intervention training?

- a) How do you measure the impact of the training?
- b) Which kind of indicators do you use to evaluate the impact of the training?
- c) How do they usually evaluate the impact of a psychological early intervention training?

9) Do you know good practices regarding psychological early intervention training?

Direct training, interconnection with other international and national trainers, interconnection with and among the different professionals to update the methods of emergency intervention and the training in psychological emergency intervention

Offering general practitioners a training in psychological emergency intervention

Offering nurses a training in psychological emergency intervention...

And so on....



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- a) Please describe some references
- b) Please give more details



10) Do you have any suggestions to add?

- a) Please give more details
- *For example : a victim type VI° could not access the psychological care services for the victims of the terrorist attack at the Bataclan (Concert hall in Paris on the 13th November of 2015), being those free and victim-specific services, which the person identified only as of type I° and II°, perhaps III° , but no further, and the person felt a strong sense of guilt if he had used them.*
- *The ability to recognize his symptoms combined with the possibility of being able to access a paying service (in private practice) at an EMDR specialist that the patient knew was a privileged technique for ASD and PTSD symptoms, allowed him to take advantage of the right support and treat himself in a few sessions, although symptomatology has resurrected a much older war trauma.*
- *Despite the guilt about having free support for the "real" victims, this person has not suffered feelings of shame towards his state and has been able to react effectively for his taking charge at an early stage of the terrorist crisis in France.*

But I do not think that any of the rescuers are aware of this specific issue, and this person was sufficiently autonomous to go to his doctor and speak clearly and directly. What has happened to the others who have not been able to overcome either guilt or shame? Do family doctors know how to bring an empathetic (and not only compassionate) psychological perspective to their patients, particularly at this stage of the Covid-19 pandemic ?

