Psychological Early Intervention

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MOOC 1 – Unit 2
Different phases in Early Psychological Interventions: a dimensional crossings paradigm

Chapter 2
"Facilitator" as a New Profile for the Psychologist in Crisis Intervention: Coordination and Evaluation as Management Support Tools

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INTRODUCTION

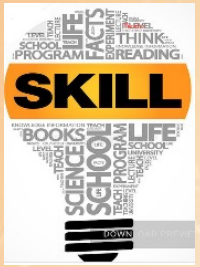
- If the clinician's work in crisis situations may in some respects resemble their usual work, it is mostly likely they will have to act in completely opposite settings to say the least, being linked to the management needs of the crisis which is an extreme context. Therefore, even the clinician must be able to adapt to the non-deferred, non-ideal management needs, both for their evaluation of the patient's needs and for their therapeutical techniques, as well as for their facilitator role between the different actors of the situation.
- As the victim assessment starts immediately in crisis situation even though the setting is constantly moving, the clinician must set an immediate soft therapy with simple constant listening, needed trust and confidence during all phases of the crisis. You can considerate the victim assessment as an element of the "emergency therapy"*, a new Adlerian Italian setting concept proposal. And you have to remember the 6 kinds of victims….!! Every part involved in the situation can turn into a victim of the crisis.

* G. G. Rovera, ADLERIAN HELP RELATIONS IN EMERGENCY SITUATIONS, Riv. Psicol. Indiv., n. 87: 15-63 (2020)

§2.1 Crossing the specific context of the crisis with possible change of the phases and victim typology

The concept of Early Psychological Interventions as crossing a dimensional paradigm finds its complete and complex meaning here, because you have to match not only the individual stress phases and the crisis phases, but both in different contexts, almost unknown for you and sometimes also from scientific literature.

Natural disasters impacting primarily the environment, such as **tsunami, earthquakes, floods, fires, nuclear/chemical accidents** are more likely to produce a crisis that follows the classic phases evolution. On the other hand, human-made crises impacting directly other humans are less predictable and thus create different autonomous contexts such as **terrorist attack, immigration from war situation**, **genocide, accidents, pandemic, rape, aggression** (group and individual), **imprisonment** (seizure or political), **scholar/family suicide**, and others.



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In these different contexts the phases are not perfectly similar to the disaster phases schema, so you must understand and anticipate the long process with the simple Temporal Phases Schema (in these equivalent two versions)

- Pre-acute
- Acute
  - Emergency Phase
- Post-acute/
  - Early Post Impact Phase
- Follow up
  - Restoration Phase

You'll learn how to match the known CRISIS BIO-PSYCHOLOGICAL RESPONSE PATTERN PHASES and the characteristics of crisis context, and how to use it with the psychodynamic empathy and psychodiagnostics tools.

This skill is in preparation of your setting with different victims: individual or collective, direct or indirect, with history of psychodiagnostics or without, elderly or children, etc. as you'll find in the next units.

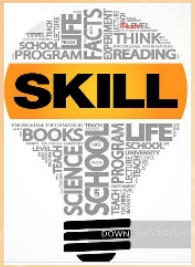
The crisis context is an element of your psychological setting with your patient that is first a victim, but last and not least an individual with their history and community (the biopsychosocial paradigm all time!)

§2.1 Crossing the specific context of the crisis with possible change of the phases and victim typology

- In interview [D] attached here, the psychotherapist describes how a victim type VI° could not address 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.

§2.2 Crisis management and clinical assessment: the great alliance to understand and match the crisis phases and their context.

- The **key** of this great alliance is the meaning of the phases (stress and crisis): « **Clinical roles change from setting to setting and they change over the course or "phases" of disaster »**.* [DMHS, p.5]
- Just as the clinician must be able to adapt their role by creating appropriate settings according to the context of the crisis in progress, so management must listen to the clinician and organize their interventions ensuring the survival and the mental health of both victims and rescuers .
- Excessive stress and trauma are both a hot "issue " and not an immediate assessment – as if they were becoming invisible because one was too blind, the effects of which are still often denied or unknown, even by the victims of any type themselves.
- **At the core of the alliance between clinical assessment and mental health management in crisis** situations is therefore **a pivotal dialogue**. This dialogue must create a bridge between these two functions promoting a **mutual adaptability** as rapid as it is profound, **building an efficient support** of individuals and their community depending on the complex biopsychosocial nature of their needs and identities.



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- You can find the skills that translate in details to this principle in Unit 7 on the role of the psychologist in crisis management. They are the results of the historical evolution of this alliance and its scientific process.
- Here you can understand the cognitive and clinical principles that supported this alliance where it was tested and observed.
- It is a psychological deep dialogue made of active listening and empathic action with victim, rescuers and manager, individuals and community.
- The victim assessment starts immediately in a crisis situation, but only as simple constant listening, as immediate soft therapy although the setting is changing and moving during all phases of crisis.
- For example, in management there are: « Two methods of assessment are suggested: use of indicator data and the use of key informants. »*[DMHS, p. 148]
- *Indicator Data Method and Key Informant Method, both have been able to include the considerations of the empathic assessment typical of the clinician, although it can also be found in other professional and disciplinary figures, but with another focus.*

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- For example: in the Indicator Data Method, in addition to the estimation of the number of the population and its characteristics and resources, the « Estimation of outreach, consultation, and education needs · description of population demographics (high risk groups: children, frail elderly, the disadvantaged, ethnic groups). It is an application of the community's assessment experience and its overt and covert needs »*[DMHS, p. 149]
- « The key informant approach to needs assessment is based on the assumption that certain persons in the community know the community well enough to be able to estimate both mental health needs attributable to the disaster and needed resources. Key informants can be surveyed to estimate a) specific groups impacted by the disaster; b) gaps and problems in existing services; and c) resources required to meet the needs resulting from the disaster».*[DMHS, p. 149]

These management assumptions result from the clinical assessment of both the needs and the resources of the community and individuals. It’s a tool born from the great alliance.