Psychological Early Intervention

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MOOC 1 – Unit 3 Stress responses: biopsychosocial perspective

Good practices

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MOOC 1 – Unit 3

Stress Responses: Biopsychosocial Perspective

Chapter 4 : Good Practices

Introduction
4.1 SIX Cs - Basic principles of intervention
4.2 SIX Cs - Main steps of intervention
4.3 SIX Cs - Intervention steps, their connection to brain, and their effect
4.4 Recommendations and guidelines

Chapter 4 : Good Practices

Introduction

→ In the acute phase of stress, **hyperarousal** produced by ANS **is essential for effective stressor management**.

→ in order to **effectively manage the consequences of the stressor**, it is necessary for the **hyperarousal to calm down**.

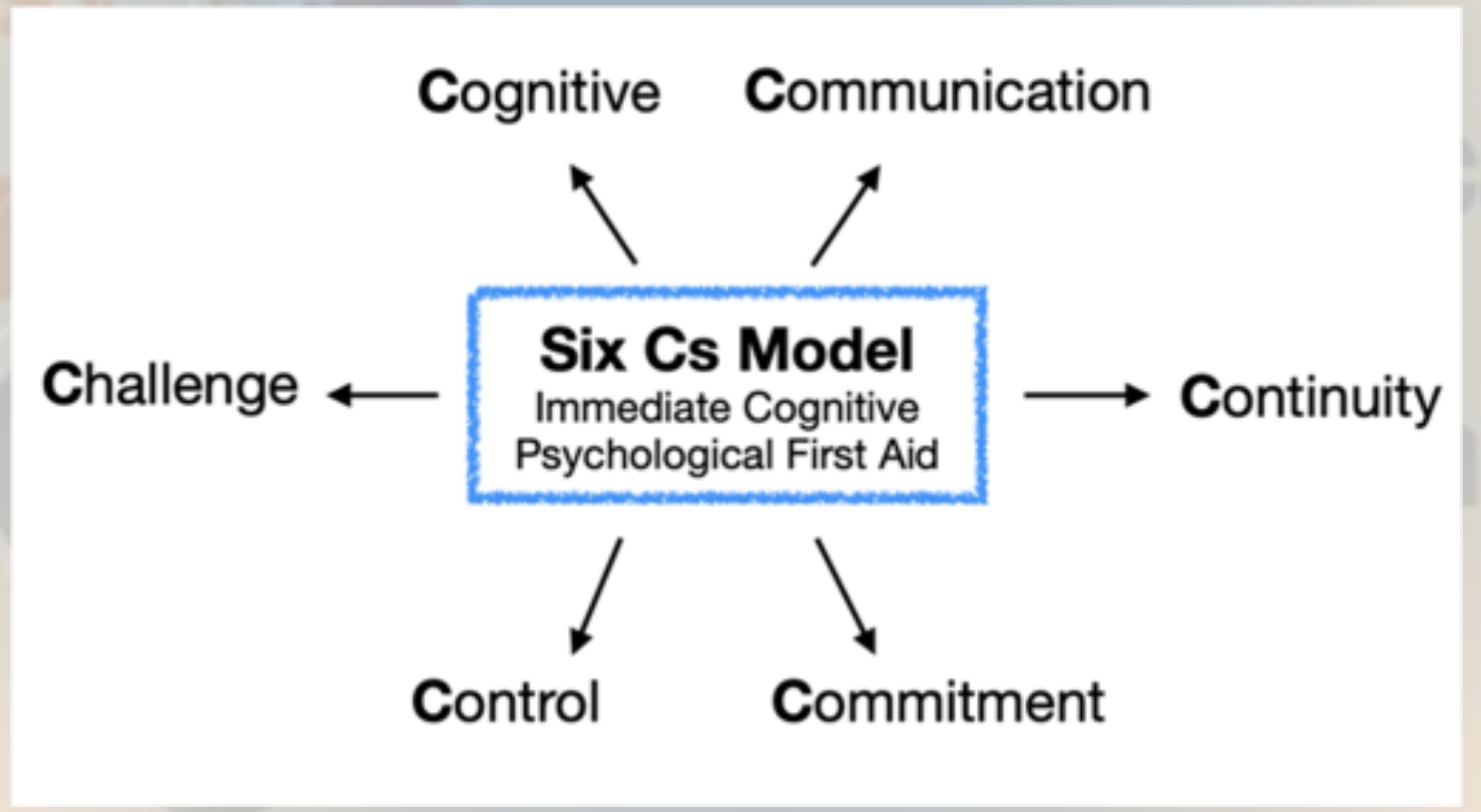
→ Rutherford (2007) states that in terms of intervention, it is therefore necessary to: **a) provide a safe environment**; **b) enable internal control**; **c) restore or promote resiliency**.

→ In this context, Farchi et al. (2018) presented the **SIX Cs model** for Immediate Cognitive Psychological First Aid - a model focused on six main intervention elements, each one **addressing different symptoms of acute stress reaction or reflecting resilience factors** (hardiness, sense of coherence, self-efficacy). This model is established e.g., in Israel as a main model of psychological early intervention. SIX Cs can be seen as a good practice in psychological early intervention based on neuropsychological knowledge.

Chapter 4: Good Practices

4.1 SIX Cs – Basic principles of intervention

From Helplessness to Active Effective Coping



Farchi, M., Hirsch-Gornemann, M. B., Whiteson, A., & Gidron, Y. (2018). The SIX Cs model for Immediate Cognitive Psychological First Aid: From Helplessness to Active Efficient Coping. International Journal of Emergency Mental Health and Human Resilience, 20(2). doi:10.4172/1522-4821.1000395

Chapter 4 : Good Practices

4.2 SIX Cs - Main steps of intervention

Cognitive verbal **Communication**:

→ an intervention aimed at **reducing amygdala hyperactivity** and **supporting PFC activity**.

Challenge:

→ an intervention aimed at **reducing the feeling of failure, helplessness** and **promoting self-efficacy**.

Control:

→ the aim is to **reduce the feeling of helplessness** in order to shift the person into a more functional state without trying to distract the person from the event.

Commitment:

→ the aim is to **reduce the feeling of loneliness as soon as possible** (the longer the feeling of loneliness lasts, the greater the difficulty of returning to normal).

Continuity:

→ the aim is to **reduce the confusion** that results from hyperarousal, which creates a sympathetic nervous system. Hyperarousal causes the inability to create a synchronized narrative of the event.

Chapter 4: Good Practices

4.3 SIX Cs - Intervention steps, their connection to brain, and their effect

Cognitive verbal **Communication**:

→ The aim is to ask **short cognitive questions** focused on **three main dimensions**: **Time**, e.g. "How long have you been there?" **Quantity**: e.g., "how many people are injured? ", and **Choosing from simple option**: e.g., "Do you want to talk with your parents or your teacher?".

→ This promotes cognitive verbal communication, which **activates PFC** and thus **reduces amygdala hyperactivity**.

→ The outcome of this intervention is **motivation and the ability to act effectively and to make and prioritize decisions**.

→ Induce the person to **think more clearly**, **set priorities,** and **make effective decisions**.

Chapter 4: Good Practices

4.3 SIX Cs - Intervention steps, their connection to brain, and their effect

Challenge:

→ **Simple trauma-related cognitive tasks**, e.g., "Please collect all your things into your bag and make sure that nothing is missing."

→ This promotes the activation of the ventromedial part of the **PFC** and thus **reduces the hyperactivity of the amygdala**.

→ The outcome of this intervention is an **increased sense of control** and **effective coping**.

Control:

→ **Offering the simple options**: e.g., "Want to start counting or help with registration? "; " In which area do you prefer the blood perfusion? ".

→ This intervention will **support PFC activation** and **increase the sense of control** (as opposed to helplessness and incompetence) - again, this should lead to **modulation of the over-active** amygdala.

→ The outcome of this intervention is an **increased sense of control** and **effective coping**.

Chapter 4: Good Practices

4.3 SIX Cs - Intervention steps, their connection to brain, and their effect

Commitment:

→ This could be accomplished by the person with a **verbal commitment to** his/her **safety and support**, **assuring the person** the **helper will stay until the stressful event is over**, e.g., "We are here with you, we are not going anywhere until you are safe again".

→ The outcome of this intervention is the person's **collaboration and cooperation** with a helper.

Continuity:

→ The **time to resolve this confusion should be no longer than the first six hours after the stressful event**. It is recommended to help the person to **reconstruct the event in an orderly and continuous manner** as soon as possible, e.g., by explaining the person's chronological elements of the event and emphasizing the endpoint, e.g., "Three minutes ago, you were involved in a car accident. Right now, the medics are here and are starting to treat the people who are injured. In the next 2-3 minutes, we will walk to the ambulance and you will be taken to the hospital for further checkups. The accident has ended!".

→ The Outcome of this intervention is the **reduction of "flashbacks"**, **intrusive thoughts** understanding that **threat is over**.

Chapter 4: Good Practices

4.4 Recommendations and guidelines

There are a few useful references on the Six Cs model as a good practice in acute phase of stress:

Official Six Cs model website: https://www.icfr.co.il/the-six-cs-model

Article about Six Cs models: 10.4172/1522-4821.1000395

Article about the comparison of different early psychological interventions: 10.3390/ijerph18094594

Chapter 4: Good Practices

4.4 Recommendations and guidelines

There are a few useful guidelines to intervention in follow-up phase of stress:

PTSD treatment guidelines:

https://www.apa.org/ptsd-guideline

https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/

https://www.nice.org.uk/guidance/ng116

https://www.cadth.ca/sites/default/files/pdf/PTSD_Treatment_A_Summary_of_Clinical_Practice_Guidelines.pdf

https://www.healthquality.va.gov/guidelines/mh/ptsd/
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

https://istss.org/clinical-resources/treating-trauma/international-practice-guidelines-for-post-trauma

Guide for Guidelines:

https://www.ptsd.va.gov/professional/articles/article-pdf/id52066.pdf