

MOOC 2 – Unit 1

Profile of Emergency Psychologist

Chapter 1

Prioritization, Assessment & Psychodiagnostics

Developed by Association of Clinical Psychologists (CZ)

Chapter 1

Introduction

- The knowledge gained in this presentation covers five important aspects needed in emergency psychologist, particularly clinical, facilitator, and manager roles.
- Your clinical role is grounded in empathy, focuses on assessment of needs and provides supportive help through techniques from PFA (Psychological First Aid), psychosocial techniques, and also trauma-focused intervention.

Unit 1, Chapter 1 : Learning Unit Outcomes

TOPIC DESCRIPTION

**Influence of distress
on mental health**

**Psychosocial needs
and consequences**

**Description of risk
population**

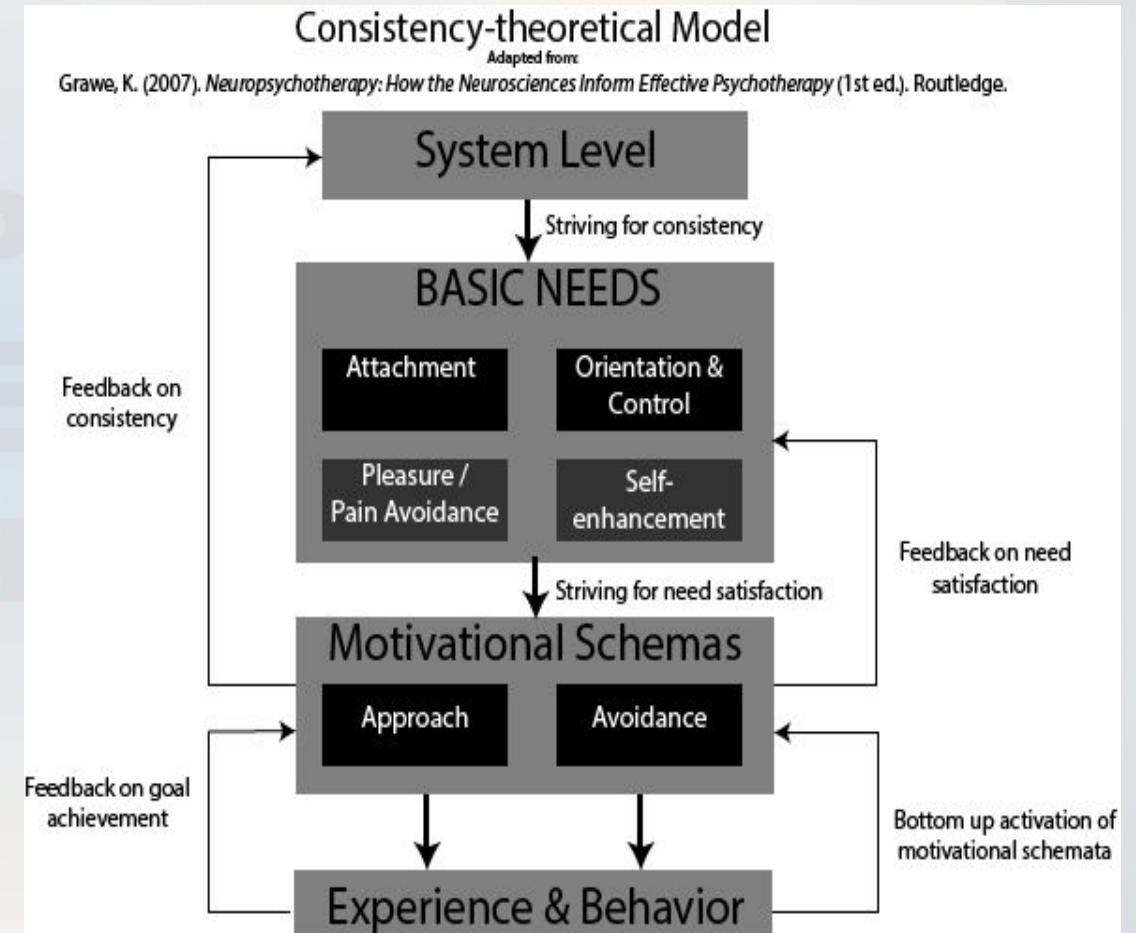
**Support for the use
of supervision**

Curve of adjustment



Psychosocial Needs and Consequences

- There are four basic needs which you should know:
- The need for Attachment; the need for Control/Orientation; the need for Pleasure/Avoidance of Pain; and the need for Self-Enhancement.
- Of these needs, attachment and control are developed first and thus are the strongest drivers of behaviour, with self-enhancement, or self-esteem likely to be the last of the needs to develop in an individual.





Psychosocial Needs and Consequences - Knowledge

- Psychological trauma is caused by extraordinary events and disasters. In many cases, it manifests itself in such a way that it changes our opinion of ourselves, families, friends, humanity, and the world. In most of the healthy population, people have three basic prerequisites, which according to Janoff-Bulman (2002) are as follows:
 - The world is a good place at heart
 - Life and events that meet us have a purpose
 - They consider themselves as valuable
- Psychological trauma comes at a time when the events we face disrupt these basic premises and drive a person to a level that they can tolerate.



Look at Tip number 1: Possible Topics for a group discussion



Description of Risk Population

- You should know your target group well. Populations at risk and which are in danger of developing mental health problems that often will require greater mental health care are children, the elderly, people suffering from mental illness, people with specific health problems, people with disability and people below the poverty line.
- These most vulnerable sections of the population should be given increased care and should be given greater attention by emergency workers to provide them with the maximum available care and, where appropriate, to avoid psychological and other problems in their future.
- The populations at risk also include rescuers and people from humanitarian aid, the armed forces, doctors who get to the scene of the disaster first and also other rescuers.



Look at Tip number 2: Education videos



Influence of Distress on Mental Health

- There are some basic reactions to distress which you should know:
- The social response is, for example: regression, irritability, avoidance, withdrawal.
- Emotional and cognitive responses fall under psychological reactions. Emotional reactions are for example: fear and anxiety, guilt, anger, helplessness, emotional flattening.
- Cognitive responses may include confusion, impaired memory, impaired concentration, disorientation, decreased self-esteem. Physical reactions include insomnia and headaches.





Support for the Use of Supervision

- However, psychosocial factors that affect emergency services are known. Fortunately, there is evidence that these people like you who work in a stressful or traumatic environment can benefit from regular clinical supervision and psychosocial support.
- These services can reduce the feelings that workers could have done more to save more people and made a significant contribution to society, which is one of the elements leading to burnout syndrome.
- Often, when under supervision, they focus on realizing their own feelings and allowing themselves to see that they have done a good job although the situation they found themselves in was very stressful and traumatic (Hacker and Collins, 1994).





Curve of Adjustment

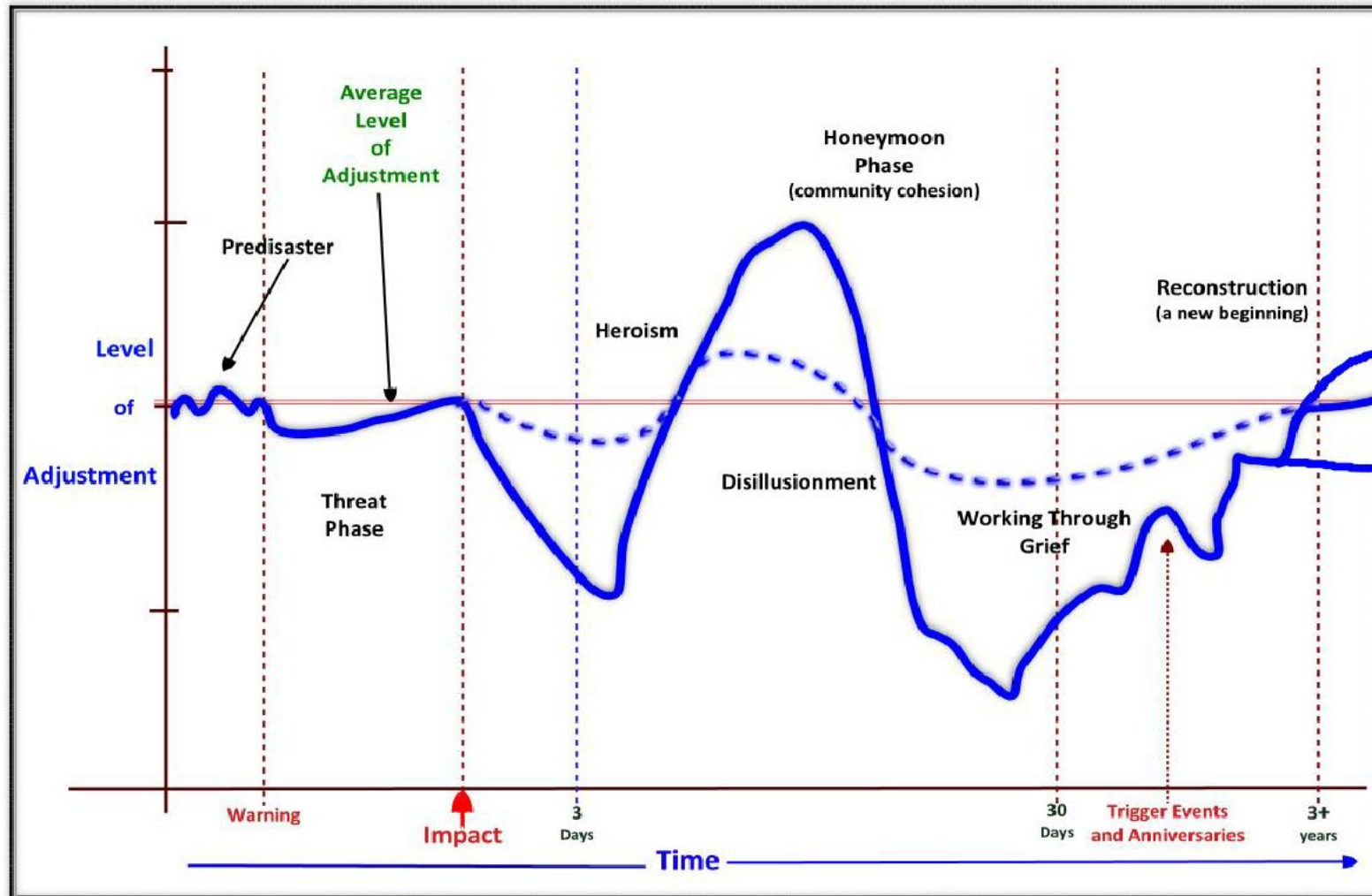
- Over the last 20 years of research, the results tend to agree that people tend to respond to different kinds of traumatic events according to a similar pattern.
- The picture shows (on next slide) a simple theoretical curve that indicates the course of psychological management of tragic and catastrophic life events.
- You should focus on:
 - Follow-up research confirmed the importance of circumstances and predictability of tragic events. What's also important is the individual's resilience, which can be very different across the population.
 - It also affects the development of the curve if the trauma occurred during the performance of the service within the work commitment and other circumstances that affect the psychological settings and perception of the threat.



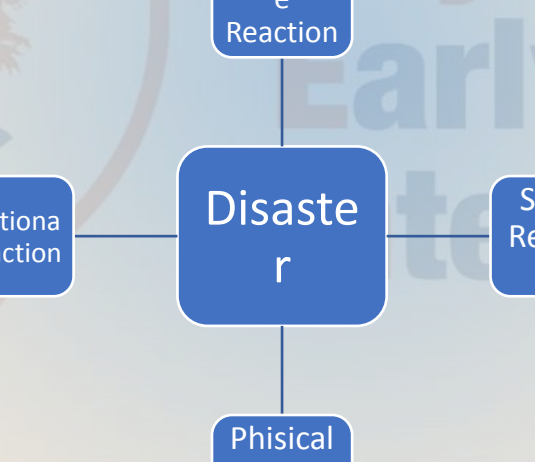
Look at Tip number 4: Burnout prevention



Curve of Adjustment

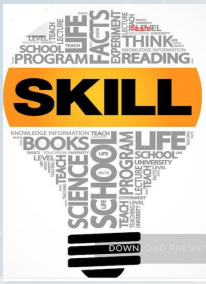




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- A central blue rounded rectangle labeled "Disaster" is connected by lines to four surrounding blue rounded rectangles: "Cognitive Reaction" (top), "Emotional Reaction" (left), "Social Reaction" (right), and "Physical Reaction" (bottom).
- ```
graph TD; Disaster[Disaster] --- Cognitive[Cognitive Reaction]; Disaster --- Emotional[Emotional Reaction]; Disaster --- Social[Social Reaction]; Disaster --- Physical[Physical Reaction];
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- The nature of anticipated immediate reactions to major incidents (adapted from Alexander 2005)

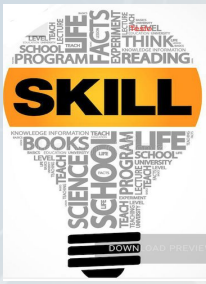




# Psychosocial Needs and Consequences

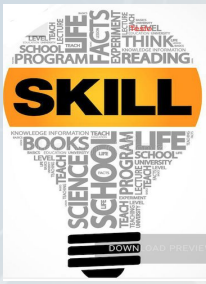
- The idea of a systematic procedure suggests the provision of care to people according to their needs and the degree of intervention they need. You should focus on providing victims:
  - Access to psychological first aid for people experiencing a great deal of distress
  - Access and information on the possibilities of professional and, at the same time, available psychosocial care that can be offered to victims
  - Full mental health care options
  - Empathetic support for the help of family and community members who should be familiar with the basic principles of psychological first aid for the affected person
  - Enabling and support for people who are still in crisis to get access to specialist psychotherapeutic assistance a month after the event





# Description of Risk Population

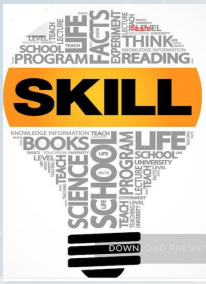
- It is important to explain repeatedly to students, on what aspects they should focus on in populations at risk, how to distinguish them with regard to specific experiences and dealing with stress. Each risk group works differently with stress and it is advisable to focus on specific characteristics in specific groups. You should focus on these parts:
- It is important to know what group we are targeting and how we want to help it (psychotherapeutic, psychosocial support, providing information and contacts...)
- We need to know our limits and our acquired abilities in order to provide adequate care and prevent possible further damage to the client.



# Description of Risk Population

- Everyone involved is likely to benefit from supporting arrangements in the immediate aftermath
- Decision-makers must understand:
  - the health risks faced by people after disasters and major incidents
  - the distressed emotional and dysfunctional behavioral responses that may occur
  - the mental disorders that people may develop
  - the anxieties about survivors that relatives, friends and many other people may experience



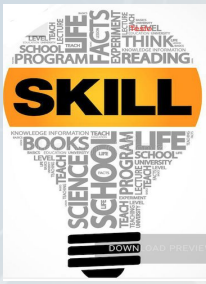


# Support for the Use of Supervision

- In this section, it is essential for you to recognize when you need immediate supervision and when you or your colleagues only need regular long-term supervision. This ability comes with work experience, but at the same time you can learn to recognize physical and psychological signals well and to be aware of the degree of stress experienced.
- Within this section, it is important to be aware of the importance of psychosocial needs and the consequences of work for emergency workers and others involved in helping people in crisis situations.
- Encouraging you and your colleagues to use psychosocial support and supervision of your work to prevent your mental health and prevent mental and physical problems in the future appears to be an important factor.
- This prevention could enable you and your coworkers to develop your own effective strategies to better manage challenging situations and deal with the emotions that your work brings.



Look at Tip number 5: Stress questionnaire



# Curve of Adjustment

- For example, awareness of potential danger can have a big impact on the experience of a disaster. There is also a high variability in the length of psychological distress and return to the personal normality of the victim. Some victims of tragic events may be damaged for a longer period. Research has shown that people who suffered acute stress from a traumatic event were more resilient after going through it, and their adjustment curve was better than before the event.
- You should know that the adverse reactions are known to be more prevalent if the events are less visible, such as those involving the release of noxious substances.
- Another example of indirect effects concerns the impact on the long-term psychosocial development of particular people or their relatives' involvement in traumatic scenarios. Clearly, children and young people are a focus of concern in this regard.



Look at Tip number 6: PFA case scenario





# Influence of Distress on Mental Health

- It is important to teach students to distinguish who needs help. Distress affects the mental health of everyone a little differently, so it is advisable to combine knowledge of specific professions with the level of engagement in the solved critical situation.
- People who have shown less or only transient symptoms are described as resistant. Subjectively, they describe these events as distress, but they are not fundamentally threatening to them. Some people affected by a critical event may be resilient, but another group of people may become dysfunctional due to stress, and a third group will suffer from acute stress disorder.
- People suffering from acute stress disorder may be much more susceptible to the development of other psychological or psychiatric disorders; often there is also somatization of difficulties, i.e., manifestations of psychological discomfort through a worsened physical condition caused most often by stress and anxiety.
- It is also commonly manifested through sleep disruption. Sleep disruption may also be related to the development of post-traumatic stress disorder due to severe accidents and disasters. Somatization is often manifested in emergency workers as a way of managing stress.





# Psychosocial Needs and Consequence

- For effective communication, the effort to establish a relationship is essential. To show that we're there for the clients, we hear them, and we care how they feel. It is also advisable to look calm and balanced to the client. The client has experienced a major shock and we must provide them with the best possible fixed point to lean on for the time being.
- Good communication and assessment skills are essential for you to build a rapport with patients and can help the nurse develop a clinical relationship with the patient and their family.





# Psychosocial Needs and Consequence

- You should treat clients individually as each patient requires specific physical, symptomatic and psychosocial care.
- Providing good psychosocial care comes down to good communication skills, both verbal and non-verbal. Communication in the context of care includes general interactional skills to convey empathy and support and to provide information that is understood and retained. A relationship of health care providers with patients is based on trust, being open and honest, understanding, being present, respect, setting mutual goals and providing social support.





# Description of Risk Population

- You should know the specific environment of the endangered population.
- Offer help before clients start using their own defensive and possibly inefficient coping strategies such as substance abuse.
- A risk population can easily find its way into situations of total helplessness and inability to be an asset in managing a crisis situation. You can try to integrate clients into any activity in which they can be useful and feel that they are actively involved in improving the situation and it can have very good effects for them.
- Good communications - repeat the basics of good communication, provide clear, concise and easy-to-understand information.
- Timely and trusted sharing of information with the public and among the responding agencies.
- Efficiency and effectiveness
- Effective planning and coordination of service responses may maximise the collective resilience of the public and communities and the personal resilience of affected persons and responders.





# Support for the Use of Supervision

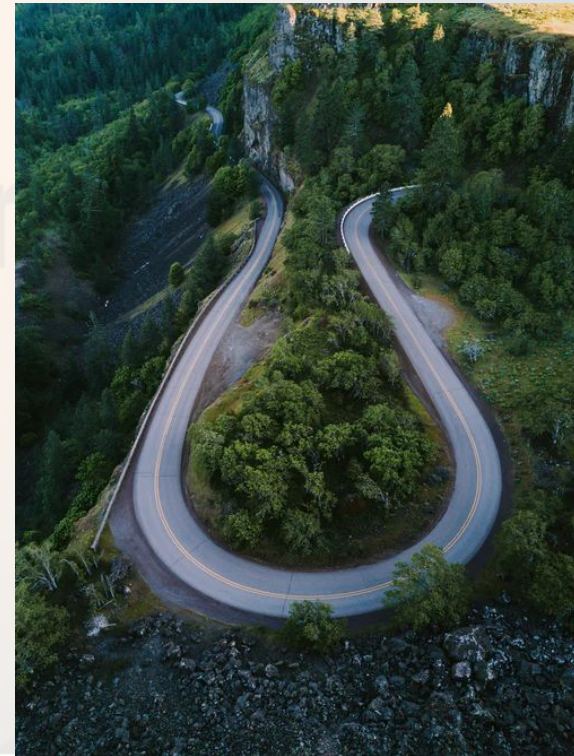
- Anyone working in assisting professions should have a supervisor in case they need to seek supervision for their current case. Support participants in finding supervision. In quality organizations, supervision is a common part.
- The basic aspects with which they repeatedly come into contact, which lead to great deal of distress, are for example, traumatic events involving death, physical injuries. Research on emergency workers in Scotland has shown that mental health and emotional well-being have been influenced by their work. One third of these workers suffered from high levels of general psychopathology, burnout, and post-traumatic stress syndrome. These difficulties were particularly manifested in workers experienced with severe distress in the last six months (Alexander and Klein, 2001). In contrast, another study on the bombings in Madrid led only to a slight increase in psychiatric problems among police officers deployed in this situation (Gabriel et al, 2007).
- You can find your supervisor today.





# Curve of Adjustment

- The curve will not always have the same progress. However, it can serve you as a useful landmark for your work with clients. This allows you to better specify and understand their needs. It will also allow you to better prepare for their questions and thus provide them with quality information.
- The important information from that graph is the curve, not the direct proportion of abilities and the management of a critical event over time. Duration and fluctuations in positive or negative values are very variable.
- Dashed lines illustrate the variability of severity. The timeline is also very variable, with delayed peak anxiety and longer duration of the highest anxiety experienced. This curve can show us the theoretical course of crisis management and shows possible risks to the psychological well-being of survivors or otherwise involved.
- You should not forget that the experiences of victims can be very different, but still this curve can be very useful for the possibility of providing effective services to disaster victims.





# References

- Alexander, D. (2005). Early mental health intervention after disasters. *Advances in Psychiatric Treatment*, 11(1), 12-18.
- Alexander, D. A., & Klein, S. (2001). Ambulance personnel and critical incidents: impact of accident and emergency work on mental health and emotional well-being. *The British Journal of Psychiatry : The Journal of Mental Science*, 178(1), 76–81.
- Carlson, L. and Bultz, B. 2003. Benefits of psychosocial oncology care: Improved quality of life and medical cost offset. *Health and Quality of Life Outcomes*, 1(8):1-9
- Grawe, K. (2007). *Neuropsychotherapy: How the Neurosciences Inform Effective Psychotherapy* (1st ed.). Routledge.
- Hacker H., & Collins S. M. (1994). Caring for the carers. An approach to supporting health care professionals working in stressful clinical environments. *Proceedings of the British Psychological Society*, 2(1), 49.
- Ritchie, M. 2001. Psychosocial nursing care for adolescents with cancer. *Issues in Comprehensive Paediatric Nursing*, 24(3):165-175



# Conclusion

## SUMMARY

- In this presentation, we tried to present you a theoretical concept that can be useful for the work of a crisis interventionist. We briefly described the effect of distress on mental health and basic psychosocial needs.
- We have tried to highlight the populations most at risk of developing long-term distress or developing mental disorders. We see regular cooperation with a supervisor who has experience with the target group of clients with whom the crisis interventionist works as essential for the work of the crisis interventionist.
- In conclusion, for a better idea, we presented the "curve of adjustment", which can be a suitable tool for a crisis interventionist to better understand the situation and the development of the psychological response of their clients.

**Thank you for your attention**

