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MOOC 1 – Unit 6 EMDR

Chapter 1 EMDR and Psychological First Aid

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Chapter 1

EMDR Psychological First Aid– Introduction

- EMDR is a specific therapy for trauma. In emergency scenarios, victims could need to be treated with stabilizing and normalizing interventions before proceeding with a more specific trauma-focused intervention.
- Phase 2, or Preparation Phase, is the phase of the EMDR protocol that has the function of a psychological first aid intervention.
- EMDR Phase 2, or Preparation Phase, provides:
 - psychoeducation
 - normalization
 - stabilization



1.1 EMDR Preparation Phase (Phase 2) Knowledge

Patients deemed appropriate for EMDR therapy treatment are prepared for memory processing.

During Phase 2, the patient is prepared to “just notice whatever happens” and to maintain a **balanced observation/participation position**. “Safe Place” visualizations could be proposed.

The goals of Phase 2 (Preparation Phase) include:

- a) establishing a **therapeutic alliance**;
- b) **educating the patient** about symptoms according to the Adaptive Information Processing model (e.g. current problems are the result of past dysfunctionally stored memories);
- c) **explaining the EMDR process and procedures**, its effects, and what to expect;
- d) teaching patients, according to their needs, about affect regulation and management methods that increase stability and enable a **sense of self-mastery and control**.



1.3 EMDR Preparation Phase (Phase 2) Competences (1)

The skills just illustrated are declined in specific competences of the EMDR Preparation Phase in emergencies. They are:

Psychoeducational information to the patient. In emergencies, information about stress phases, victim typology, and trauma helps victims normalize the perception of the symptoms; make them also feel safe by making sure they have access to food, water and services (housing, health, safety, social networking...).

Assistance in the communication of bad news. In emergencies, psychological rescuers may have to assist other figures in the communication of bad news or may have to communicate bad news themselves. In that case, empathetic communication is to be provided paying attention to the language (use a comprehensible and plain language), being direct and clear, respecting patients' time (respecting silence and individual expression of emotions), being open to questions and providing support.



- 1.1 How to Communicate Bad News Over the Telephone
- 1.2 Suggestions for Managing Fear in Children and Adults
- 1.3 Self-Protection for Adults
- 1.4 Recommendations for Children
- 1.5 Suggestion and recommendations for senior citizens



1.3 EMDR Preparation Phase (Phase 2) Competences (2)

Breathing techniques. Stabilization is obtained by teaching to the victim self-regulation techniques based on slow and deep breathing (around 6-7 cycles per minute). You can teach other techniques like the “square breathing”, which is a regulated breathing where you inhale, hold your breath, exhale and hold your breath again for the same amount of seconds.

Grounding technique. In emergencies, this is often used to stabilize traumatized victims. Grounding improves the sensation to be firm on the ground by feeling the feet on the floor. Grounding improves the capacity of the victims to calm themselves.

Anchoring technique. In emergencies, you might have to deal with unstable and dissociated victims. Asking them to name the objects they see around them or asking them “here-and-now” questions (“What time is it? What day is it today? Where are we?”) could support victims to reconnect themselves to reality.

Installation. In emergencies, resilience could be enhanced by helping victims to focus on a positive image or sensation from the present or from the past. They could be images of nature, travelling, home (from the past), or the feeling of pleasant temperature/lighting/comfort in the setting. Sometimes, in emergencies, it is possible to install the “Safe Place”.



TIP