



Project Number: 2020-1-PL-KA202-082075

MOOC 1 – Unit 6 EMDR

Chapter 1 EMDR and Psychological First Aid

Developed by
Associazione per l'EMDR in Italia (IT)



Co-funded by the
Erasmus+ Programme
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

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



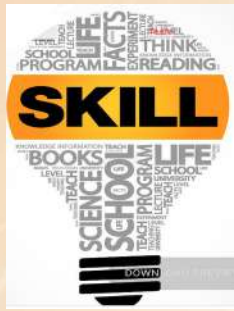
1.1 EMDR Preparation Phase (Phase 2) Knowledge

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**.



1.2 EMDR Preparation Phase (Phase 2)

Skills (1)

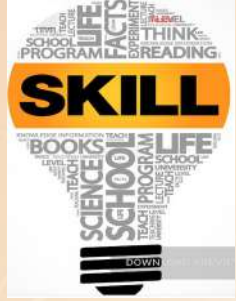
As psychotherapists, in order to manage EMDR Phase 2 (Preparation Phase) with victims, you need to:

Be calm: keep your tone calm and firm and, if culturally acceptable, look at the person in the eyes.

Be stable: make sure to be neutral in the setting and in your role. If you are a first-type victim of the crisis too, you need to be treated before treating other victims.

Provide **active listening**: be focused on the needs and on the requests of the victims. Respect their time. Do not anticipate them or force them to talk. Active listening means also sharing moments of silence. Use non-verbal language or repeat key words (using the echo effect or verbal tracing) to show that you understood the patient's point.

Be **empathetic**: understand the point of view of the victims and help them to help themselves providing information and support to solve their problems.



1.2 EMDR Preparation Phase (Phase 2)

Skills (2)

Be **flexible and adaptable**: emergencies require tailored interventions. Resources are restricted, settings of intervention could be very different and uncomfortable. In any case, privacy and safety have to be guaranteed to victims and flexibility could help the psychotherapist figure out solutions.

Provide safety: prevent hazards and provide safe intervention conditions.

Be trustworthy and assertive: be honest and clear with the victims; provide practical information and say if you do not have enough knowledge to answer some needs and questions; give updated and verified information. As rescuers, you never work alone: your authority is supported by being member of an agency that coordinates with others jurisdictions.

Problem solving: emergency settings could require outreaching interventions to get close to the people who may need support. Problem solving is a key skill to improve outreaching interventions.



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”.

