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MOOC 2
Learning Unit 4
Group Training

Psychological Early Intervention

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

Chapter 1 - Introduction
Phases of Early Group Interventions

Traumatic incidents, when they occur suddenly and unexpectedly, are out of the ordinary and there is a perceived lack of control over them (such as human-made or natural disasters), can be divided into three different phases. Each phase differentiates in the knowledge, skills and group interventions required:

(1) the **Impact phase**: the immediate period after disaster strikes

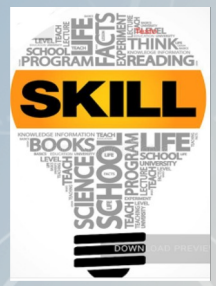
(2) the **Immediate 'Post-Disaster' phase**: recoil and rescue: any time from the day after the onset of the disaster until approximately the eighth to twelfth week

(3) the **Recovery phase**: generally beginning at about the eighth to twelfth week after the onset of the disaster

McLeod, J. 2003. *An Introduction to Counselling*. New York: Open University Press.

1.1. The Impact Phase: the immediate period after disaster strikes

- Most people respond appropriately during the impact of a disaster and react to protect their own lives and the lives of others. This is a natural and basic reaction. These people may experience stress, but show resilience and follow the natural trajectory, recovering under their own impetus.
- A range of such behaviours can occur, and these may also need to be dealt with and understood in the post-disaster period. After the traumatic fact, people may judge their actions during the event as not having fulfilled their own or others' expectations of themselves.
- Some people, though, respond in a way that is disorganized and stunned, and they may not be able to respond appropriately to protect themselves. Such disorganized or apathetic behaviour may be transient or may extend into the post-disaster period, so that people may be found wandering helplessly in the devastation afterwards.



1.1. The Impact Phase: the immediate period after disaster strikes

- The immediate period after disaster strikes extends up to 3-4 hours
- No specific psychological action is needed. No diagnosis. No treatment

First responders/public health workers/mental health workers, are there to:

· make the contact

· introduce themselves

· meet the basic medical and physical needs

· prioritize and then:

· focus upon people and needs which require emergency care

· first responders are basically busy fulfilling their primary duties, but they can also contribute through a calming and supportive presence

1.1. The Impact Phase: the immediate period after disaster strikes

- Your roles are more oversight and guidance; a basic individual crisis intervention aiming to recognize when people really do need assistance, to instruct them how to get that assistance and point people for further assistance if needed.
- For mental health services and in the broader public health perspective, though, your aim is to build the community resilience in neighbouring communities, such that every community will gradually have a contiguous community.
- By applying this attitude, you as first responders/public health workers/mental health workers are able to provide compassionate and supportive presence designed to mitigate acute distress and assess the need for continued care.

Ehlers, A., & Clark, D. M. 2003. Early Psychological Interventions for Adult Survivors of Trauma: a Review. *Biological Psychiatry,* 53(9): 817-826.

1.2. The Immediate ‘Post-disaster’ Phase:

Recoil and Rescue: any time from the day after the onset of the disaster until approximately the eighth to twelfth week

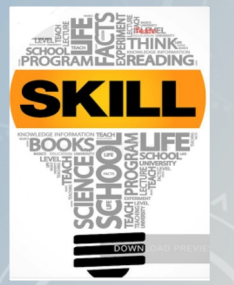
Psychological support in this phase can take the following forms:

(i) Emergency Services Support

Policemen, nurses and doctors in intensive care, social workers and workers in burns units and casualty departments tend to see people at their lowest ebb, when things are at their worst or may see those who have the least effective coping strategies and have deficiencies in their natural support system.

(ii) Debriefing

Debriefing was developed under the need for a preventive psychological programme, as it was observed that some emergency workers showed psychological distress after exposure to traumatic incidents, involving direct and indirect personal physical or psychological threat. Mitchell called his technique ‘critical incident stress debriefing’ (CISD), while Dyregrov referred to ‘psychological debriefing’ (PD), giving clear guidelines for setting up group sessions after traumatic events.



1.2. The Immediate 'Post-disaster' Phase

Emergency Services Support

Group Psychological First Aid (Group PFA)

- First contact, Establishing rapport
- Reflective/Active Listening (allowing silence, attending non-verbally, paraphrasing, reflecting feelings, allowing expression of emotions)
- Empathy
- Assessment of needs: identify benign from more severe psychological and behavioural reactions
- Prioritization/Triaging

Debriefing: Critical Incident Stress Debriefing (CISD), Psychological Debriefing (PD), Critical Incident Stress Response (C.I.S.R.)

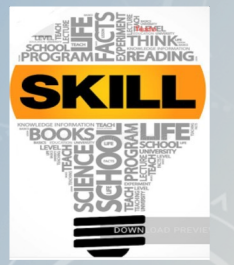
-Debriefing session is held 24 to 72 hours after the incident, can last up to 2-3 hours

-Structured Psychoeducation

-Review with victims their thoughts, impressions, feelings and symptoms

-Normalise personal experiences

-Provide practical information



1.2. The Immediate 'Post-disaster' Phase

Emergency Services Support / Group Psychological First Aid (Group PFA)

- Provide practical care and support in a non-invasive way
- Assess the needs and difficulties and help people to meet their basic needs (e.g., food, water, information)
- Relief and help to experience calm, protecting victims from further damage
- Stabilise Acute Arousal (remove provocative cues, encourage a task focus, allow catharsis, delay impulsive actions, use distraction)
- Mitigate Acute Distress (foster improved ability to function, reassure/instill hope, correct misunderstandings or false information, use stress management techniques, reframe)
- Provide Social Support : Connect with services, friends, relatives, etc.

Debriefing: Critical Incident Stress Debriefing (CISD), Psychological Debriefing (PD), Critical Incident Stress Response (C.I.S.R.)

- Introduction/Initial Screening
- Provide practical information (financial, logistical, medical, spiritual, liaison, advocacy)
- Reaction phase: Mitigate the emotional impact of the traumatic event
- Convey Stress Management Skills
- Facilitate piecing together of traumatic information
- Provide psychological "closure" and follow up: reassessment of Acute Stress symptoms (duration, frequency, intensity), evaluation of the manifestation of PTSD, support for further recovery, reduction of risk factors and assessment of further emerging needs

1.2. The Immediate ‘Post-disaster’ Phase

Emergency Services Support / Group Psychological First Aid (Group PFA)

- Having assessed and helped people to meet their basic needs, you achieve protecting victims from further damage and calming their distress
- By removing provocative cues, encouraging a task focus, allowing catharsis, delaying impulsive actions, using distraction, you stabilise acute arousal
-By fostering improved ability to function, instilling hope, correcting misunderstandings or false information, using stress management techniques, reframing, you mitigate acute distress
-Connecting with services, friends, relatives, etc. you provide a social support network

Debriefing: Critical Incident Stress Debriefing (CISD), Psychological Debriefing (PD), Critical Incident Stress Response (C.I.S.R.)

- By providing practical information and by facilitating the piecing-together of traumatic information, you mitigate feelings of helplessness and isolation
- By conveying Stress Management Skills and by providing psychological “closure” and follow up you mitigate the impact of the traumatic event

1.2. Tips

- **Responses: Do's**

- It sounds to me that…

- In other words, you tell me that…

- What you mean is…

- What I hear you ask is…

- Is there a way to be helpful to you?

- These are normal reactions to such an event

- It is understandable that you feel this way

- You are not going crazy

- It was not your fault; you did the best you could under the circumstances

- It is difficult to understand what you are going through but I will be with you as long as you need it

- **Responses: Don'ts**

- It could have been worse

- You can always get another pet/car/house

- It is best if you just stay busy

- You need to get on with your life

- know how you feel, I understand you

- You must try to overcome it

- What does not kill us makes us stronger

- You need to relax; you will soon feel better

- It is good that no one died

- Everything happens for a reason

- We are not given anything more than we can bear

1.3. The Recovery Phase: generally beginning at about the eighth to twelfth week after the onset of the disaster

This phase, generally beginning at about the eighth to twelfth week after the onset of the disaster, is basically referred to counselling, either individually or in groups, with the professional help of a trained counselor.

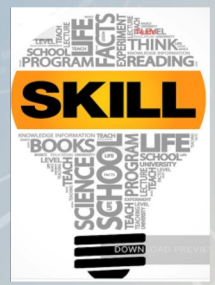
1.3 Recovery Phase

- 1.3.1 Cognitive-Behavioural Counselling (CBC)
- 1.3.2 Psychodynamic Approach
- 1.3.3 Person-Centered Approach to (Trauma) Counselling (PCC)
- 1.3.4 Bereavement Counselling

1.3. The Recovery Phase: generally beginning at about the eighth to twelfth week after the onset of the disaster

Counselling is not indicated as a form of treatment during the first two phases of a trauma, the impact and the immediate 'post-disaster' phases. In the early stages, victims are often too disorientated to work systematically through a counselling programme nor have they had the space to test out the efficacy of their own coping mechanisms. It is only when disturbing reactions and PTSD symptoms persist for more than a month that counselling and professional help is indicated for a trauma victim.

The actual contact between a counselor and a victim who is seeking help lies at the heart of what counselling is about. An interest in the nature of the therapeutic relationship represents a common concern of all therapy practitioners and theorists, even if different approaches to counselling make sense of the victim-counselor relationship in different ways.



1.3. The Recovery Phase: generally beginning at about the eighth to twelfth week after the onset of the disaster

Group counselling refers to a group process, where a number of trauma victims are counselled together in a structured environment and get the opportunity to talk about and work with their feelings and the traumatic event or experience.

Counselling trauma victim may mostly take the form of

i) cognitive-behavioural counselling,
ii) psychodynamic counselling and
iii) person-centered counselling, which includes
iv) bereavement counselling, as well.

Each school of counselling approaches trauma in a different way, which also affects the kind of the relationship between the trauma victim and the counselor.

1.3. The Recovery phase: generally beginning at about the eighth to twelfth week after the onset of the disaster

During the group sessions, within agreed boundaries which may specify duration, regularity, availability and confidentiality of counselling, counsellors provide a setting in which they help victims:

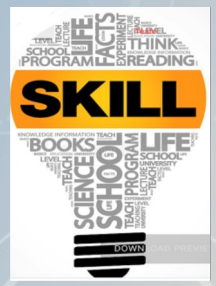
- understand their feelings
- come to terms with the trauma
- develop a more positive view of themselves and their future
- learn about the normality of their responses and ways to manage stress symptoms
- help victims realize they are not alone in experiencing stress reactions

Effective counselling depends on how the therapeutic alliance (victims-counsellors relationship) operates.

1.2.1. Cognitive-Behavioural Counselling (CBC)

- Cognitive-Behavioural counselling (CBC) is based on the notion that cognitions can have a crucial influence on emotions. The basic principle, underling this approach, outlines that victims suffering a major trauma for a period greater than three months beyond the trauma are not so much by the trauma as by the consequent view, which they take of themselves and their world.

- Following a traumatic incident, assumptions about the self and the world are shattered, such as the belief in personal invulnerability, the perception of the world as meaningful and comprehensive, and the way one can view himself/herself in a positive light, therefore treatment for long-lasting trauma reactions should focus on cognitive and behavioural interventions that rebuild and reevaluate these shattered assumptions.



1.2.1. Cognitive-Behavioural Counselling (CBC)

CBC is problem oriented, active and directive. The counselling strategy is one of a careful listing and defining of the nature of the victims' difficulties. Then, CB counsellors generally take one of three directions when attempting to treat disturbing reactions to trauma or PTSD:

(a) **exposure or related techniques** (systematic desensitization or direct therapeutic exposure to trauma stimuli, either imaginal or real-life)

(b) **cognitive therapy** (cognitive restructuring of biases concerning "all or nothing" thinking, over-generalization, jumping to conclusions, "should" statements, labeling and mislabeling, personalization, emotional reasoning, magnification and minimization)

(c) **anxiety management training** (relevant education, muscle relaxation training, controlled breathing, guided self-dialogue, problem-solving and role-play practice)

1.2.1. Cognitive-Behavioural Counselling (CBC)

- Keep in mind: it is not simply that thinking influences feeling. The reverse is also the case, such that there is a reciprocal relationship between the two.

- Keep in mind that once traumatized individuals become low, they have better recall of negative memories and these negative thoughts can serve to further lower their mood, setting up a vicious circle.

- Using CB techniques, you seek to break the circle by targeting unrealistic negative thoughts for change, focusing on realistic thinking, leaving no space for the encouragement of positive thinking, but giving the priority to thinking processes and testing-outs.

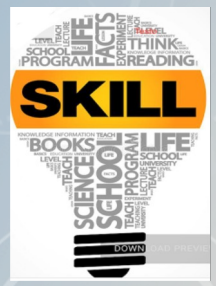
1.2.2. The Psychodynamic Approach

- The psychodynamic approach to counselling is ultimately derived from the psychoanalytic theory of Sigmund Freud.

- The key assumptions in psychodynamic approach are that emotional problems have their origins in childhood experiences, people are usually not conscious of the true nature of these experiences and unconscious material emerges indirectly in counselling through the transference reaction to the counsellor and in dreams and fantasy.

- Moreover, the object relations schools of psychoanalysis evolved a psychodynamic approach that paid more attention to the relationships between the client and significant others in his life.

- The nature of the client-counsellor relationship in psychodynamic approach to counselling plays a really important role and is more like a talking cure.



1.2.2. The Psychodynamic Approach

- The aim of psychodynamic counselling is to:
  1. increase the traumatized people's capacity to use and accept more aspects of themselves
  2. free their processes of thought and feeling
  3. remove existing damaging restrictions on them

- The basic principles of treatment associated with trauma psychodynamic counselling are: **the development of a working alliance, catharsis, the process of rebuilding trust, and understanding** the elements of the complex traumatic event in a way that acknowledges, but **contains,** overwhelming anxiety. Use is made of **transference**, which is the survivor's emotional attitude towards the counsellor, affected as it is by the nature of the survivor's internal world with its particular object relationships.

- Such work will involve the analysis of **defense mechanisms**. The most commonly associated with long-lasting effects and PTSD are the mechanisms of denial or disavowal, dissociation, splitting, projection and identification. These defensive strategies contribute to a state in which the person is both cognitively and emotionally 'trapped' in the trauma.

1.2.2. The Psychodynamic Approach

- In psychodynamic counselling the survivors have the opportunity to experience a relationship in which their emotional state can be understood, tolerated, recognized and felt in a way which they have not been before. New, better possibilities for dealing with internal and external conflicts are meant to remain after counselling ends.

- Therefore, the type of relationship psychodynamic counselors seek to construct with traumatized victims is that of the **'container'.** The relationship becomes a place within which the most painful and destructive feelings of the client can be expressed and acted out, because they are held safe there. Psychodynamic counsellors also draw on the image of the **boundary** or frame to characterize the therapeutic relationship. It is only when the edges of the container are clearly defined that the client knows that they are there.

- While using psychodynamic methods, you interact with a variety of trauma affects, reducing feelings of helplessness, loss, guilt, rage and shame, which may become organized as depression, vengefulness and aggression, both conscious and unconscious.

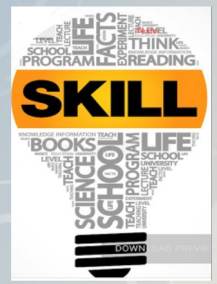
1.2.3. The Person-Centered Approach To Counselling (PCC)

The PCC approach in trauma cases places high value on the experience of the victim and on the importance of subjective reality, where the victim's subjective experience of a critical event is of great importance.

It also challenges victims to accept responsibility for their own life and to trust the inner resources, which are available to all those who are prepared to set out along the path of self-awareness and self-acceptance.

The person-centered counselor believes that each person has the potential to become a unique and beautiful creation, but that none can do this alone and unaided.

Sometimes, development or recovery is blocked or distorted by other people and/or traumatic experiences, providing not the 'nourishment' for growth, but the poison which can weaken and even destroy the human spirit. This is the distressing reality which many trauma survivors know only too well and which the person-centered counsellor acknowledges but refuses to accept as the final answer.



1.2.3. The Person-Centered Approach to Counselling (PCC)

The PCC relationship requires that the counsellor possesses three fundamental qualities, often referred to in the person-centered literature as "core conditions". Carl Rogers (1957) has suggested that these three necessary and sufficient conditions for trustworthy and effective counselling are namely:

(a) **empathic understanding** (basic empathic listening, which means being with and understanding the victim)

(b) **unconditional positive regard** (another way of being with victims, being present and, mostly, being non-judgemental towards them, acceptance that has to do with being open to experience and with willingness to confront what is)

(c) **congruence** (genuineness, transparency, authenticity, realness; these are all words that are used to convey Rogers' condition of congruence. The concept has been described as an attitude, a state of being, a way of living)

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology.* Vol. 21:95-103.

1.2.3. The Person-Centered Approach to Counselling (PCC)

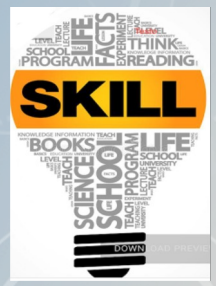
- You promote the victims' innate and basic need for positive regard or security, that have been blocked or distorted as outcome of traumatic relationships or experiences.
- You contribute to the creation of a self-concept and accompanying behaviour that serve as a defense against attack, disapproval or reoccurrence.
- Your task as a counsellor is to create new conditions of relationship where the growth process can be encouraged and the stunting or warping remedied.
- In a sense you attempt to provide different soil and a different climate in which the trauma victims can recover from past deprivation, maltreatment or traumatization and begin to flourish.
- It is the nature of this new relationship environment and your ability to create it that are central to the whole therapeutic enterprise in Person-Centered Approach to trauma counselling.

1.2.4. Bereavement Counselling (BC)

Trauma situations and disasters often include deaths and a variety of losses, and traumatized people experience many kinds of bereavement.

Each and every bereavement entails, to a greater or lesser extent, a period of mourning during which the mental suffering of grief has to be endured and expressed, and a psychological and social adjustment has to be made to life without the lost object.

Bereavement counselling often helps to bring about a more effective adaptation to the loss, when victims have trouble resolving their feelings, cope with grief reactions and work through the four tasks of mourning on their own.



1.2.4. Bereavement Counselling (BC)

The three core conditions of Person-Centered Approach to trauma counselling and a **really engaging victim-counsellor relationship** are fundamental constitutes of bereavement counselling.

Moreover, through the use of evocative language, symbols, metaphors, writing and drawing, role playing, memory book, bibliotherapy, directed imagery, relaxation techniques and cognitive restructuring the counsellors help victims **complete any unfinished business** and be able to say good-bye to what once was.

There are specific goals which correspond to the **four tasks of mourning**:

1) to increase the reality of the loss,
2) to help victims deal with both expressed and latent affect and
3) To overcome various impediments to readjustment after loss, and
4) to find a way to remember the deceased or the lost object while feeling comfortable reinvesting in life.

1.2.4. Bereavement Counselling (BC)

By accomplishing the tasks of mourning, you can increase the realisation of the loss. Furthermore, you help victims deal with both expressed and latent affect, overcome various impediments to readjustment after loss, and find a way to remember the deceased or the lost object while feeling comfortable reinvesting in life.

In the frame of Bereavement Counselling, your interventions may take the following forms, achieving three potentially different outcomes of bereavement counselling:

1) **Humanitarian**: providing human comfort and support. Many voluntary agencies and self-help groups serve a humanitarian prerogative to offer counsel to bereaved, traumatized people, if only to help relieve their burden of suffering

2) **Preventive**: facilitating mourning and readjustment. Counselling as a preventive intervention can be viewed as having two main aims: firstly, to promote the onset and progression of normal mourning, and secondly to help victims with the grieving process and get on with their lives

3) **Therapeutic**: ameliorating pathological grief