

Toolkit 2

Post intervention

Learning Unit 10

Self-support. Asking for help, do not act alone

5 - Preventing vicarious trauma in your team members

5. Do you know the procedure for emergency response? No

If you answered “no”: please practice the following exercise



Exercise

Activities 5

Note: Prevention is the core of every psychological early intervention: being very prompt in the intervention helps to prevent post traumatic trauma, trauma vicarious and burn out. The EMDR Emergency Response Procedure (ERP) was developed by Gary Quinn to help in the first hours after a terroristic attack or other critical incidents any kind of victims.

Recently (2021) Gary Quinn updated EMDR Emergency Response Procedure (ERP) in Immediate Stabilisation Procedure (ISP). To know more see Psych.E.In. MOOC aimed at psychologists, psychotherapists and psychoanalysts, Unit 6 (https://psychein.pixel-online.org/gp_MOOCs.php).





Activity 5

Emergency Response Procedure (ERP)

By Gary Quinn

Protocol

The goal of Emergency Response Procedure (ERP) is to allow the person to verbalise what they have experienced and to increase the state of calm.

Phase 1 - Acquisition of history

1. What happened?

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Phase 2 – Preparation.

2. Normalisation. In the initial period after the trauma the person already has a high activation (arousal) and it is essential to normalise their behaviour by explaining: "This current tremor, palpitation, cold sweat, feeling cold ... they are normal and healthy ways in which the body handles a dangerous situation".

Phase 3 - Evaluation

3. When the person is experiencing an Acute Stress Reaction (ASR), it is not necessary to proceed with an analytical assessment of negative cognition and disorder. An evaluation is left implicit that is assumed to indicate the maximum disturbance.

Phase 4 – Desensitisation

4. Activating dual attention, making the person perceive the ability to feel safe in the here and now (in the relationship with the therapist, in the room ...) and the disorder related to the past event. For example, you can say: You are now here, safe, in this room... in the hospital.... It's gone now. The traumatic event is over. Repeat several times to the person that they are now safe.

Let them breathe and proceed with bilateral stimulation.

Phase 5 – Installation





5. During the ERP protocol the installation of the resource refers to or is circumscribed to the security situation perceived in the here and now, with respect to the traumatic event. When the person perceives that they are safe, the traumatic event is over. Nevertheless, sometimes the person tends, at this point, to want to narrate the events, with the attention of the therapist to the irrational non-functional cognitions that can derive from it, to the activation, to the sensation in the body.

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Phase 6 – Body scan

6. You can proceed with the body scan

Phase 7 - Closure

7. You can proceed with the closure. You can provide some psychoeducational elements such as: "It is normal that in the next few hours, days you will have flashbacks of what happened to you, and that you may have difficulties in your primary functions (sleeping, nutrition, irritability, mood swings. If these manifestations last beyond 2 or 3 days you can again look for me for a new session section. It may be helpful to give a list of stress symptoms and numbers to turn to.

Phase 8 - Follow up phase

8. It may be helpful to research contact people the following week, even just by phone, for a reassessment of symptoms.





**Psychological
Early
Intervention**

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