Psychological Early Intervention

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Psych.E.In.
Case Studies 2

Project Number:
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Psych.E.In. Case Studies Collection

Targeted to Psychologists, Psychotherapists and Psychoanalysts' Trainers (Vocational and Educational Trainers - VET)

Contents

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Introduction

Psychological Early Intervention (Psych.E.In.) Collection of Case Studies is targeted to VET psychologists, psychotherapists and psychoanalysts and presents six case studies using different methodological approaches applied to training in emergency.

Case study 1 is developed by University of Presov and is a methodological reflection about how to teach using case studies: how to develop a case study, how to present a case report and why to use them to support learning: providing a link between the theories of psychotherapy and psychopathology and the application of these theories to a particular individual or setting, highlighting connections between content and real-world applications.

The following case studies are developed by the other consortium's partners. Psych.E.In. partners' experience in training:

- rescuers
- psychologists, psychotherapists and psychoanalysts
- community members

Psychological Early Intervention (Psych.E.In.) Collection of Case Study about training in emergency offers a comprehensive overview of different approaches in training Psychological Early Intervention. The methods described by the cases are:

- EMDR (Eye Movement Desensitization and Reprocessing) (Case 2)
- SIX Cs model (3)
- Transcultural psychology (Ethno-clinical psychology) and Group Analytic (Case 4)
- Adlerian method of Individual Psychology (Case 5)
- Family Bereavement Program (Case 6)

To know more, please consult Psych.E.In. website: Case studies page and see further good practices at the link: https://psychein.pixel-online.org/gp_CaseStudies.php

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Case study 1

Teaching “Case study”: How to prepare case studies and work with them

***Responsible partner**: University of Presov (SK)*

***Author**: Ľubica Zibrínová, Lenka Vargová*

***Keywords**: adult learning, VET, methods*

1. Description of the training event

1. Scenario

Education in case studies for students, (not only) beginning psychologists/psychotherapists/psychiatrists, practitioners, trainees.

How to teach
Novice psychologists/psychotherapists/psychiatrists, practitioners or trainees can learn practical skills through reading, writing, presenting and reflecting on cases.

Why it’s important
Case studies make practical knowledge accessible. It is an important educational tool for developing critical thinking through the consideration of interpretations, conclusions and interventions (Macrkill, 2013).

Why these psychological tools are used
Case studies are central to education and training in all theoretical approaches and modalities of therapeutic work such as individual, group and family therapy (Mackrill, 2013).

2. General conditions
How to teach
Allport's "case study" processing rules provide valuable inspiration:

- The case description must be written from a clearly stated theoretical point of view, but the data must not be distorted by the author's bias.
- The data must be complete, but not unnecessarily detailed.
- Conflicts should be given more space than 'calm' periods, but the conflict should not be over-emphasised /the non-problematic aspects of the case should be captured alongside the problematic ones/.
- When describing - personality traits, behaviour, interaction patterns, counsellor's interventions, etc. - illustration with a concrete example is appropriate.

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Preparation of the case study - initial mapping enabling structuring. Fundamental principles of mapping:

- It is necessary to start with a clear and comprehensive conceptualisation of the case - to build up a picture of the client;
- Approach case conceptualisation as a process - mapping a series of events, not an individual event;
- Embrace the complexity of psychological presentations - connections between emotions, behaviors and cognitions;
- Avoiding oversimplifying or complicating clients' psychological presentations;
- Contextualising clients' psychological presentations - referring to the context;
- Awareness of the possibility of bias and critical self-assessment (including in relation to therapeutical outcomes) (Ridley & Jeffrey, in Eells, 2022).

Why it's important

For psychotherapeutic theory and practice, the clinical perspective provided by the case study is an important source for the transmission of experience, the developing and exploring of hypotheses. The case study usually presents considerably complex and comprehensive material - in the sense that it gives a view of a more complete case history.

Why these psychological tools are used?

To ensure that the reader /listener/ does not get lost in this complexity and content, it is advisable that the authors of the case studies structure the material clearly and clearly /with the help of subheadings/.

2. Training Intervention

How to teach

The case report should contain the necessary structural elements identical to those required for other forms of scientific articles: Introduction, Material and Methods, Discussion, and References. Various approaches are known, ranging from writing 'narrative case reports' to 'evidence-based case reports'. However, most case studies share certain features. In terms of content/structure, it is useful to focus on the following in the context of education:

I. Part /component/ based on understanding the client and their problem:

- Describing the characteristics of the client, their life situation at the time of seeking help, the first contact, the client's expression of the problem (from personal history and history of the problem).
- Diagnostic evaluation of these data - interpretation of difficulties, hypothesis, etc.

II. Part /component/ approaching therapeutic work:

- Therapeutic plan- goals, methods, procedures and their justification
- The course of the therapeutic process - a description of the implementation of the plan, with an approach to important moments, notes /quotes/ of important parts of the conversation, often with the counsellor's notes justifying interventions /reactions/, etc.

III. Evaluation part:

- Catamnestic findings
- Conclusion(s) - important findings on the origins and maintenance of the problem, changes achieved, effective factors, effectiveness of chosen approaches, reflections on other alternatives, etc.

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The form of the case study regarding different crisis situations and the provision of early psychological intervention is based on the clinical case study but should include elements reflecting the differences in the interventions and the course with respect to the crisis context.

In the context of crisis theory, emphasis is placed on including a description of these steps (how they were implemented/delivered):

1. Defining the problem and the current situation (at the time of intervention delivery),
2. Ensuring the client's safety (a description of how the client was kept as safe as possible in the context of providing the crisis intervention),
3. Provision of support (how empathy performed in the process of providing the intervention),
4. Review of coping strategies and resources,
5. Creating a plan,
6. Obtaining Commitment (Parikh et al., 2011).

Why it's important

Knowing the basics of clinical case study preparation and integrating elements of crisis theory is important for both the psychologist/psychiatrist/therapist and the client. By educating oneself in this area, it is possible to ensure that the needs that the client has at any given time in relation to the crisis situation are not overlooked. If the helper learns to prepare a good case study, it can help other learners as study material.

Why these psychological tools are used?

Combining the fundamentals of clinical case study's preparation in relation to elements of crisis theory allows for the integration of these elements and the preparation of a case study with the crisis situation in mind.

3. Assessment of learning outcomes

How to teach

Group and individual. Through case examples (example of structure and individual parts). By preparing own case study.

Why it's important

The formulation of the psychotherapy case provides a link between the theories of psychotherapy and psychopathology on the one hand, and the application of these theories to a particular individual on the other. The case formulation fills the gap between description and etiology (Eells, 2022). It provides information useful for understanding different interventions and contexts. It allows the process to be followed as a sequence of events. It mediates knowledge and makes knowledge applicable to practice.

Why these psychological tools are used

By formulating a case study as an educational method, it is possible to transfer theory into practice and thus link theoretical knowledge with practical experience. It is about providing a reference, based directly (not only peripherally) on the presented case, and thus conveying important information that enriches the literature.

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Case study 2

Association for EMDR in Italy Online Courses and Workshops during the period of the 2020 Lockdown

***Responsible partner**: Associazione per l'EMDR in Italia (IT)*

***Author**: Isabel Fernandez, Giada Maslovaric, Stefania Sacchezin*

***Keywords**:* EMDR, pandemic, training, resilience

1. Description of the training event

Scenario
During the lockdown period, beginning in early March 2020, the Association for EMDR in Italy was diligent in organizing basic courses and thematic online workshops aimed at the association's 8,000 registered psychotherapists. Training offers to members included online courses on early psychological interventions, thematic online workshops, working groups/supervision, evaluation workshop and public events.

Analysis of training needs
The strong participation in the first training events, and the increasing demand for specialized interventions on the field, moved the Association to organize more and more training for members.

2. Training Intervention

All the training courses and workshops, offered to members of The Association for EMDR in Italy in 2020, were online. Five different typologies of training were offered.

1. Training settings

a) Basic courses on Early Psychological Interventions
As of March 2020, Giada Maslovaric taught two basic online courses on early psychological interventions involving specific protocols on target episodes in emergency (T episodes). In particular, individual early psychological interventions - the Recent Traumatic Episode Protocol R-TEP (Shapiro E. & Laub B.,2008) and group early psychological interventions - Integrative Group Treatment Protocol (IGTP) Jarero, I., & Artigas, L. (2014) - in emergency were presented.

b) Thematic workshops
As of April 2020, thematic online workshops were included in the Association's training calendar for the in-depth study of emergency interventions in specific settings (e.g. schools, hospitals and nursing homes) and to fragile targets (e.g. children and adolescents, elderly people, pregnant women and health care workers). Thematic workshops were held throughout 2020.

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c) Workshops targeted to intervention teams
As early as the first months of the pandemic, specific training groups were also proposed to teams that would be deployed in specific scenarios, particularly in hospital settings in northern Italy. These working groups received specific training from Association facilitators, such as Stefania Sacchezin, on individual intervention protocols including the ISP protocol (Quinn G. 2020) and group Critical Incident Stress Management (CISM), Critical Incident Stress Orientation (CISO) and Critical Incident Stress Debriefing (CISD) (Mitchell JT, Everly GS, 1983).

d) Ongoing evaluation workshops
During the second lockdown (autumn-winter 2020), workshops were held to present the results obtained in the numerous interventions run by the Association throughout Italy. There were more than three hundred interventions to support patients and caregivers during the pandemic.

e) Public events
Last but not least, the Association promoted some public events on the occasion of the first anniversary of the pandemic. On February 26th, 2021 Isabel Fernandez, along with some of the colleagues most involved in interventions, presented the adopted methodologies and the obtained results in an online public event.

2. People involved

In 2020, the Association for EMDR in Italy had about 8,000 members. There were several thousand thematic workshops and in-depth groups on operative protocols and public events involving several hundred psychotherapists. More than 6,000 psychotherapists, members of the Association for EMDR in Italy attended the first training event held on March 4th by Giada Maslovaric. About 4,000 suggestively attended the basic courses, while more than 1,000 psychotherapists from the Association attended thematic workshops during the spring and autumn of 2020. Public events, including that on February 26th, 2021, were open to the scientific community, the professional community, and the general population.
Information was spread through the Association's communication channels (e.g. the newsletter, website, social media...) and other means involved stakeholders (e.g. hospitals, public and contracted health care companies, psychotherapy schools, scientific associations...) reaching several thousand people.

3. Trainers: preparation

Event trainers are psychologists, EMDR psychotherapists who are field experts with proven experience in emergency interventions. In addition to their clinical role, they all serve as organizational facilitators, crisis intervention coordinators and supervisors of health (e.g. hospital and territorial) and other non-health teams (e.g. firefighters, law enforcement and volunteers).

4. Duration

All the basis courses, and the thematic workshop lasted a full day (from 9 am to 5 pm). Workshops targeted to intervention teams, ongoing evaluation workshops and public events ranged in duration from several hours to half a day.

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5. Follow up

Thematic workshops and those offered to teams for the in-depth study of protocols had an ongoing follow-up evaluation: supervision and case studies: there were about 300 working groups throughout Italy.
There were no follow-up studies on therapists involved in the training sessions, while several interventions in emergent settings were tested with pre-post intervention instruments such as the Emotion Thermometer (Di Sessa M. 2019), Impact Event Scale-Revised (IES-R) and Child Revised Impact of Event Scale-Children and War Foundation (1998).

3. Assessment of learning outcomes

Each training session was designed to provide theoretical elements, methodological tools for intervention and evidence of effectiveness on the outcomes of the proposed intervention.

1. Perceived satisfaction
Perceived satisfaction was measured through attendance numbers at the events and feedback collected at the end of the meetings through the collection of comments and suggestions.

2. Evaluation of the result in terms of Knowledge
Basic knowledge was provided on interventions regarding:

- physiology of trauma and psychoeducational information to provide to victims;
- outreaching and needs analysis elements, to merge the better intervention to real needs: both physical needs (e.g. food, security, shelter) and psychological needs (e.g. control, increasing self-efficacy and empowerment, relationship and reconnections to family network, belonging and hope);
- models of psychological first aid and trauma focus intervention protocols, both for individual, group and community interventions. Some of which are: ERP (Emergency Response Procedure, Quinn G. in Luber M.) and ISP (Immediate Stabilization Procedure, Quinn G. 2020) and the group protocol (EMDR-IGTP) that combines standard 8-phase EMDR therapy with a group therapy model (Jarero et al., 1999; Artigas et al., 2000).
- typology of victims (e.g. typology of victims of Taylor, A. J. W., & Frazer, A. G. (1982). The stress of post-disaster body handling and victim identification work. Journal of human stress, 8(4), 4-12).
- differentiation about emergency settings, including:
  - sanitary humanitarian emergencies (epidemics and pandemics)
  - natural disasters or humanitarian emergencies (earthquakes, tornadoes, fire, natural-induced technological)
  - social humanitarian emergencies (terrorist attacks, riots, forced migrations with a strong presence of refugees and asylum seekers, conflicts and war, delinquent acts, physical violence or suicide, violent death, missing, kidnapped, tortured people)
  - accidents (serious road, work or school accidents)
  - global impact humanitarian emergencies (conflicts and war, terrorism, economic crisis)
  - knowledge crisis management in order to work in multidisciplinary teams and to coordinate teams in the role of a facilitator or crisis manager.

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3. Evaluation of the result in terms of Skills

EMDR intervention protocols in both individual and group emergency settings were presented during the training.

Specifically, there were trained skills on:

- normalisation, providing psychoeducation
- stabilization, providing exercises to improve the “windows of tolerance” (Siegel D., 1999)
- breathing techniques and exercises (e.g. the square)
- desensibilisation, decreasing arousal due to traumatic events and triggers
- cognitive integration, improving the adaptive reprocessing of information

4. Evaluation of the result in terms of Competences

Training aimed at increasing adult personal learning in order to promote and increase professional performance on assessments and expertise in the field of early psychological interventions. Case studies and video were used to improve learners’ competences.

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Case study 3

The SIX Cs model for Immediate Cognitive Psychological First Aid: From Helplessness to Active Efficient Coping

Effectiveness of a Six Cs Training Program for Adolescents

***Responsible partner**: Association of Clinical Psychologist (CZ)*

***Authors**: Moshe Farchi, Tal Bergman Levy, Bella Ben Gershon, Miriam Ben Hirsch-Gornemann, Adi Whiteson and Yori Gidron*

***Keywords**: Six Cs model, Psychological First Aid, training event*

Introduction

The aim of this paper is to present the SIX Cs model - a new psychological first aid approach - immediate cognitive-functional psychological first aid - for the global nonprofessional community as well as for first responders. The model addresses the need to standardize interventions during an Acute Stress Reaction and intends to help shift the person from helplessness & passiveness into active effective functioning, within minutes, in the immediate aftermath of a perceived traumatic event. The model is based on four theoretical and empirically tested concepts: (1) Hardiness, (2) Sense of Coherence, (3) Self-Efficacy, and (4) on the Neuro-psychology of the stress response, focusing on shifting people from a limbic system hyperactivity to a prefrontal cortex activation during stressful events.

1. Description of the training event

1. Scenario

From October 2015 to September 2016, a longitudinal controlled study on the effects of training in the SIX Cs method on various outcomes was conducted among high school students. The study evaluated students' general self-efficacy (GSE), Professional Self-Efficacy (PSE), resilience and perceived stress, before the intervention and at two weeks and three months follow-up.

2. Participants involved

A total of 232 high school students between grades nine to eleven participated in the study. Of those, 108 students (42.59% males; mean age 15.84±0.48) went through two days of training, for three hours each day, of the SIX Cs model, and 124 controls (44.35% males; mean age 16.64±0.44) completed the questionnaires but did not receive the SIX Cs training. The trainers were third year students in the stress, trauma & resilience program of Tel-Hai College, who completed eight-hour training on the SIX Cs model in order to train others.

3. Analysis of training needs

Ideally, every lay person should know how to provide basic physical emergency first aid in order to help those who are physically injured and prevent further harm before emergency teams arrive to the scene; the same should exist for PFA. There should be a common knowledge base throughout all community levels concerning brief interventions that can reduce distress sufficiently, so that each person who perceives any event as traumatic can be helped to return to normal effective functioning.

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The SIX Cs model was created to fill this gap and to provide a simple user-friendly working model for professionals, nonprofessionals, first responders and the general population, based on the neuropsychological and psychological correlates of stress.

2. Training intervention

The SIX Cs model addresses the need to standardize PFA interventions during an Acute Stress Reaction (ASR) and intends to help shift the person from a helpless, passive and functional incompetent state to active effective coping, within minutes, in the immediate aftermath of a PTE. The model is based on four theoretical and empirically tested concepts:

1) Hardiness (Kobasa, 1979; Maddi, 2006);
2) Sense of Coherence (Antonovsky, 1979);
3) Self-Efficacy (Bandura, Cioffi, Taylor, & Brouillard, 1988)
4) on the Neuro-psychology of the stress response, specifically the interaction between the limbic system and the prefrontal cortex during stressful events

The Concept of Hardiness

The concept of hardiness refers to a personality construct which combines three attitudes that provide resistance to stressful events: commitment, control and challenge. Commitment is the willingness to be involved with people, things and situations rather than to be disconnected, isolated or alienated. Control involves struggling to be in charge of the events taking place in our lives through our own ability to make choices between available options, instead of sinking into passivity and helplessness. Challenge implies being willing to learn constantly from one's experience instead of avoiding uncertainties and potential threats. These three factors are needed for people to find the necessary stimulus and courage to turn potentially threatening stressful circumstances into opportunities for personal growth.

Sense of Coherence (SOC)

Developed by Aaron Antonovsky, describes the resources (i.e., psychological, social, and cultural) that people successfully use to defy illness. According to Antonovsky, the sense of coherence has three components:

a) Comprehensibility: A conviction that things happen in an ordered and expected way and a feeling that one can understand and predict events in life;
b) Manageability: A belief that one has the necessary skills and the resources to take care of what happens in life, that events are controllable and can be managed and;
c) Meaningfulness: A sense that what happens in life is appealing and a source of satisfaction, that things in life are worthwhile one's efforts, that the world in some way makes sense.

Self-Efficacy

The concept of self-efficacy represents the confidence in one's ability to influence events that affect one's life. People with high self-efficacy - that is, those who believe they can achieve things based on their own abilities - and are more likely to think that difficulties are challenges to overcome instead of being avoided.

The Neuropsychology of the Stress Response

The focus is on the brain circuits responsible for the stress response and the interaction between the limbic system and the Prefrontal Cortex (PFC) during stressful events. It has been shown that the PFC is very sensitive to the damaging effects of stress and that even mild acute unmanageable stress can cause a rapid failure of prefrontal cognitive function.

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During stressful events, hyperactivity of the amygdala tends to "shut down" the PFC, thus reducing its cognitive capacities and its ability to down regulate and control the amygdala's fear response. This creates a vicious circle in which primitive circuits of the brain control behavior. Activation of the PFC, through cognitive focused interventions or appraisals, helps reduce the stress response and down regulate the amygdala.

These findings form the base to attempt to shift the processing of traumatic memories from a fragmented and limbic dominance mode to a more organized and prefrontal processing; a shift from narrative-based and emotion-focused interventions into cognitive focused interventions.

1. Training settings

The SIX Cs model integrates these concepts and neurobiological underpinnings of stress and resilience into six main intervention elements, each one addressing different symptoms of the acute stress reaction or reflecting resilience factors. The training was in two consecutive days, for three hours each day, and consisted of:

Amygdala hyper activity => Cognitive verbal communication: Right after a traumatic event, hyperactivity of the amygdala tends to "shut down" the PFC creating a vicious circle in which primitive circuits of the brain control behavior. This is accomplished by asking short cognitive questions that are related to the event. The questions focus on three main dimensions: Time e.g., "how long have you been here?" Quantity: e.g., "how many people are injured?" And choosing from simple options: e.g., "Do you want to talk first to your parents or your teacher?" The intention is to stimulate cognitive verbal communication to reduce the hyperactivity of the amygdala while increasing activation of the prefrontal cortex. The main objective is to "snap" the person out of the emotionally loaded reactions and induce the person to think more clearly, set priorities and make effective decisions.

Helplessness => Challenge: One of the most frustrating outcomes resulting from experiencing an acute stress reaction is the sense of inability and failure, which can increase helplessness and passiveness. In order to reduce the sense of failure, we need to provide the person with a sense of success and self-efficacy. This can be achieved by challenging the person to succeed in small simple cognitive based behavioral tasks related to the event (we will NOT try to distract the person's mind from the event), e.g., "Please collect all your things into your bag and make sure that nothing is missing". In this way, we challenge the person for effective activity related to the event as well as providing cognitive challenges, all decreasing one's sense of helplessness and restoring a sense of self-efficacy and mastery. These may reduce amygdala activity.

Helplessness => Control: According to ICD-10, helplessness is one of the factors that define the event as traumatic; therefore it is important to reduce this sensation immediately in order to shift the person to a more functional state without trying to distract the person from the event. This is accomplished by providing the person with several simple options to choose from, (e.g., "We need to count all the people, do you want to start counting or help with the registration of everybody?"; "In which area do you prefer the blood perfusion?"). This activity reinforces the cognitive activation of the prefrontal cortex, improving the individual's sense of control as opposed to the sense of helplessness and incompetence, and again, may modulate an over-active amygdala.

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Loneliness => Commitment: Loneliness is one of the frequent symptoms present after a PTE leading to difficulties to return to normal functioning; therefore it is important to reverse this symptom as soon as possible. This is accomplished by providing the person with a verbal commitment to his/her safety and support, assuring the person the helper will stay until the stressful event is over; e.g., "We are here with you, we are not going anywhere until you are safe again". This alleviates the feeling of loneliness and fear and therefore increases the ability to collaborate with the helpers.

Confusion => Continuity: Confusion is the inability to create a synchronized narrative of the event. The confusion in the aftermath of a PTE results from the hyper arousal of the sympathetic nervous system. In addition, when the narrative is not synchronized, the person also fails to determine the accurate ending point of the event –which may contribute to the intrusive thoughts because, from the perspective of the person suffering from the acute stress reaction, the event has not ended and is still happening. This underlines the need to help the person to reconstruct the event in an orderly and continuous manner as soon as possible in the immediate aftermath of the event. Providing "Continuity" entails explaining the person the basic chronological elements of the event and emphasizing the ending point, e.g., "Three minutes ago, you were involved in a car accident. Right now, the medics are here and are starting to treat the people who are injured. In the next 2-3 minutes, we will walk to the ambulance and you will be taken to the hospital for further checkups. The accident has ended!".

2. People involved
Participants were 108 high school students.

3. Trainers: preparation
The trainers were third year students in the stress, trauma & resilience program of Tel-Hai College, who completed eight-hour training on the SIX Cs model in order to train others.

4. Duration
The training was 6 hours long, in two days.
Data on general self-efficacy, professional self-efficacy, resilience and perceived stress were collected before the SIX Cs training (baseline, time 1), at two weeks follow-up after the training (time 2) and at three months follow-up after the training (time 3).

5. Follow up
There was data collection of previously described characteristics at two-weeks and three months after the training.

3. Assessment of learning outcomes

The General Self-Efficacy scale (GSE) was used to assess general self-efficacy. Professional Self-efficacy (PSE) was assessed by a modified scale, the measure consists of seven statements that refer to the respondent's perception of self-efficacy concerning the capacity to act successfully in the field of stress and trauma; ability to influence people or organizations; knowledge of useful informants and contacts; proficiency in negotiation skills; expertise in using stress and trauma techniques; ability to form an appropriate support network; and mastery of required skills. The Connor-Davidson Resilience scale (CD-RISC) was used as a measure of the ability to cope with stress. This is a five-factor scale that includes 25 items, each rated on a 5-point scale (0-4).

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Factor 1 reflects the notion of personal competence, high standards, and tenacity. Factor 2 corresponds to trust in one's instincts, tolerance of negative affect, and the strengthening effects of stress. Factor 3 relates to the positive acceptance of change and of secure relationships. Factor 4 is related to control and Factor 5 to spiritual influences. Perceived stress was assessed by the Perceived Stress Scale (PSS). This scale has been widely used to assess perception of stress in daily life and has proven to have good psychometric properties in several studies. The scale includes 14 items regarding feelings and thoughts in the past month and provides responses on the frequency of these thoughts and feelings during the last month according to a Likert scale ranging from 0=never to 4=very frequently. The scale reflects perceptions of stress and the ability to cope with it.

1. Perceived satisfaction

Students in the training described satisfaction with the course, they mentioned feeling more capable in the situation of the emergency, accompanied by less of anxiety and uncertainty.

2. Evaluation of the results.

To date, this approach has been recognized by the Israeli Ministry of Health as the Israeli national PFA model, under the assumption that, while interventions in emergencies are brief, at times lasting only seconds or minutes, their subsequent consequences may reverberate for many years after the event. Up until now, the model's operational viability has been proven in extreme emergency conditions (Operation Pillar of Defense, Operation Protective Edge, earthquakes, etc.) as well as in many local events like rescues and accidents.

These results support the effectiveness of the SIX Cs interventions in providing and maintaining improved GSE, PSE and resilience and reduced levels of perceived stress in the long term.

- The SIX Cs group scored significantly higher on GSE (self-efficacy) than controls.
- The SIX Cs group scored significantly higher on PSE (professional self-efficacy) than controls.
- Perceived stress scores were reduced significantly in the SIX Cs group.
- The SIX Cs group scored significantly higher on resilience than control.

3. Knowledge

The training increases knowledge the field of neuropsychology of stress response.

4. Skills

The skills are oriented on activating cognitive strategies via challenging the patient to provide him or her with a sense of success and self-efficacy, activation of the control over the situation (in comparison with feeling helpless) and putting the situation and event into a continuum by the narrative approach.

5. Competences

The competences gained are acute stress mitigation and de-activation of amygdala function (emotional overreaction and confusion).

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Case study 4

Training Activities at Open Psychotherapy Centre (OPC-EL) during 2020 Covid-19 Pandemic Lock-down period

***Responsible partner**: Institute of Group Analysis Athens*

***Authors**: Andromachie Giannakopoulou, Natasa Karapostoli, Efthimios Markezinis*

***Keywords**: Group analysis, pandemic, training*

1. Description of the training event

1. Scenario

Since 1982, the Institute of Group Analysis Athens (IGAA)-Training Organization functioning as a Training Community- provides a 5-year professional training in Group Analysis, in collaboration with the Therapy Department of Open Psychotherapy Center (OPC). OPC constitutes an autonomous, self-sufficient, non-profit day care unit, which is not financially supported by the state or any private or public organization in or outside of Greece, specialized in "difficult" psychiatric categories (bipolar, psychotic, personality disorders). IGAA and OPC are housed together in the same location, establishing a continuous interplay of therapeutic and educational activities that has led to many practical and theoretical revisions, turning points and innovations in Education. During the lock-down period, beginning in mid-March 2020, IGAA and OPC (including another three Training Institutes) have taken on the challenge and responsibility to continue their work, providing their educational and therapeutic activities online, all conducted until then in person and on site.

2. People involved

The conversion of face-to-face therapeutic and educational activities into online ones required the immediate and flexible adaptation of administrative, secretarial, training staff and patients, a total of almost 500 participants.

3. Analysis of training needs

The increased therapeutic needs, both those existing already and those arising due to repeated lockdowns, required early psychological intervention and training of staff in online communication. Training needs involved online participation in:

1. Personal Therapy
2. Theory
3. Clinical Practice
4. Supervision (Group-analytic Supervision, an approach originated at IGAA by I.K. Tsegos)
5. Participation in communal activities of the Training Community
6. Research and Writing Experience

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2. Training intervention

1. Training settings

By adopting a personal kind of psychotherapy, IGAA has applied at OPC the rarely followed principle of a classical clinical training that co-exists harmoniously with education. All workshops, introductory courses and on-going training of professionals offered to members of IGAA and OPC in Greece in 2020, were online. Four different typologies of training were offered to trainees:

1. Online Theory (fortnightly)
2. Online Clinical Practice in a) individual sessions (weekly and fortnightly), b) psychotherapeutic groups (weekly and fortnightly), c) socio-therapeutic groups (weekly and fortnightly) and d) Group Analytic Therapeutic Communities (daily and fortnight)
3. Online individual and group Supervision (weekly and fortnightly)
4. Online Seminars, in Athens and in provinces.

2. People involved

- 14 trainers/members of the Training Committees,
- 49 trainees accomplishing their training duties, including co-conducting in almost 70 group-analytic groups (psychotherapeutic and socio-therapeutic) of the therapeutic sector (with 180 members/patients),
- numerous people participating in Seminars, Workshops, Supervisions

3. Trainers: preparation

Group analytic trainers of IGAA and OPC, being advocates of in-face psychotherapy, intimate and personal relationships, didn't use until the pandemic outbreak online interventions, considering that meetings through technology should take place only when the conditions really require it, and not effortlessly, for reasons of convenience on both sides (therapists and patients). Keeping this therapeutic philosophy in mind, when the first lockdown was decided by the government in mid-March 2020, it was quite a shock, as, from one day to another, trainers (and therapists) had to make huge changes in their daily work: 320 patients per month.

4. Duration

Within a week, all group analytic groups and the Psychodramas began to meet online, often with the technological help of their members. The Therapeutic Communities, Daily and Fortnight, organized a daily program with socio-therapeutic groups. Nothing was previously tested and there was no previous experience in such a situation. The first meeting of every on-line group was exploratory. The staff of the communities just took care of the structural elements: membership, time. So, as one of Group Analysis's basic principles is "trust the group", this endeavor began. After one month and a half this "on-line" therapeutic community ended and the usual in-face operation came back. Only the large group meetings of the Therapeutic and Training Communities are still operating online, since the number (over 30 participants) does not allow the necessary distances.

5. Follow up

There were no follow-up studies on trainers/therapists involved in the training activities, however follow-up feedback was continuously provided through supervision, staff and sensitivity meetings.

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3. Assessment of learning outcomes

1. Perceived satisfaction

Perceived satisfaction was measured through attendance of members/ participants/trainees at the training and therapeutic activities and feedback collected at the end of these activities and meetings through the collection of comments and suggestions.

2. Evaluation of the result in terms of:

1. Knowledge

- Basic knowledge was provided on interventions in emergency settings.
- Comparison in action between the in-face psychotherapy and the on-line meetings: an inevitable, but successful cooperation in a history of challenges.
- Reassurance of the value of activities in socio-therapeutic groups, even though members were apart.
- Emergency situations need staff with high standards of training.
- Historically, Group Analysis was the first method to be applied and the one to be mostly used by itself, as well as conjointly with other group approaches. This happened because it seemed to combine the social along with the psychodynamic dimension of therapy, while focusing not only on the “sick” but also on the “healthy” aspects of the individual: being active in a group, with the conductor as “the most experienced member”, strengthens responsibility and discourages regression.
- The combination of Communalism and Group Analysis became an advancing and creative factor, both for Group Analysis and Therapeutic Community and led to the following definition: “Therapeutic or Training Community is a method of psychotherapy/training, which mobilizes and uses the healthy and real part of Ego, both of the Patients and of the Therapists, the Trainees’ and the Trainers’, for personal development as well as the smooth operation of the organization; what is pursued is the maximum knowledge and experience, based on forming relationships and the constant role alternation, clearly, responsibly and with adjustability” (Tsegos, 1988, 2002).
- “The therapeutic condition may vary, and the so-called psychotherapeutic technique may differ depending on the context, in which it is applied” (Foulkes, 1975).
- The continuation of treatment, even online, was facilitated by the community philosophy that offered structure, security and stability to patients in need, especially during pandemic Covid-19. It is the structural regulations and practical arrangements that provide the external envelope, the framework of treatment, which is a necessary and protective factor for the internal functioning of the therapeutic processes and outcomes (Giannakopoulou, 2015).

2. Skills

- Use of resources, imagination and flexibility in order to overcome personal restrictions and fears and adjust the therapeutic work to the current condition.
- Containment and enduring of the agony of the unknown, the uncertainty of the new reality and of ambiguous results.

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- Based on ideas of responsibility, citizenship and empowerment, therapeutic communities are deliberately structured in a way that encourages personal responsibility and avoids unhelpful dependency on professionals.

3. Competences

- Psychotherapy accessible to all patients, training accessible to trainees during and despite social and sanitary restrictions.
- Online sessions, training and therapeutic activities offered a necessary, stable therapeutic context, when all known contexts were shaking due to the impact of the pandemic.
- Online sessions, training and therapeutic activities achieved the maintenance of the previously formed relationships during this period.
- Group analytic approach focuses on the healthy part of the Ego, through the utilization of activities. In group analytic socio-therapy, since it uses activities as a therapeutic means, it does not require high verbal communication.
- The group-analytic situation promotes a) active participation, b) communication in a permissive atmosphere, c) observation in a social setting (Foulkes, 1948).

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Case study 5

Training in psycho-pedagogical Intervention and Prevention against Bullying & Cyber-Bullying according to the Adlerian method of Individual Psychology

***Responsible partner**: IAAP – Institut Alfred Adler de Paris (FR)*

***Author**: Christelle Schläpfer*

***Keywords**: Adlerian method, Individual Psychology, bulling, training, school*

1. Description of the training event

1. Scenario

Although bullying is much more talked about and prevention lessons are held in many schools on a selective basis, bullying in general has not decreased but increased (PISA Assessment 2018). In addition, cyberbullying has increased by an average of almost 40% worldwide during the pandemic, bringing the number of victims of bullying worldwide to a very high level.

2. People involved

(Cyber)Bullying is a group phenomenon and does not only happen between victim and bully.
The whole system must be taken into account. Usually, this is limited to the class (victim, bully, followers, spectators). It is not uncommon, that the teacher, parents, school director (albeit unconsciously) favor the bullying situation directly or indirectly. In addition, it also happens that bullying occurs across the system.
Cyberbullying, once detected, requires immediate intervention. Depending on the form of cyberbullying, this has to be done by the competent police services, as they must immediately stop the dissemination of images, data and words that affect the image, privacy and safety of the minor victim. However, police intervention is not enough. Psycho-pedagogical work with the class and support for the victim are also of utmost importance.

With bullying, we are in a crisis situation and sometimes in emergency. This form of violence is not visible, unlike conflicts which require another type of intervention. Very often schools do not know how to distinguish both issues and can thus aggravate the situation. There is indeed a lack of concept in many countries working on (cyber)bullying in systems and across the systems. And there is not yet scientific literature in this direction. Mrs. Christelle Schläpfer is now a reference in Switzerland and she is called upon by schools for emergency interventions. She is interviewed by many newspapers and magazines and enables professionals from the psychosocial field to approach the challenge of bullying in a new way.

When bullying occurs, it means that a breaking point has been reached for the victim and the associated relationship system*. For children know it is "bad", they consequently bully secretly, in the corridors and on the stairs, but rarely in the classroom under the eyes of everyone and the teachers. Therefore, we don't see it and we have to read it differently. Usually, the parents raise the alarm.

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Bullying is a process that can get worse quickly**, contrary to the preconceived and widespread belief that it develops slowly, between 3 and 6 months. Bullying can become uncontrollable in as little as 10 days and the consequences can be devastating for the whole community, not just for the class and the school.

The French Balanant law of March 3, 2022, with article 222-33-2-2 of the French Penal Code—emphasizes that school-bullying and cyber-bullying are crimes. Internet and schools are no longer lawless territories. The same law emphasizes training for the prevention and intervention of bullying, making the educational assistant the role and main figure to detect the phenomenon early and seek help. Finally, the law adds to citizenship and civic training courses a component dedicated to raising awareness of the risks related to school bullying aimed at students and school staff.

3. Analysis of training needs

Numerous affected students don't get help because they fear the (cyber)bullying situation could become worse (which indeed also may happen). (Cyber)bullying is very different from short-lived conflicts and arguments. In fact, the type of intervention determines how sustainably (cyber)bullying situations can be resolved and how the class climate can be improved. Not every intervention is helpful in cases of (cyber)bullying, some even worsen the situation. Depending on the bullying situation, individually appropriate measures are required. In the end, it is not only about stopping (cyber)bullying, but also about healing - and improving the class climate. It is therefore urgent to understand (cyber)bullying holistically (Adler) and no longer to approach it on a symptomatic level, because punishment and confrontation can encourage (cyber)bullying.

(Cyber)bullying can leave traumatic consequences for the group and the community and is particularly problematic for the direct victim. Many parents and educators feel overwhelmed and helpless in the face of (cyber)bullying situations.

Unfortunately, very few teachers and school social workers are trained to prevent, to detect and to resolve (cyber)bullying in a sustainable way. By intervening incorrectly, some educators make the situation worse. In some cases, there is a brief improvement, only to flare up again shortly afterwards, often even more subtly than before. Therefore, it is urgent that people from different disciplines are trained to support the system around family and school when it comes to bullying, respectively, to prevent bullying.

2. Training interventions

1. Training settings

The training takes place online via ZOOM.
In a first step the psychological backgrounds are shown: Using the individual psychological theory, it is pointed out how everything turns around belonging (pivotal principle of Individual Psychology: Gemeinschaftsgefühl) and how bullies react in a compensatory way out of an inferiority feeling. This fact serves as a foundation and shows why a paradigm shift in prevention and intervention is needed.

Participants learn about the various types of bullying and cyberbullying. In addition, the trainers work out together how they can recognize (cyber)bullying and differentiate it neatly from conflicts. Furthermore, the trainers learn about different intervention and prevention options.

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Among others, the metaphorical work, which aims to sensitize the students, to activate their empathy and to involve them participatively into solutions.

The second day serves to deepen and will mainly include case discussions, as every (cyber)bullying case is different, and the participants should gain confidence regarding analysis and individual intervention measures. In addition, the legal aspects will be examined more closely, new trends in the (cyber)bullying scene will be discussed and the adaptation of the settings/materials depending on the target audience will be reflected.

2. Trainers: preparation

This training is designed exclusively for professionals from the psychological and pedagogical fields: psychologists, psychosocial counselors, family counselors, child and youth coaches, teachers and school social workers, parenting facilitators.

3. Duration

The main part is 2 days of training, which are held one month apart so that the trainers can collect (cyber)bullying cases for the case discussions.
The training also includes 2x 3h group supervision for case discussions.
Trainers get unlimited access to the online course platform with regularly updated info and materials and ready-to-use templates.

4. Follow up

Several times a year there is the possibility to participate in group supervision.

3. Assessment of learning outcomes

1. Perceived satisfaction:

The training participants have supervision moments follow up where discussion about training is possible and fluid with the trainer and with the group

2. Evaluation of the result in terms of knowledge, skills and competences

- Participants will be able to distinguish between conflicts and bullying and know why it is so important for the intervention to make this difference.
- Participants will know the role's goals in bullying
- Participants will know the different stages and the consequences of bullying
- Participants will know the different types and shades of bullying and of cyberbullying
- Participants will be able to recognize bullying even if the children do not tell them about it, using the context analysis method rather than questionaries
- Participants will know what there has strictly to be avoided in order to prevent a worsening of the bullying situation
- Participants will know different intervention options depending on whether it is a conflict, bullying or cyberbullying.

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- Participants will learn to work with indirect method and metaphoric techniques
- Participants will learn to work with global method and coordination roles
- Participants will know prevention tools against bullying
- Participants will know how to support their target audience in bullying cases, depending on the setting: Prevention and intervention in school classrooms, parent counseling, parenting courses, victim support, school counseling, etc.

Please, if you want more details, go to the IAAP Good Practice A), case studies 2, relative to this Supervision (IAAP Section, Christelle Schläpfer).

* Christelle Schläpfer, being published (2023).
** “Wer sich gleichwertig fühlt, braucht andere nicht fertigzumachen” (Anyone who feels equal does not need to put others down), Fritz Fränzi, Das Schweizer ElternMagazin, 2022.

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Case study 6

Grief and Communication Family Support Intervention for Parentally Bereaved Families

***Responsible partner**: Jan Kochanowski University (Poland)*

***Author**: Megan Weber, Anette Alvariza, Ulrika Kreicbergs & Josefin Sveen*

***Keywords**: mourning, resilience, intervention*

Introduction

Parentally bereaved children are vulnerable to psychological and somatic problems which may occur directly following the parent's death or develop several years later. The loss of a parent during childhood or adolescence is often a traumatic event and children in this situation typically need a lot of support. However, the remaining parent may be struggling with their own grief and changes in the family situation or family roles following the loss, which can affect their ability to communicate with their children or provide positive and supportive parenting. The aim of this paper is to present the program/manual of The Grief and Communication Family Support Intervention.

1. Description of the training event

1. Scenario

The manual was tested in Sweden with two parentally bereaved families to ensure all the modules would fit into the allotted time and to gain a better understanding of which modules worked well. Follow-up phone calls with the participating parents were conducted by the first author, 2 weeks after the final session. The intervention was developed, after consultation with Irwin Sandler, the developer of the FBP (Family Bereavement Program), by a multi-disciplinary team including three family therapists, two psychology researchers, and two health care sciences researchers who were also registered nurses.

2. Participants involved

Two families were recruited through the research group's professional network, including participants from a previous inter-view study or clinical practice, and offered three sessions with a family therapist. Sessions were conducted approximately once a week during December 2017 and February 2018. Informed consent was obtained from the parents and informed assent was obtained from all children prior to participation.

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3. Analysis of training needs

Bereaved children and families may need professional support to cope with bereavement. In practice, there are many types of interventions for parentally bereaved children. These include support groups, group therapy, family therapy, and individual therapy, but most interventions have not been evaluated in research using a control group, follow-ups, or randomized con-trolled trials. A brief intervention related to the experience of a parent's death is needed.

2. Training intervention

Like the FBP, which aims to promote resilience in parentally bereaved children by influencing multiple risk and protective factors, the main goal of the Grief and Communication Family Support Intervention (GCFSI) is to improve communication between family members, especially with regards to their grief and speaking about the deceased parent. The GCFSI consists of 3 sessions:

- Session one:

The aims of session one are to establish a therapeutic alliance between the family and therapist, for the therapist to answer questions the family has about the intervention, and to clarify therapist and family member expectations. Session one focuses on providing the family with psychoeducation regarding grief and communication.

Module 1: The family's new circumstances.

Module 2: Psychoeducation about grief.

Module 3: Psychoeducation about what is "good" communication.

Module 4: Psychoeducation about what can make communication more or less difficult.

Module 5: Summary of session one.

The therapist and family members summarize what was discussed and what the family members learned in the first session.

- Session two:

The aim of session two is to increase parent and child understanding of feelings and to practice using "I" messages and active listening to share thoughts and feelings. The goal is for parents and children to begin understanding that everyone hides their feelings some-times, start being able to identify and talk about feelings, and discuss how certain behaviors can be helpful in one situation, but unhelpful in another.

Module 1: Reflections from session one.

Module 2: Hiding feelings.

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Module 3: Sharing positive feelings.

Module 4: "I" messages and active listening.

Module 5: Family time.

Module 6: Summary of session two.

The therapist and family members summarize what was discussed and what the family members learned in the second session. The family members are asked to each bring a memento that reminds them of the deceased parent to share at the next session.

- Session three:

The aim of session three is to teach parents to help their children solve problems effectively using open communication. Furthermore, the family will practice the skills included in the previous sessions during the memento exercise.

Module 1: Reflections from session two.

Module 2: Problem solving.

Module 3: Memento.

Module 4: Family discussion.

Module 5: Conclusion and summary of the intervention.

Family members are asked to summarize what they have learned as well as what communication strategies they have found to be helpful or useful. The family discusses which strategies they would like to continue using. The therapist gives the family feed-back regarding their progress and thanks them for participating.

3. Assessment of learning outcomes

This study describes the many factors considered during the development of the Grief and Communication Support Intervention. The empirical evidence showing the effectiveness of the Family Bereavement Program was important when determining the focus of this intervention. The therapeutic approach and structure were also considered in an attempt to ensure the intervention would be possible to implement. Trialing the intervention with two families provided initial data suggested that that the Grief and Communication Support Intervention could be feasible as well as beneficial to families following the death of a parent. The knowledge we developed was used to improve and streamline the manual, which is being tested in an exploratory pilot study using pre-post assessments to evaluate fidelity and identify potential effects of the intervention on psychological health and family communication.

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4. Effects

1. Knowledge

The training increases knowledge the field of Grief and Communication Family Support Intervention for Parentally Bereaved Families

2. Skills

The skills are oriented towards activating cognitive and emotional strategies in helping families experiencing the death of a parent

3. Competences

The acquired competencies concern existential experiences related to death and mourning, as well as supporting families in mourning.

Source: Megan Weber, Anette Alvariza, Ulrika Kreicbergs & Josefin Sveen (2019): Adaptation of a Grief and Communication Family Support Intervention for Parentally Bereaved Families in Sweden, *Death Studies,* DOI: 10.1080/07481187.2019.166188 To link to this article: https://doi.org/10.1080/07481187.2019.1661883

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