

EMDR in Crisis Situations: Early Intervention and Psychological Support in the aftermath of a mass disaster

Lucia Formenti

EMDR Europe

Psychotraumatology Research Center in Milan



EMDR EUROPE

What is a Disaster

A disaster can be defined as an acute, collectively experienced traumatic event with a sudden onset, and it can be both natural (e.g., hurricanes, floods, earthquakes) and man-made (e.g., plane crashes, industrial accidents, terrorist attacks).

It inflicts great human suffering.

Initially the physical needs overshadow a community's mental health need.

What happens to the brain

When such an event occurs and the experience is untreated, trauma disrupts the brain's ability to process in healthy, adaptive ways which can lead to depression, anxiety, alcoholism, chemical and behavioral addictions, and hopelessness.

The memory of recent trauma differs from that of a more distant trauma:

- more fragmented
- unconsolidated
- less integrated into a coherent, narrative sequence of events

There is a large body of literature showing that a traumatic experience can cause significant psychological difficulties for large numbers of people (McFarlane, 2010).

Individuals may show resilience facing such experiences (manifesting short-lived or sub-clinical stress reactions that diminish over time), but a range of psychological problems may occur following trauma in people exposed to such traumatic events (Bonanno 2004).

The most deleterious effects include mental health problems such as Post-Traumatic Stress Disorder (PTSD), depression, other forms of psychological distress and poorer quality of life.

When subclinical symptoms are the only symptoms presented, PTSD or other related disorders may have a delayed onset (months or years later or after subsequent exposure to trauma) (Andrews et al., 2007; McFarlane, 2010).

Early Interventions: Psychological First Aid

Early interventions in the aftermath of a disaster, are necessary for preventing the onset of future debilitating psychopathologies, such as posttraumatic stress disorder (PTSD), and help alleviating symptoms, enabling individuals to take control of their lives as soon as possible and prevent any related sequelae (APA, 2013).

The World Health Organization (WHO, 2013) argues that the principal focus of emergency psychological interventions after a traumatizing event is to create a safe environment and provide secure information to the individuals involved.

Providing assistance at an early time may reduce successive treatment avoidance (Brewin et al., 2010).

“Early psychological interventions” are defined as commencing within three months after the traumatic event, with the goal being prevention or treatment of posttraumatic stress disorder (PTSD) or ongoing distress, acute stress disorder, or other trauma-related disorders (Bisson & Andrew, 2007; Roberts, Kitchiner, Kenardy, & Bisson, 2008, 2009, 2010).

Goals of EMDR Early Interventions (EEI)

- 1. Educating the public about the effects of trauma
- 2. Providing support for professionals
- 3. Treating all the victims and preventing the transgenerational transmission of the traumatic experience

Policy Planning: Who Requires EEI?

Exposure groups may be those who nearly escaped death, are injured, are family members of the deceased and/or have witnessed a catastrophic event (i.e. rescue workers).

Yet, EEI recipients should be those **who are in sufficient distress** to require treatment, not only those who receive a formal diagnosis.

PTSD prevalence can be expected in the first year after disasters, within exposure groups.

EMDR Early Interventions provide:

Outreaching

Critical Incident Stress Orientation (CISO)

Psychoeducation

Psychological support for rescue workers

Provide treatment to survivors with:

- EMDR Group sessions
- EMDR Individual sessions

EMDR outreach program partners

- Governments at a sub-national and local level (municipalities)
- Public Mental Health Service
- School administrations
- Civil society and non-governmental organizations
- Civil Defense Administration
- Military Red Cross

Advantages of EMDR Early Intervention

1. Brief intervention, rapid treatment effects
2. Psycho-physiological de-arousal response – decreases imagery/distress
3. Can be delivered on consecutive days (no homework required)
4. Prevents accumulation of trauma-memories
5. May strengthen resilience, important for on-going situations (economic factor)
6. Prevention: when there are ASD symptoms evidence, PTSD or other disorders may still develop as a delayed expression months or years later or after subsequent exposures to trauma
7. Majority of trauma-exposed victims with symptoms will not seek treatment

The goal of EMDR

The goal is to reprocess the memories of stressful and traumatic experiences, not to erase them, by unlocking the neural connections that contain these memories: this is also called memory reconsolidation.

Ways of reprocessing during EMDR sessions

- Resolution of sensorial fragments, that remain «trapped» in the memory in a dysfunctional way (smells, sounds, etc.). Once these are desensitized, the level of disturbance falls to zero
- Cognitive changes in people's perspective: «I can protect myself», «I can count on me», «I am stronger than what I thought». Their point of view broadens and guilt diminishes
- Focusing and recognizing what they had done during the event
- Switching from a feeling of not having control to a belief of having had control

EEI Protocols

EMDR integrative group treatment protocol (EMDR-IGTP)

It has been developed for use in mass disasters with large numbers of victims and few clinicians, with limited possibility of individual intervention.

Recent Traumatic Episode Protocol (individual sessions)

It is a comprehensive current trauma-focused protocol suitable for emergency settings with limited resources and time: it focuses on a progressive desensitization of the target memory.

EMDR GROUP PROTOCOL:

Psychoeducation

On posttraumatic stress reactions with the aim of normalizing any abnormal thoughts, emotions, feelings, behaviour.

Safe place

Ask each one to find a place with positive associations where he/she feels safe and at peace.

Sessions

Each one makes a drawing of the worst image of the event, thinks of an emotion and verifies the SUD level. Bilateral stimulation (Butterfly hug) . After 4-6 sets, assessment of SUD Repeat 3 times (sheet of paper divided in 4 parts).

RECENT EVENT PROTOCOL (R-TEP)

Brief history taking, preparation, attention to safety & containment

Points of Disturbance (PoD) level:

Identification, assessment and Focused Processing of target fragments (PoDs) within the Traumatic Episode

Traumatic Episode Narrative + continuous BLS-telling the story of the traumatic episode out loud with BLS.

Episode Google- Search + BLS (Points of Disturbance (PoD) relating to the T- Episode from the original incident until today)

Assessment (phase III) of each PoD (Point of Disturbance)

Focused Processing (Desensitization- phase IV): Installation (phase V) if SUD is ecological (no BODY SCAN (phase VI) yet)

Repeat steps 2-5 to identify & process remaining PoDs, until none found

A strong Closure (phase VII) at end of each session

Some interventions...

- Earthquakes

(San Giuliano, 2002; L'Aquila, 2009; Emilia, 2012; Amatrice and Norcia, 2016)

- Floods in Genova, Sardegna

- Terroristic Attacks

- Infanticides

- Bus accidents (Stroppiana, 2007; Hungarian Bus, 2017)



Genova, The collapse of Ponte Morandi 14th of August 2018

The event



The event

A section of 200 meters of the Morandi Bridge on the highway A10 collapsed at 11:36 am in August, the 14th.

At the time of the collapse, there were 35 cars and three trucks on the bridge.

43 people died

16 were injured

556 people were displaced

250 families

EMDR Early Intervention

updated to the 21st of September

- immediately the day after
- lasting 3 months
- 35 EMDR therapists
- 95 people
- 314 EMDR sessions
- 289 with adults
- 25 with children
- maximum 6 sessions per each (9 in one case)

- different levels of victimization

Family members of the deceased people

People who were on the bridge

Witnesses

Displaced people

First responders

- different hotspots

Centro Civico Buranello, Amici di Certosa Club Romagnoli, Villa Basilea and Comunità Minerva

- CISO and psychoeducation; outreaching and listening area

- Collaboration with the Municipality of Genova, the Psychological Association of Liguria and the Public Mental Health Service

Victim treated with EMDR



Thanks for your attention!

You can find me at:

luciaf@emdritalia.it