Innovative Mental Health Interventions
Methods During Crises and Emergencies

Moshe Farchi PhD
Head of the Stress, Trauma & Resilience Studies
Tel-Hai College Upper Galilee, ISRAEL
Bambi - calm and peaceful
Feeling safe with a significant other...
Danger!!!

![Wolf Image]
What is Bambi doing?
How can we define Bambi’s Running?

Escaping?

Fighting?
Lets rule out:

Bambi can’t devour...

Bambi can’t scratch

Bambi can’t bite

Bambi can’t climb up on the trees

**Bambi uses the only coping resources which are available:**

His physical ability to run

**Bambi’s fighting is to run = Bambi fights!!**
Bambi’s energy is running out. Bambi Freezes

Traumatic point

Helpless

Existential threat

Fear

Acute Stress Reaction (ASR)
Is Bambi’s freezing = Fight? (Freeze) ? Flight?

Recent study: (Moore & Farchi, 2010):
More then 85% of rape victims experienced freezing during the rape and afterwards.

The Freezing command is executed by the limbic brain: There is no right or wrong but only one purpose: Surviving

Freezing = Coping=Surviving
Evaluation of stressful events

1. Is it dangerous?
2. Can I control the situation?
3. Can I control my inner reactions?

Use of coping resources
Basic clinical implementation for interventions on the acute phase

- The action taken by the victim has to be reframed into positive helpful and effective action

Therapist should emphasize the use of the available coping resources used by the victim.

In terms of **traumatic events** there is no such thing like “Bad coping” or “inappropriate coping”. There is only:

“Survivor Coping”
Immediate simple and correct mental health first response, given on-site or within up to four weeks of the event, CAN HELP:

- Wide scale reduction of the ASR symptoms.
- Empower the individual’s self efficacy and sense of coherence and control.
- In case of mass disaster, initial intervention clears the disaster zone from panicked /traumatized people and enables the search & rescue units to focus on saving lives.
- **Possible** reduction of the risk PTSD
- Enable fast and adaptive return to routine function.
Effects of MSI + VB vs. Stress management vs control on ASR

(Farchi et al. Submitted)

Physical trauma in ER At Naharia

Baseline Anxiety, pain, HR

- MSI + Vagal Breathing
- Stress Management
- Supportive Control

Anxiety, pain, HR after 1-2 hours in ER
Effects of MSI + VB vs. Stress management vs control on ASR

(Farchi et al. In preparation)
Effects of MSI + VB vs. Stress management vs control on ASR

(Farchi et al. In preparation)
Effects of MSI + VB vs. Stress management vs control on ASR

(Farchi et al. In preparation)
The development of trauma stages

- **Routine**
- **Traumatic event**
- **ASR – Acute Stress Reaction**
- **ASD – Acute Stress Disorder**
- **PTSD – Post Traumatic Stress Disorder**
- **CPTSD – Chronic Post Traumatic Stress Disorder**

**Golden intervention window**
- **0-48 Hours**
- **Up to 4 weeks**
- **Up to 3 years**
- **For life**

- **100%**
- **50%**
- **20%**
- **5%**
The development of trauma stages

Routine

**Traumatic event**

- ASR – Acute Stress Reaction
  - 25% Of the qualifications program

- ASD – Acute Stress Disorder
  - 75% Of the qualifications program

Golden intervention window

- PTSD – Post Traumatic Stress Disorder
  - 0-48 Hours
  - Up to 4 weeks
  - Up to 3 years
  - For life

- CPTSD – Chronic Post Traumatic Stress Disorder

---

0-48 Hours
Up to 4 weeks
Up to 3 years
For life
The failure to predict

Yesterday \rightarrow Today \rightarrow Tomorrow

The life sequence

Yesterday \rightarrow \text{Today} \rightarrow Tomorrow

The broken life sequence

ASR \rightarrow \text{The disaster} \rightarrow ASR
Symptoms occurring during the traumatic event

(ICD-10)

- Threat 1........9..10 +
- Helplessness 1........9..10 +
- Fear 1........9..10 +
ASR

0-48 Hours after the event

Loneliness
Lack of control
Disorientation
Hysteria
Confusion
Regressive
Helpless
Catatonic
Passiveness
Avoidance

ASD
48 Hours- one month

Arousal
Intrusion
All details are stored in the working memory.

The details are stored as short clips or still pictures.

Memory is sensitive to external triggers that can, at any time, flood the thoughts, feelings and somatic expressions of the actual event.

The clips are disorganized in terms of chronologic order.
The subjective equation of the traumatic event – the resilience impact

The ultimate resilience...

The ability to survive your own private disasters and return to your normal daily life functions.
Skills needed for the mental health first responder

- Theoretical & practical knowledge of the stress & trauma development process.
- Differential Diagnosis of the trauma stages (From ASR to C-PTSD).
- Identify & empower different sources of resilience and coping strategies.
- Basic & advanced crisis and disaster intervention methods.
- Crisis & disaster management & command.
- Professional self confidence, Independence, Creativity: leadership capabilities.
More skills...

- Political aspects of collaboration with others.
- Professional creativity during stressful events.
- Emotional detachment when needed.
- Focus on the tasks ahead during chaos.
- Working in unexpected settings and scenarios.
- Maximize coping resources and know one’s limitations.
And most important:

To know how to help and support friends & colleagues in case of secondary traumatization
Main intervention goal during the acute phase:

To shift the victim from a sense of helplessness to a sense of active coping survival
The 6 C`s Model
Emergency Mental Health Interventions Principles
Farchi, 2012

Communication

Continuity

Cognitive

Challenge

Commitment

Control
Basic intervention protocols: Phase 1 – On site

**Pacing & Leading**
Joining the initial physical & communicational state. Message: You are NOT alone, I’m here.

**Leading to activation of the victims**

**Regaining sense of control & continuance**
Use “rhythm hand squeeze” + enable the option to choose

**Process is done during walking to the nearest safe place**

**Using the channel cognitive for initial reconstruction of the time frame**
While walking: ask simple and closed questions concerning only the very initial timing

**How long have you been here?**  
**When did it all happen?**  
**Where did you plan to go?**  

**Using the cognitive channel for initial reconstruction of the time frame**
Phase 2: In the E.R / Trauma help centers/ Any other safe place

- **Basic orientation:**
  - What is this place
  - What happened (The reason that you are here)
  - What is the time frame (What happened when?)
  - What is the plan for you here.
  - When will you return home.
  - What would you like to do first?
Initial stress reduction protocol

- Use the ASR symptoms as a tool for recovery:
  Combine between the symptom and the recovery:
  “It’s great that your leg is shaking, it reinforces your blood circulation and raises your oxygen levels: that will help you to calm down” (Suggestive intervention)

- Yes set sequence: Short axiomatic phrases that can NOT be refuted such as: “You will see that this day will eventually end and another day will come.”
Advanced intervention protocols: Phase 2 – At the E.R. / Center for stressed or panicked persons

Memory Structure Intervention (MSI) (Gidron, 2006)

- Patient describes the event. Each time he/she says a feeling or a somatic sensation, therapist asks to elaborate verbally and give a reason.

- Therapist repeats the story, chronologically organized, with causal links between the event’s segments, using verbal labels of emotions/sensations

- Patient repeats the story the way the therapist did
Basic intervention protocols: Phase 2 –
In the E.R / Trauma help centers/
Any other safe place (cont..)

- Re establish previous routine roles
- Make a short plan for the next day - Encourage talking about the near future.
- Provide explanation of the possible symptoms that may arise during the next days.
- Provide an address for calling if any more intervention is needed.
- Assess the person’s stress status from 1 to 10.
- 8. Discharge the person if stress is reduced by 3 points or more and IF the person functions well and is independent.
More intervention methods

- Psychological Inoculation (Farchi & Gidron 2010) based on emotional translation of the physiological immunization system.

- Ok circles (Farchi, 2007, 2010) – used mostly with elementary school children. (Group intervention) The main idea is empowering coping resources and then short reliving of the traumatic event – and returning to normal.

- Stress management: Locate and understand the stressful triggers, re-establish coping strategies including some relaxation and desensitization techniques.

- EMDR (Shapiro, F. 2001) Eye Movement Desensitization and Reprocessing.
Thank you

תודה רבה