

Brief Treatment in an Emergency

Methodological Proposal for Functional Psychology Intervention Implemented During the COVID-19 Emergency

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ABSTRACT

The COVID-19 pandemic has required mass intervention to offer psychological support to the world population. This article lays out a methodology developed over years of experience and implemented for the Italian population by psychotherapists of the Functional Psychotherapy Society (SIF) for the Ministry of Health project called *Free Listening Psychological Service. National Toll-Free Number*. The Brief Treatment in Emergency (Pedrelli and Sozzi, 2016) according to Functional Psychology (Rispoli, 2004; 2016) is based on years of experience in the diagnosis and treatment of stress, combined with the skills of emergency psychology. It shows how essential it is to have psycho-body skills in emergency treatment, and how it was also possible, even in a context of isolation and remoteness, to use body-oriented techniques. Functional Psychology refers to experiences that form the basis for the development of skills in each of us as Basic Experiences of the Self (BES). In an emergency, we can work on BES to restore emotional stability and security, and reconnect with resources. In this article, the BES of Control and Perception are used as examples to provide a view of potential remote emergency work.

Keywords: brief treatment in emergency, Basic Experiences of the Self, Psychocorporeal techniques, Functional Psychology

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Familiarity with psychophysical processes and stress makes the body psychotherapist an ideal candidate to operate in the emergency context.

For years now I have been dealing with Emergency Psychology as a volunteer and as President of the Italian Society of Emergency Psychology, Emilia Romagna section (SIPEM ER), allowing me to follow, more or less directly, all emergency events in Italy over these past fifteen years. Thus, I was very moved to know that the Italian Functional Psychotherapy Society (SIF) would be part of the ministerial project *Free Listening Psychological Service. National Toll-Free Number* as a member of the Scientific Society FIAP (Italian Federation of Psychotherapy Associations). It is a very important opportunity to be able to share an emergency experience, something so demanding and important to and for us all, with SIF colleagues (see Annex). This is an opportunity to once again reflect on the application of methodology and functional techniques in the specific field of emergency (Pedrelli and Rispoli, 2014; Pedrelli and Sozzi, 2016; Pedrelli, 2019).

Emergency psychology now boasts more than twenty years of presence in Italy and numerous publications (see Consiglio Nazionale Ordine degli Psicologi). There is consensus on noting the importance of the use of psychocorporeal techniques and of competence in assessing bodily signals in an emergency context (Van der Kolk, 2014; Ogden et al., 2006; Giannantonio, 2003; AISTED, 2020). Despite this, contributions from the field of Italian body psychotherapy are rare. After reflecting on the discomfort caused by the pandemic, this article will focus on a methodological pro-

positional arising from Italian body psychotherapy, namely brief emergency treatment according to neo-functionalism.

The Emergency Context

An emergency context is, by definition, one where individuals find themselves lacking sufficient resources to cope with the outcomes the context produces. This always disrupts people's lives to a degree that differs in nature depending on the following factors: economic, housing, work, social, physical, and, of course, psychological. This is why it is said that **in an emergency, it is normal to enter a state of Distress**. The state of Distress is inevitable for the body, which acts to protect itself from the destructive power of the event by activating the system responsible for reacting in the face of danger. It is thanks to the activation of exceptional resources borne by the vital systems – and in particular by the hyper-activation of the autonomic nervous system (ANS) – that individuals manage to face the sense of danger, anguish, and death constellated by such events.

During the COVID-19 emergency we have seen different problems arise, mainly related to three mutually intersecting factors: time, social/contextual criticality, and individual character structure.

- The **time** factor (emergency timing) always ought to be considered in emergencies, as every emergency has its phases, during which the emergence of symptoms varies.
- The **contextual** factor weighed significantly during COVID-19, given the capacities it demanded for adaptation in a variety of areas. These included, but were not limited to, children's home-schooling; working from home or with frequent interruptions; economic difficulties for some families; worries surrounding the impossibility of assisting family members in distress and isolated in their homes.
- These two factors deal with the **individual**, their resources, and their levels of resilience. However, as mentioned, it is normal to be in Distress throughout an emergency, and COVID-19 made the entire Italian population a victim of Distress when we were all forced into isolation following the Ministerial Decree of March 9, 2020. This was an event never before experienced during an emergency. Of course, not all of us experienced COVID-19 first-hand, and some experienced higher levels of victimization than those (such as myself) whose friends or family members were not directly affected (Pedrelli, 2019). However, we all are victims, and this must be borne in mind.

In this article, we will consider work carried out with individuals who contacted the toll-free number activated by the Italian Ministry of Health, but who had not dealt with COVID-19 directly (see Annex). Indeed, in this emergency there are certain categories of victims (healthcare workers, relatives of the deceased, and those

who recovered after contracting the virus) who require particular attention in the treatment of traumatic states and symptoms related to the traumatic experience. For this, the Brief Functional Treatment must be integrated with competence in traumatic and dissociative states (AISTED, 2020).

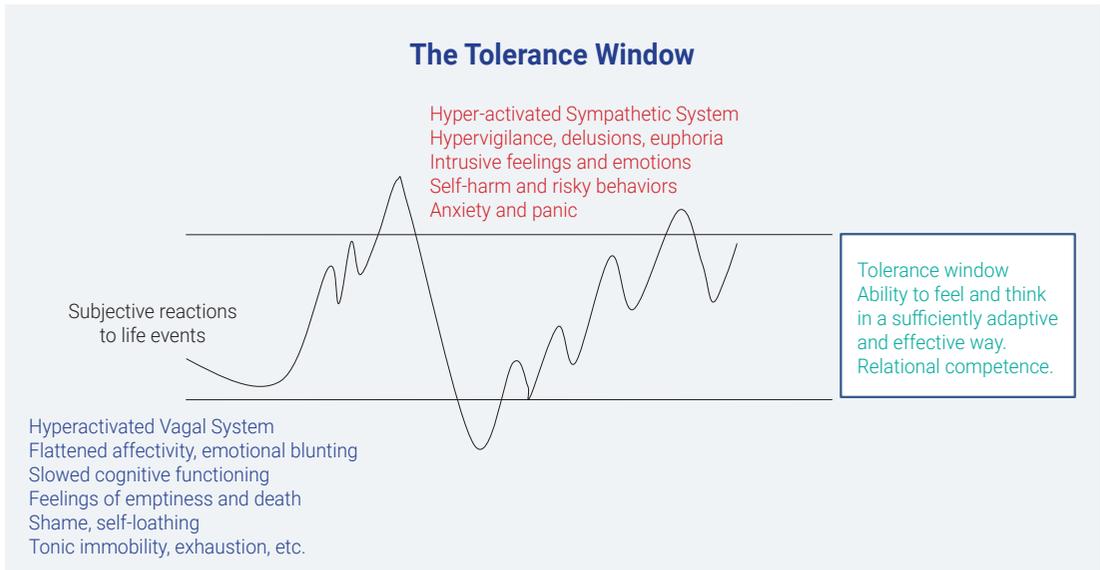
When the toll-free number was activated two months after the start of the pandemic, users requiring support brought up issues that arose from the various combinations of the aforementioned factors, while representing the most disparate conditions, which also led to important differences in treatment. Many instances of previous suffering were revisited and re-experienced. Some were correlated with clear states of decompensation, while others displayed signs that the consequences of persistent stress were becoming chronic. Therefore, we mainly highlighted two macro categories: those for whom the distress alteration was more prominent, and those for whom it appeared to be a reaction conditioned, rather, by the reactions related to previous suffering, and of a more depressive type. This is in accordance with what is noted in the literature (Rapporto ISS COVID-19, 2020; Cervellione et al., 2021).

Nonetheless, despite the difference in severity noticed, we would like to say that the work carried out was configured as a true **brief treatment**. Talking merely while *listening or supporting*, as defined in the Agreement with the Italian Ministry of Health, seemed unsatisfactory to us. It was certainly possible to listen to and support our users during the sessions; however, in our opinion, psychological therapy in an emergency is to be viewed as a **true type of treatment**, which is specific and has its own methodologies (Pedrelli, 2016; 2019). The treatment we are outlining is psychological first aid (Sphere, 2011; and IASC, 2007), but is not limited to this: it is also a true cure, which promotes processes aimed at rebalancing the ANS and vital systems. In fact, it should be remembered that the international guidelines refer to psychosocial operators who may not be professional psychologists, but are instead professionals trained in psychosocial emergencies, with basic skills of the most varied types.

The Body in Emergency Psychology

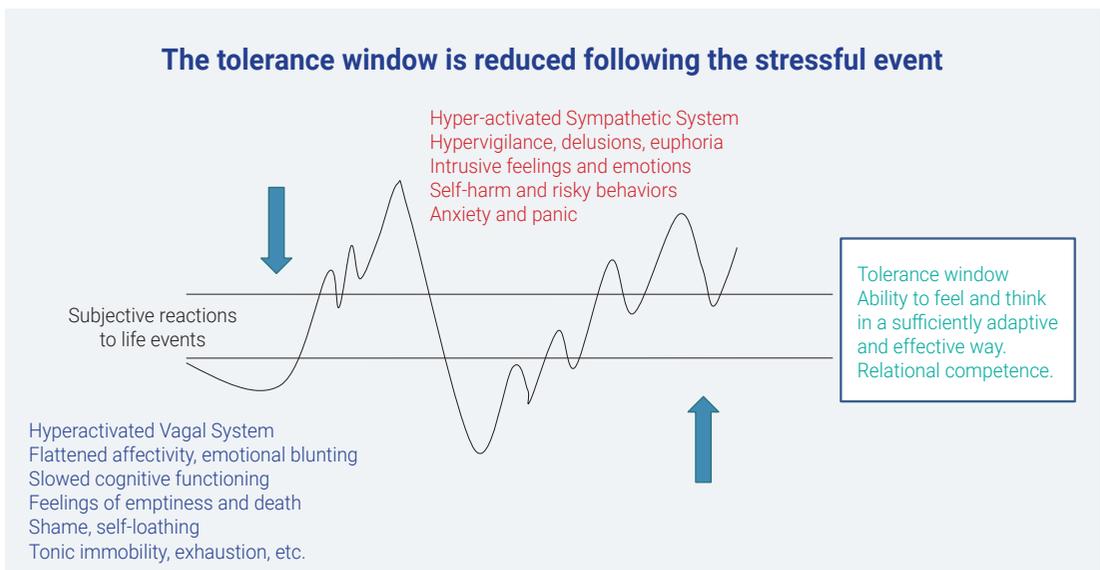
The methodologies used in emergencies stem from the specific objectives that many authors have already dealt with (Giannantonio, 2003; Sbatella, 2007; Iacolino, 2016). However, only through the contributions of trauma treatment has the importance of urgent early treatment in the prevention of psychopathological states resulting from potentially traumatic events become most strongly emphasized (Levine, 2014; Van der Kolk, 2014; Ogden et al., 2006).

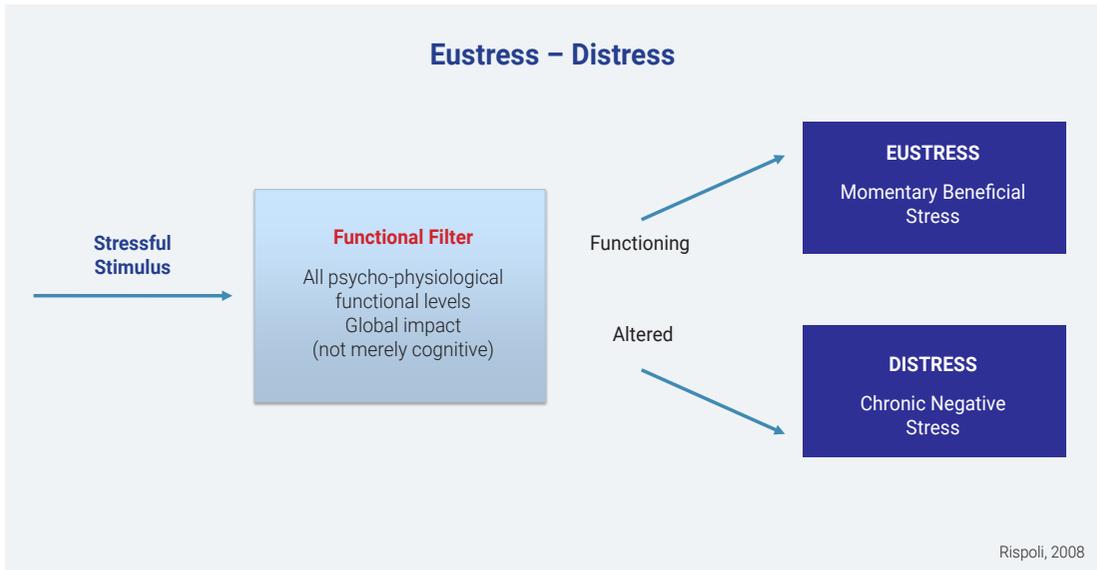
Some authors (Siegel, 1999; Ogden et al., 2006, B. Van der Kolk, 2014) use the concept of a window of tolerance to refer to the boundaries within which victims



define themselves as stable, provided they do not cross these boundaries. Being “outside the window of tolerance” is normal in the face of exceptional events and, as mentioned above, it is normal to go into acute Distress. When this happens, it is assumed that the victim’s reaction is such that all their adaptability is used to cope with the event per se, and that it cannot be used for psychic integration and rebalancing. Indeed, victims do find themselves in conditions of vulnerability and at high risk of breakdown, so they use the few resources available to them to maintain their (albeit unsatisfactory) state of survival.

The window of tolerance is subjective and related to the adaptive capacity of the subject and the levels of resilience that they can implement. Those who, displaying more or less obvious signs of stress, faced this emergency while already in psychophysical states of fatigue were found to have fewer adaptive resources. This suggests that the window of tolerance had a reduced diminished range for those who were already in a condition of stress, and that personal limits beyond which one would feel overexposed and unbalanced would have been very close to the basic condition (baseline), with little margin of stress tolerance.





Neo-Functionalism in Emergency Psychology

Familiarity with psychophysical processes and stress makes the body psychotherapist an ideal candidate to operate in the emergency context. Competence in identifying stress signals within the wide range of psycho-physiological variables, with simple but expert clinical observation, allows the body psychotherapist to access refined tools to guide their interventions. The fundamental concept is that when people are in acute distress, or even in chronic stress as we have seen during this prolonged emergency, their reaction will be a hyperactivation of the ANS in the direction of sympathotonia and/or dorsal vagal activation (Porges, 2011). It is like finding yourself in an overwhelmed state for too long and being outside your window of tolerance – a condition of high cost to the entire organism.

How can we offer resources and resilience to those who find themselves in Distress and who quickly exceed their limits? Neo-Functionalism has introduced a concept that seems to offer a complex vision of the process we are talking about: the Functional Filter (Di Nuovo and Rispoli, 2011). People's adaptive capacity is related to the mobility and range of their Basic Experiences of the Self (BES from now on). BES are lived experiences that influence human development (Rispoli, 2004; 2011; 2016; Di Pasquale et al., 2019), which are considered by Neo-Functionalism in their multidimensional psycho-corporeal complexity. The Functional Filter can appear more or less stiffened, slowed down, and depleted depending on how BES are stiffened and altered. However, if the BES maintain their range and mobility, then they will provide support, adaptability, and resilience and individuals will face stressors in their opti-

mal condition. Never before have we demonstrated the cultural and social changes to which we are subjected, from generation to generation, from decade to decade. Anyone, like me, who has been a psychotherapist for decades can testify to the methodological and diagnostic evolution in clinical practice. This is a necessary evolution, which follows the evolution of the profiles of psychopathologies and social life, as well as the evolution of the human competencies we encounter in social and cultural progress.

Nowadays, adaptability and resilience are becoming fundamental focal points in the promotion of health and wellbeing. Our changing world requires radical adaptability to change in us all (Braibanti, 2015). Feeling good in this world becomes possible if we develop our ability to continually reposition ourselves in our life contexts, are able to see more perspectives, and have the ability to carry ourselves in the best possible manner according to the times and conditions in which we live. The complexity of our time can bring richness, provided we evolve our competencies (Ceruti, 2018). This alone allows us to adapt coherently and in line with our needs. Neo-Functionalism has always based its epistemological vision on the theory of complexity (Rispoli, 2004), and has identified in the BES those building blocks on which to base our skills. Like Life Skills, BES are the learning directions on which to base our educational contribution and commitment. However, unlike Life Skills (WHO, 1997), BES are developed in our organism, and identified through four macro areas: cognitive, emotional, physiological, and postural. Through experiences and specific experiential techniques, we can support the development of the different BES, which will be whole and profound when all vital systems are coherent and contributing to the realization of the experience itself.

BASIC EXPERIENCES OF THE SELF

REDUCED VERSION

- **Being Held**, Being guided, Being Stopped
- **Being Considered**, Being seen, Being Listened to
- **Letting Go**
- **Calm**
- **Control**, Soft Attention, Loosening
- **Sensations, Perceiving**, Knowing, Exploring
- **Empathic contact**
- **Receptive contact**, Asking
- **Active contact**, Taking
- **Love**, Continuity, Belonging
- **Tenderness**
- **Sharing** Opening up
- **Vitality** Joy, Playing
- **Creativity**
- **Pleasure**, Will-being
- **Original strength** Open, Calm
- **Consistency**
- **Affirmation**, Assertiveness
- **Self-affirmation** Making Plans
- **Negativity**
- **Autonomy**, Opposition, Separation

Rispoli, 2011

Health and Wellbeing are indeed correlated to the integration and consistency with which the different Functions manifest (Rispoli, 2016). Working on the same BES will allow the restoration of adaptability and will guarantee greater protection with regard to stressors that will occur, even when it comes to a month-long emergency such as COVID-19. The window of tolerance (Siegel, 1999) will then have greater breadth, and the individual will have more resources to deal with critical events.

The Brief Emergency Treatment

Neo-Functionalism has always been concerned with the original integration of vital systems, and with intervention methods for them. This does not merely include the ANS, but also the central and peripheral nervous system, the systems of Thoughts and Emotions, the endocrine system, and the perceptive-expressive sensory-motor system (Rispoli, 2016). Neo-Functionalism has always dealt with stress and stress treatment, so we have been able to integrate the complex skills of

RESILIENCE: EXPANDING THE TOLERANCE WINDOW

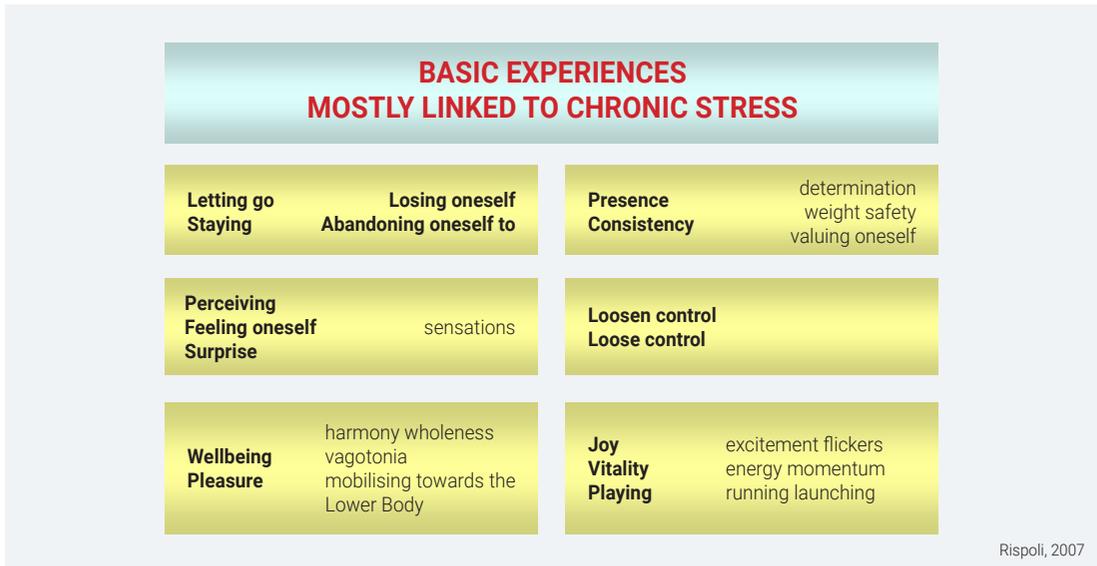


How can we do this?
What type of exercise
do we need?



NEO-FUNCTIONALISM works on the restoration of functions and the Basic Experiences of the Self

Pedrelli, 2019



the functional model in the emergency-traumatic context, to implement a *brief emergency treatment* (Pedrelli, 2014; 2016; 2019).

The most recent contributions in the field of neuroscience have shown how the experiences we offer our users and the psycho-corporeal techniques we use involve activation not only of the mind, of psychic components, or of awareness, but of the entire organism. In each BES, we can identify typical and congruent aspects of the different functioning and vital systems, which ensure that the BES itself is experienced with fullness and intensity. In the **Letting Go BES**, muscle tone is loose and soft, breathing is deep and diaphragmatic, the throat is relaxed, and the voice open and soft. The ventral vagal system is activated, there is cardiac synchrony, and a sense of confidence, serenity, and safety in relying on someone. These are some of the characteristics we can observe, and which are associated with the production of specific hormones and neurotransmitters. The changes that users perceive, and of which they are often (but not always) aware, is due to a modification of all the levels of vital systems, which alter to face that specific type of experience. The very fact of being able to accompany a user in experiencing Letting Go, as well as Calm or other BES, means that the **cure we carry out is specific and profound**.

During this emergency, despite social distancing and the use of video calls, we were nevertheless able to implement specific psycho-body techniques, directing our users towards this or that BES. But more frequently, we found ourselves supporting simple activities and habits that allow users to experience a specific BES, with the aim of re-experiencing it in a more coherent and complete manner. This process is possible if the psycho-therapist has knowledge of those experiences, has ex-

perienced them themselves, and with their presence can accompany the user into the experience with attention and awareness.

Many BES are at risk in an emergency context and, as we know, the alteration they can create is related to the state of greater or lesser integrity of the BES itself, prior to the emergency. If we look at the short list of BES, we see that the first in the list is **Being Held, Being Stopped**. In this pandemic, we have all experienced Being Stopped – for example, being forced to remain in places that for some of us proved to be too constraining. Lockdown rules imposed this on us, but only some of us perceived their protective and reassuring value. For others, the outcome was one of greater anxiety and restlessness, and they reacted by becoming hyper-activated even at home, participating in all available webinars, working all day and keeping busy all the time. Being Stopped is that very important experience that all children have when they exceed limitations, and the adult intervenes to protect and contain them. Yet, when lived out fully and coherently with one's own needs, being stopped is also the experience that confronts us with the powerlessness surrounding limits: it makes us experience the beauty of letting go and giving in when we understand that the limit cannot be crossed (Rispoli, 2004). If individuals have not experienced the profound sense of protection of Being Stopped, they will react in a more or less spasmodic way to the stop that is being imposed (lockdown, in this case) and will have difficulties in stopping others, children in particular. If an individual does not have their own way of modulating their emotional and nervous state in the direction of Calm BES, the clinical picture will be one of sympathetic nervous system hyper-activation. We will have to work on distress and pervasive anxiety.

When it was possible for us to resume daily activities, albeit with social distancing restrictions, there were people who found themselves in a state of decompensation. Risk perception at that point was no longer based on perceptual competence and reality, but rather on the fear of contagion. Everyday life, potentially more gratifying and normalizing than lockdown life, had become for some a phobic obsession with COVID-19, forcing them to see only the inherent danger. Fear of contagion had made us lose the ability to perceive context, and reset sensations and perceptions to better assess the risk. Some people, decompensated in the Obsessive and Obsessive Compulsive trait, having exhausted resources and energies, found themselves having full breakdowns. No longer having the ability to hyperactivate the dorsal vagal system, they reacted with relational and emotional closure, a sense of emptiness, ineptitude, disorientation, and asthenia. But this decompensation could also have other conditions as a basis, in particular, previous traumas and depressive states.

These two profiles – anxious and depressive – are certainly generic, but as such, they hold together the majority of the issues users report, and are examples of the two macro categories mentioned earlier. Emergency treatment is configured specifically for the urgent treatment of the state of imbalance of the ANS, in preventing psychopathological relapse of the state of Distress. In both situations, the treatment will focus primarily on the rebalancing the ANS in the excess of high or low energy, namely the excessive activation of the sympathetic system or the excessive activation of the dorsal vagal system.

To modulate and reactivate the adaptive capacity, we will work on BES that re-balance the states of excess in which individuals find themselves. Stabilize, calm down, and deactivate are the watchwords that guide the process. In particular, we will work to restore the Control BES that occurs in its extremes of hypo or hyperactivation, and the Perceiving BES, to better focus on the here-and-now and calm down thoughts of danger.

Methodology Aspects

Functional evolutionary psychology (Rispoli, 2004) shows us a rich and complex way of working with children and adults that enhances their personal growth and enriches their basic skills. It identifies BES as the building blocks on which educational and therapeutic intervention are structured. This allows us to have an agile and effective tool when it is difficult to distinguish the need to intervene at an educational level, rather than in rehabilitative or psychological care. The margin between the restoration of skills and care is narrowed in an emergency. In an emergency, it is always difficult to assess the resources of our users, but when we work on BES, we always support them and their learning by enhancing their basic skills. In other words, by working on BES we work on relieving stress, on rebalancing and

supporting capacities, and, as mentioned, on promoting resilience.

Below is a brief outline that exemplifies the brief treatment, although in an abbreviated form. First, we illustrate the work on BES (step 1) and on the techniques aimed at integrating and remodeling them. Competency in psycho-body processes, and practice in the experiences that the body psychotherapist holds, thus becomes the premise on which the brief intervention is structured. Having this observational and operational eye, we will be able to work better in the Creation of Setting (step 2), and in Resource Restoration (step 3).

1. Working on the BES

Here is an example of some proposals that we have often offered our users to reopen and remodel the Control and Perceptions BES. These are divided into two main categories:

- Proposals that adapt to the user's life and are common actions and experiences.
- Proposals deriving from the *Manual of Functional Techniques*, which can be carried out even remotely (Rispoli, 2011).

BES Control in Usual Activities

- *Ask the user to tell you what they see near them and describe it in detail.*

Objective: to restore attention to the context in the here-and-now, to reduce anxiety or agitation expressed in the superficiality with which the user describes their surroundings and, in their difficulty, to stop and slow down etc. This rebalances the user who is in Control hyperactivation.

- *Breathe in a controlled manner.*

Objective: to re-orient the obsessiveness of thoughts and the rigidity of control in an activity that engages the user in a harmonious way and restores a sense of rhythm that leads to calm. This rebalances the user in Control hyperactivation.

- *Support a calm movement with arms or legs in sync with the voice, as if to say, "I am here."*

Objective: to release the power of a movement synchronized with the voice. Rebalances the user when Control is inactive.

BES Control in Functional Psychology Techniques

- Eyes to narrow on exhalation (Tenderness BES)
- Self back massage (Loosen Control BES)
- Throwing arms (Loosen Control, Collapses BES)
- Discover the world with your hands (Loosen Control, Perceiving BES)
- Loosen up head and neck (Loosen Control, Sensations BES)

BES Perceiving in Usual Activities

- Ask the user to perform the movement they are talking about or that they usually do, while slowing down.

Objective: to make individuals aware of movement and experience, to the quality of the gesture and its cost/benefit. and to pay attention to the self and to body sensations.

- Feel your feet on the ground, move them with a little pressure, and then feel them again when standing still.

Objective: to reactivate a little strength, moving downwards to rebalance the upper and lower parts of the body, reopening sensations.

- Voice, opening and modulating it, singing.

Objective: to open, share, re-feel, generate harmony and consistency, creating space for oneself in the context.

BES Perception in Functional Psychology Techniques

- Feeling parts of the body (Perceiving BES)
- Hands: giving themselves tenderness (Sensations, Loving BES)
- Eyes to go open wide (Perceiving, Amazement BES)
- Tired part and pleasant part (Sensation, Tenderness BES)
- Remembering some support received (Perceiving, Contact, Positive Continuity BES)

During treatment we work on the range, modularity, and mobility of the BES. The psycho-corporeal indicators that correlate with the effectiveness of the treatment will be the Voice, the Gaze, and the Posture, which will be more open, soft, and able to consistently reshape the emotional experience; the remodeled muscle and cardio-circulatory systems, which will be more congruent and effective; the Breath, which will be more coherent with the emotional experience.

2. Emergency Setting

The core of emergency psychology is to create **settings**; creating **relationships** with someone we do not know and whom we will see for an hour or so. We clinicians know that almost everything happens during the first therapy session, and the dynamics and history of the person are manifested. In the first session, we collect and grasp those elements that remind us of the patient's essence. In emergency psychology, we have the urgent need to make an analysis of the person in front of us and what their need is. We urgently need to make sense of the information we will be gathering, of the narrative that they will give us. The therapist must rely on their ability to adapt, and on *contact* to intuitively and quickly grasp the direction of treatment to be pursued.

Create Settings

- Build an alliance, accept a request.

We must try to immediately create a connection with the individual, from which to derive the methods of accompaniment and identify the specific need brought by the individual. Empathic listening and the ability to create contact help the psychologist tune into the user's experience. The user's explicit request must be traced back to the emergency context and, if consistent, accepted, or analyzed and re-defined if inconsistent.

- Provide protection and containment.

By building rapport, we create containment; we place ourselves as a reference by creating a sense of protection in the user, who relies on us and can disclose what they have not been able to disclose to anyone. The structure of the Service, which is configured as a support service organized by the Ministry of Health, also contributes to giving our mandate authority. Users attribute an institutional role to us, allowing them to see our work as a strong response from the State, which considers and cares for them in this period of great uncertainty and fear.

- Establish order between thoughts and emotions.

This is a fundamental objective, given that the most frequent and visible symptoms in this period are due to hyperactivation of the ANS. It includes mental agitation and confusion, high reactivity to events, and difficulty sleeping, which contribute to accentuating fatigue and irritability.

- Explain what is happening and make sense of the user's discomfort.

It is very important to share the **meaning**: the meaning and limits of our intervention, the sense of their ill-being and the specificity of an ill-being that is normal in this exceptional situation. Making sense means activating reflective capacity, tolerating frustrations, and promoting integration. This also means creating the basis for the prevention of damage and mental decompensation.

- Re-establish a range of values and tidy up, letting go of what no longer makes sense.

In addition to giving order and meaning, it is important to give direction. We can accompany the user to give value to what is within their reach, where we sense potential. We help them define what their first steps will be, what their priority is, considering the moment of life they have in front of them. The space-time limit of our intervention is clear and sanctioned: a maximum of four sessions and, if necessary, a referral to local health services. The user not only tolerates this limit, but makes themselves strong in it the more they feel like they are acquiring clarity in the direction they are moving towards, and in the objectives they set for themselves.

3. Restore Resources

In an emergency, the setting, and the relationship with our user, which clinically constitutes the framework within which we operate, occur at the same time as the restoration of resources. In fact, we know that states of profound alteration need to be brought back within operating margins that allow the user to feel and feel present in the here-and-now of a relationship with the consultant (window of tolerance). The fundamental work on resources also allows the restoration of the ability to stay in rapport with the other, to enter the setting, and as functional psychologists, we implement it by mobilizing and reopening the BES.

Reopen Functions

- *Stabilize (baseline).*

In an emergency, we often talk about the centrality of emotional stabilization. Anxiety, fear, depressive states, and emotional decompensation are the result of this pandemic, and extensive literature reports on the psychological distress due to the COVID-19 emergency. We emphasize that emotional stabilization is profound and significant for health if it pertains to the biochemical processes – the vital systems and the autonomic nervous system (Rispoli, 2016). The functional psychotherapist knows the fundamental importance of Calm, and the fact that it is not simply the absence of thoughts or muscle relaxation. Each BES is seen through the complexity of the organism’s vital systems (Rispoli, 2004). In the sufficiently good experience of Calm, we find serenity, deep breathing, and a pleasant state of vagotonia. Users prone to sympathetic hyperactivation generally do not know Calm, and brief treatment barely allows them to access this experience. Perhaps they can relax their muscles or lighten their mood a little. We can direct them to experience short moments of relaxation, of slowing down, of feeling lighter, during which they can feel Being Guided and Held by our secure and calm state so that they can feel Calm through our presence and confidence with which we accompany them. On the other hand, users in dorsal vagal hyper-activation benefit from being activated in a gentle way with efforts that aim for the Vitality and Opening BES, and for a taste of Calm Strength. This helps users re-activate without effort and recover a little energy. In this, working with voice and breath to modulate and open is fundamental.

- *Restore Control and Perception by working on the range, mobility, and modularity of the underlying Operations.*

Helping users regain control, direct their attention to presence, and perceive themselves in the present moment and in the reality of their lives. An intervention with simple techniques that support the integration of BES allows the psychologist to promote the restoration of the user’s learning process, rang-

ing from perceiving the here-and-now to restoring control and reflective capacity. Reopen the way from the bottom up, namely from experience to knowledge and awareness of the experience. In states of distress, thoughts are short-circuited and disconnected from perceptions. In the struggle to find integration that gives meaning to the complexity of the moment, confused or chaotic thoughts and emotions pile up. There is a need to return to perception of the here-and-now by integrating the cognitive, emotional, physiological, and postural levels, in a complex systemic perspective (Rispoli, 2004; 2016).

- *Orient towards Vitality and Consistency, pay attention to positive body sensations.*

Body sensations and positive memories can be reopened. Small experiences of Joy are possible for many, having considered a user base that had not suffered direct traumas due to this emergency. With Consistency and its techniques, we redefine values and priorities, the sense of truth and of what is most important.

- *Restore a sense of agency, effectiveness, and planning.*

Grasping the moment in the user’s life in which this emergency is inserted and seeing a first step in Planning. “Being able to leave the house to go shopping with sufficient calmness” or “Visiting their elderly mother respecting social distancing, confident they would not infect her,” or “Being aware of so much inner anger, of the possibility of opening it without acting it out on others” are objectives that can either be suitable or impossible for short-term treatment. Psychotherapists must identify possible steps in the user’s complex inner world; how to divide the macro-objective and support the present potential. We share and support users’ small, simple projects, and when they are distrustful and confrontational, we reread their most adaptive movements in terms of agency and effectiveness, helping them reinterpret themselves more positively.

Conclusion

In life, every moment brings useful learning. Certainly, every experience enriches or impoverishes us, points us either in the direction of evolution and creation or involution and destruction. With every emergency, we face challenges that can positively open feelings and emotions that comfort us and help us feel a little more human. At other times, we face terrible trials, and the road ahead seems too difficult. In this COVID-19 emergency, we helped our users reopen and rediscover their resources, become more aware of them, and take better care of themselves. Being resilient and learning from experience is never easy. Accompanying our users in this difficult phase of their lives means being able to support their skills and growth. As usual, we psychotherapists also grow with them in this process.



ANNEX

Brief Treatment in an Emergency

Considerations regarding the SIF's Toll-Free Number Experience

THE FUNCTIONAL PSYCHOTHERAPY SOCIETY (SIF) COVID-19 PROJECT

T

he SIF COVID-19 project is part of a larger campaign by the Italian Federation of Psychotherapy Associations (FIAP), which adhered to the Ministry of Health's initiative to provide a psychological support service to citizens and operators following the declaration of a State of Health Emergency for the coronavirus epidemic of January 31, 2020. The Ministry of Health required associations of emergency psychologists and scientific societies in the psychological field to organize groups of voluntary psychologists to offer free services during this emergency period due to COVID-19. Access to the service is guaranteed through the toll-free number 800.833.833, broadcast by television channels and social media, and is completely free of charge. The psychological support project launched by the Ministry of Health remained active from April 27 to June 30, 2020.

Structure of the Ministerial Project

The Ministry of Health aims to offer a space for competent listening by professionals (psychologists, psychotherapists, psychiatrists, child neuropsychiatrists) which is organized in two levels.

First Level

The first level involves four associations that deal with emergency psychology, enrolled in the registry of the Civil Protection Department: Italian Society of Emergency Psychology (SIPEM SoS), Federation of Psychologists for People (PxP), Italian Corps of Relief of the Order of Malta (CIS-OM), and the Alfredo Rampi Center. The service is active from 8:00 am to 12:00 pm, organized in four-hour shifts. All activity is carried out remotely, the psychological telephone consultation is unique, and has a maximum duration of 20 minutes. First level professionals welcome phone calls to the toll-free number and implement a first access support intervention aimed at establishing a sense of security and reassurance regarding the support the organization can offer its users. First level volunteer professionals carry out the psychological triage and evaluate the user's needs to direct them to the appropriate local services and healthcare providers who have joined the project. These constitute the second level. Subject to the consent of the user, transfer to the second level takes place by forwarding the telephone number of the user to the email address of the identified healthcare provider. The user also has the opportunity to contact the healthcare provider directly via the telephone number or email address provided by the psychologist operator.

Second Level

Many scientific societies have joined the project, including the Italian Federation of Psychotherapy Associations (FIAP) to which SIF adheres, numbering around 1,500 psychotherapy professionals. Through a specific Convention, the Ministry regulated the mandate required of the companies involved in this project. Among the points of the Convention, we point out Article 6 – Incompatibility, which states that:

'The activity provided by the aforementioned professionals does not constitute psychotherapeutic service. Those who offer this collaboration, both for the first and for the second level, are expressly forbidden, for a period of six months from the end of the emergency which led to their collaboration with the service users, to begin remunerated psychotherapeutic treatments with any of the users involved in this project.'

Second level psychotherapists are called to intervene by providing support for users' discomfort caused by the COVID-19 emergency to prevent psychological and psychiatric problems. Following the sending of the user's telephone contact, or in response to a call made by the user, the second level professional determines with the user what times and methods are most suitable for their current needs. A maximum of four sessions are set up by the Ministerial project, with possible follow-up to be carried out within the emergency period. All sessions are conducted via phone or video call. The two levels work in synergy, collaborating in the management of the service and responding in a timely manner to user needs. Discussion meetings are held regularly between representatives of the first and second level and the heads of the Ministry.

The SIF COVID-19 Project

The SIF COVID-19 project came to life on April 25, 2020, following the commitment of 28 Functional Psychotherapists enrolled in the SIF to the FIAP proposal to join the Ministerial Toll-Free Number project, and ended on May 31, 2020.

The Human Resources

- **Enrica Pedrelli**, President of the Italian Society of Emergency Psychology section Emilia-Romagna (SIPEM ER), SEF teacher and supervisor, project manager and coordinator.
- **Sara D'Amaro**, voluntary psychologist at the Italian Red Cross, Functional Psychotherapist, secretarial contact. Retrieval of user referrals via SMS or calls, and distribution of requests to colleagues following psychological triage. Available via phone on Tuesday afternoons from 4:00 pm to 7:00 pm.
- **Teresa Giacometti**, trainee psychologist, secretarial assistant, handling referrals received exclusively via email, and distribution of said cases to SIF Professionals. Enrica Pedrelli, Luciano Sabella, Carlota Benitez, Luisa Passarini, SEF teachers and supervisors. During the sessions, supervisors gave their availability to oversee cases assigned to colleagues and guided reflections on the functional approach to the current emergency.
- **The Functional Psychotherapists Task Force**. Enrica Pedrelli, Sara D'Amaro, Carlota Benitez, Luciano Sabella, Luisa Passarini, Elena Capovilla, Valentina Mascia, Cristiana Salvi, Annalisa Avancini, Monica Sciacca, Massimo Colica, Liliana Argenziano, Silvia Belcaro, Camilla Bertocci, Benazzi Stefania, Elena Sgherri, Antonella Prudente, Monica Ligas, Sara Palermo, Lucia Nicastro, Mariangela Di Meglio, Chiara Pacquola, Anna Massaro, Claudia Tessile, Chiara Dalle Luche, Caterina Iudica, Silvia Mason, Zaira Sardella.

Two training sessions per week were proposed, on Mondays from 21.00 to 23.00, and on Saturdays from 18.00 to 20.00. Saturday appointments were canceled from May 10, 2020 onwards. Daily briefings were held on organizational and secretarial issues and attended by Enrica Pedrelli, Sara d'Amaro, and Teresa Giacometti.

The Numbers

From April 27, 2020 to May 31, 2020, 130 users were directed to the SIF COVID-19 secretariat. The Ministry of Health requested quantitative data on users from all scientific societies, which was collected and sent through FIAP. We will soon be able to carry out a quantitative analysis of the requests processed by SIF, and a qualitative analysis on the methodologies used and on the overall emergency faced. Although the service ended at the end of May, the therapeutic work continued until the end of June. 130 requests for advice were accepted for a total of 285 sessions.

Unfolding of the Project

From April 25, 2020 to May 31, 2020, eight meetings were held involving members of the SIF COVID-19 organization, for a total of 16 hours. These meetings were held on the Zoom video platform and divided into:

- **Training moments.** Enrica Pedrelli introduced her psychotherapist colleagues to the complex world of Emergency Psychology, characterizing it by its specificities inherent in the contingency of the critical moment, and highlighting its differences from the path of psychotherapy. In an emergency, the psychological intervention has as its main objective the restoration – in a short time-frame – of the emotional and psychophysical stability of users who are facing a crisis caused by the emergency.
- **Moments of inter-vision-supervision.** During these meetings, a space was created for each psychotherapist to share their experience with the users with whom they interacted. The group was divided into three sub-groups, each of which was managed by one of the project supervisors (Benitez, Sabella, and Passarini). They shared their knowledge and clinical experience to support their colleagues and sub-groups.
- **Moments of reflection on the relationship between Emergency Psychology and Neo-functionalism.** To make the best use of the tools and resources of Neo-functionalism, within each sub-group, another space for reflection was created. This was dedicated to how the specificities of Neo-functionalism could be integrated in a brief intervention in an Emergency context, and on how work on Basic Experiences (Rispoli, 2006) could be further integrated in this specific context.



Enrica Pedrelli is a psychologist, psychotherapist, and a member of the Functional Psychotherapy Italian Society (SIF). She has been a teacher, trainer, and supervisor in the Functional Psychotherapy European School (SEF) since 2003. A member of the EABP Forum, she has been working for several years in the field of trauma and parenthood.

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