

The EMDR Integrative Group Treatment Protocol (IGTP) for Early Intervention with Adolescents (between 14 and 17 years) and Adults. ©

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EMDR- IGTP Script Notes.

The EMDR Integrative Treatment Protocol (IGTP) for Early Intervention originally was developed to use with children. The developers have updated the EMDR-IGTP so that it can be used more easily with adolescents and adults.

FREQUENCY OF APPLICATION OF THIS PROTOCOL.

Is recommended to administer this protocol four to six times in consecutive days, twice a day (morning and afternoon).

Phase 1: Client History

Working with survivors of man-made and natural catastrophes is a complex issue. First, basic needs such as adequate shelter, food, water and security for the survivors and their extended families must be addressed. Next, the EMDR-IGTP Team Members must talk and explain to the staff at the shelter, organization or institution the nature of the work that they are proposing and obtain the authorization to go ahead with the project. After permission is received, it is important for the EMDR-IGTP Team to convene an informal meeting or use another time that has already been designated (i.e., Sunday mass or other scheduled meetings) to explain trauma from an adaptive information processing perspective in as simple language as possible to all the people gathered in the shelter, often 100-300. During this big meeting, the EMDR-IGTP Team extends an invitation to the attendees to participate in a small group process that will help them to reprocess or digest the event. After that, they can inform the attendees of the date, time and location of the small group process.

It is helpful to know how many people to expect so that appropriate facilities and scheduling can be arranged. If there are not enough team members or facilities for all the people who want to receive support, if possible, schedule several EMDR-IGTP sessions during the following day/s, giving time for the team staff to rest between groups. For a group of 20-30 adults, the intervention will take approximately two hours. Also, it is important to take into consideration time and facilities for the one to one work team members may do after the EMDR-IGTP with the participants who need further help.

Say, “*We will have our first group work on ____ (state the date) at ____ (state time) in the ____ (state location). Please come up to any of our team members ____ (point to where the team members are standing) and give them your name and contact information.*”

Note: It is essential that team members are aware of the needs of the participants concerning their extended family (e.g., Are the family members safe, missing or did they die?), community (e.g., Did the participants’ community organizations such as their church, neighborhood, community associations, schools, universities survive the catastrophe?), and culture (e.g., Do they need to pray before and after the group or individual psycho-emotional work? Is it culturally accepted to express emotions in public and/or physical demonstrations of compassion/ affection?).

The team members ask all these types of questions to the shelter staff, such as the General Director, Clinical Director, Physicians, etc., prior to the EMDR-IGTP event.

If the participant(s) reported prior unresolved, emotional wounding experiences, or “red flags” (e.g. signs of dissociative disorders, suicide attempts, self-mutilation, substance abuse) that may complicate treatment of the distressing event(s) that will be addressed during the group protocol, these participant(s) will not participate in the group protocol and must receive individual therapy as soon as possible.

The history taken phase for each participant must be obtained following Dr. Francine Shapiro (2001) recommendations: *“Effective treatment with EMDR demands knowledge both of how and when to use it. The first phase of EMDR treatment therefore includes an evaluation of the client safety factors that will determine client selection. A major criterion for the suitability of clients for EMDR is their ability to deal with the high levels of disturbance potentially precipitated by the processing of dysfunctional information. Evaluation therefore involves an assessment of personal stability and current life constraints”* (p.70), and EMDR Basic training procedures and protocols.

Phase 2: Preparation—First Part.

The professionals who work with survivors of a traumatic event, especially in the immediate aftermath of trauma, should listen actively and supportively, but not probe for details and emotional responses or pushes for more information than survivors are comfortable providing. Professionals must tread lightly in the wake of disaster so as not to disrupt natural social networks of healing and support. During this protocol the rest of the team forms an Emotional Protection Team (EPT) around the adolescents or adults in order to be aware of their emotional reactions and help them when necessary. We recommend a ratio of one team member for eight to ten participants.

If you will be working with a small group of adolescents or adults (up to 10), the work area must be equipped with enough chairs for both the EMDR Therapy team members (EPT) and the participants. Chairs must have an accessory (paddle) to place the paper and the colored pencils (crayons), to be used during the protocol. The chairs can be arranged in a circle and the EPT members will sit distributed around it. If there are not suitable chairs or there are a larger number of participants, tables can be placed in rows as in a classroom or in a horseshoe shape.

It is important to have a board or flipchart (a tripod with a large white paperboard) with the appropriate implements for writing in them; several boxes or small packages of tissue. And a box of 6-8 crayons (they are better than colored pencils because their resistance) for each participant.

Welcome the participants and establish rapport with them as they enter the room.

The Team Leader introduces him/herself and the members of the EPT:

Say, “*Hi, my name is ____ (state name). I want to introduce you to our Emotional Protection Team. This is ____ (state name) and this is ____ (state name and introduce as many members as there are in the EPT). We are here to help you with the emotional aspects of ____ (state the name of the critical incident). Thank you for giving us this opportunity to serve you.*”

Ask that electronic devices be silenced:

Say, “*We would appreciate if you would take this opportunity to turn off any electronic devices that you are carrying or put them on vibrate so that we can support the safety in our group today. (Pause) Thank you.*”

As in any group, there are basic rules to follow:

Say, “*In our group today, we would like to set up some ways to help our group process today support your healing. With this in mind, we would like you all to agree to not talk about the experience that the other participants speak about to people outside this room.*”

We ask that you do not take notes, record or film the group. This is for your benefit only.

We ask that you use this time for your own healing rather than a time to express reproach or assign guilt to other people, as this is not an investigation or a time to criticize yours or anyone’s performance.

This is not psychotherapy or a substitute for treatment. This type of work will be available if you or the EPT thinks it would be helpful. Your spoken participation is up to you.

***There will be a break at the end of the group process. However, if you need to use the restroom, please do so and return as soon as you can.*”**

When there is a group of up to 20 participants, ask them to introduce themselves individually:

Say, *we would like to invite each one of you to introduce yourselves briefly. Please tell us your name, where you are from, and what happened. Let’s start here (point to participant or say name if it is known) and then continue around the circle to the right).*

When it is a group of 20 or above, asking each person will take too long resulting in participants becoming bored and leaving, or the next group will have to leave. It is helpful to wait for spontaneous responses; not all participants need to speak.

If you are working with a big group, say, ***“We would like to invite you to introduce yourselves. Please tell us your name, where you are from, and what happened?”***

If culturally appropriate, ask for a volunteer to lead the group in prayer:

Say, ***“I would like to ask who would like to volunteer to lead us in prayer?”*** (Pause).
Thank you ____ (state name of volunteer,) please go ahead.”

Introduce the Adaptive Information Processing System (AIP) and ask for the types of symptoms that the participants have. This part is for screening or triage that may later lead to one on one intervention, as needed. It is important not to force anyone to talk.

Say, ***“Thank you, ____ (state name). Now, I would like to explain to you the basis upon which we have built our experience for today, We call it the Adaptive Information Processing (AIP) system and it helps our brain to digest what has happened to us in the same way we can digest a light meal with no problem, but we often have difficulty when we eat heavy food that is hard to digest. Frequently, we can have a number of symptoms when that happens. What do you notice when you have eaten a meal that is too heavy or too much for you?”*** (Wait for responses)... ***“That is right. In the same manner, heavy information such as ____ (state the nature of the critical incident) is difficult for the brain to digest and causes symptoms. What symptoms have you noticed since the day of the event until now?”***

Note: Pay attention to the symptoms of deterioration or dysfunction (such as participants who are unable to tend to their basic responsibilities and/or perform daily activities) because they will play an important role in triaging/selecting who will be invited to receive personal attention at the conclusion of the EMDR-IGTP

When everyone has finished speaking the leader, or a co-leader selected beforehand, normalize symptoms by saying the following:

Say, ***“All the symptoms you have mentioned are examples of your brain’s processing system trying to assimilate the experience you are living.”***

Mention the availability of staff for further help.

Say, ***“I also want to remind you that all of us will be available to you after our experience today and at other times. We would be honored to continue to help you.”***

Assessment Scales

If there has not been applied any assessment Scale yet:

Say, ***“Please answer this questionnaire (or questionnaires). If you have any doubt, a member of the Emotional Protection Team can help you.”***

Note: Standardized psychological assessment is used cautiously. It is helpful for team members to be concerned about the rapport with the participants. They need to demonstrate by their behavior that they are truly interested in them as human beings and not as objects of scientific curiosity. This custom weakens the scientific value of data gathered, while it respects the wishes of our clients not to be stigmatized by formal testing procedures. In our experience, clients also tend to reject assistance from those they judge to be opportunists, in this case anyone who seems interested in the victim as an object of study.

Teach Self-Soothing Exercises.

Say, ***“Our next exercise is one that will help all of us learn to soothe ourselves. During the exercise the Emotional Protection Team will take care of everything, so you are welcome to relax and close your eyes if you would like to do so.”***

Self-Soothing Exercises

Let one of the EPT lead the following exercises:

Abdominal Breathing

Say, ***“Close your eyes put one hand on your stomach and imagine that you have a balloon inside your stomach. Now, inhale and see how the balloon grows and moves your hand up. Now you can exhale and see how the balloon deflates, and, your hand goes down. Put all your attention in that. If anything distracts you gently return to the exercise.”***

Do this exercise from 3 to 5 minutes.

Concentration Exercise

Say, ***“I would like you to take a little time to think about your breathing. Notice when you are inhaling and say to yourself, ‘I am inhaling,’ and then notice when you are exhaling and say to yourself, ‘I am exhaling’ (Pause)...Continue to allow your attention to focus on your breath, for a while longer, gently bringing yourself back –if you are distracted- to the inhaling and exhaling of your breath.”***

Do this exercise from 3 to 5 minutes.

Pleasant Memory

Say, ***“Remember a moment when you felt happy or peaceful...Once you have found this memory, put your right hand on the center of your chest...Now, allow those good feelings and positive physical sensations expand throughout your body. Focus all your attention in the good feelings and sensations... If anything distracts you, gently return to the exercise.”***

Do this exercise from 3 to 5 minutes.

Use the Five Steps Technique for asking the participants to open their eyes:

Say: "We are in five and you are in that pleasant memory ... Now, we are in four and you start returning to this space ... We are now in three and you can feel the ground with your feet and the chair with your thighs and back ... Now we are in two and when you are ready open your eyes ... Now we are in one and we can stretch pleasingly."

Note: At the beginning of each group reprocessing session, they must practice these three exercises. It only takes around 15 minutes.

Butterfly Hug

AIP System Self-Stimulation Method

Say, "Cross your arms over your chest, so that the tip of the middle finger from each hand is placed below the clavicle or the collarbone and the other fingers and hands cover the area that is located under the connection between the collarbone and the shoulder and the collarbone and sternum or breastbone. Hands and fingers must be as vertical as possible so that (the fingers must point toward the neck and not toward the arms). Now interlock your thumbs (to form the butterfly's body and antennas) and the extension of your other fingers outward will form the butterfly's wings.

Close your eyes or keep them partially opened, focusing on a spot ahead. Next, alternate the movement of your hands, like the flapping wings of a butterfly.

Breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body (thoughts, images, sounds, odors, feelings, and physical sensation), without changing, judging or pushing your thoughts away. You can pretend what you are observing is like clouds passing by."

It is important to observe the participants to make sure that they are able to follow along with you. If not, members of the EPT can be alert and quietly go up to a participant to help as needed and then return to teaching the Butterfly Hug.

Do this exercise for one minute only.

Say: "Please slowly stop the Butterfly Hug."

Say: "In the future, if you experience an on-going, highly distressing stressor and your self-soothing techniques fail to help you to calm down quickly, do the Butterfly Hug to help process the current situation."

The Team Leader asks participants how they are feeling:

Say: "I would like to know how you are feeling now"

The Team Leader explains coping strategies:

Say, *“After a traumatic event such as the ____ (state event) that all of you have been through, it is helpful to make sure that you do some things that may seem pretty basic but are really important such as drinking a lot of water even when you are not thirsty; eating healthy foods, making sure to exercise (but not overdoing it), and taking short breaks during the day in order to practice your self-soothing techniques such as abdominal breathing, the concentration exercise, or the pleasant memory technique.”*

Trauma Work

Say, *“At the beginning of this work you mentioned the symptoms that you noticed since the day of the event until now. We want to remain you that all of the symptoms you have mentioned are ways your brain’s processing system is trying to assimilate this experience. It is also normal to have different feelings than your friends and other people since each person experiences and feels things differently.”*

The facilitator goes on and says, *“When you return home after this exercise, you can talk to the people you trust about your thoughts and feelings, as much as you want and when you feel most comfortable doing so.”*

The aim is to verbalize the traumatic memories and to respond to the acute need that arises in many survivors to share their experience, while at the same time respecting their natural inclination with regard to how much, when, and to whom they talk.

Phase 2: Preparation—Second Part.

It is important to use language that the participants can understand. In countries where cultural development is not as advanced, it may be helpful to utilize the language that is used with children, in order to assist participants with the task.

SUBJECTIVE UNITS OF DISTURBANCE SCALE (SUDS)

Now the participants shall be familiarized with de Subjective Units of Disturbance Scale (SUDS):

Say: *“The disturbance is characterized by unpleasant or annoying emotions and/or physical sensations. For measuring them, we will use a Scale named SUDS. This Scales has values from 0 to 10, with 0 being no disturbance, and 10 being the maximum disturbance we can feel.*

One of the EPT members draw on the board or flipchart a horizontal line with a 0 on the left end and a 10 on the right end, with the numbers 1 to 9 distributed along the line. Also, you can draw three faces representing the intensity of the emotions: one for 0, one for 5 and one for 10.

Note: We have observed that participants who are not yet familiar with the numbers will sometimes say a number and point to a face that does not correspond. Thus, it is better to pick the face they point to over the number they say (one of the members of the EPT can write the correct number).

The EPT members deliver white sheets of paper and crayons to each participant.

Say, ***“Please write your name and age in the upper left side of the paper... Now, write down what I am going to dictate ... (Dictate the day, month, year, and the time of the day, morning or afternoon).”***

EPT members can aid those who cannot do it.

Say, ***“Now, turn the sheet of paper to the other side, with a dark crayon draw one vertical line and one horizontal line in the middle of the paper to divide it in four equal parts... Ready? ... We are going to mark each part of the paper with the letters A, B, C and D. This letters must be small and on the upper left corner of each part (show how to do it)”***

Note: One of the EPT members draw the four equal parts and the letters on the board or flipchart.

Note: Often, we had to divide the sheet of paper in four, given the scarcity of the materials in the shelters, but it is acceptable to use four sheets of paper, making sure that each has the name and the age of the participant and the corresponding letter, so that the sequence can be identified.

Phase 3: Assessment.

The Team Leader says, ***“Please, with your eyes close or partially close, remember the Critical Incident... open your eyes when you finish.”***

When all the participants have finished, the Leader says, ***“Please choose the hardest, painful or distressing moment of the Critical Incident...Now observe which emotions and body sensations produces that memory AT THIS MOMENT.”***

The Leader continues, ***“Take WHATEVER EMERGES from your head to your neck, to your arms, to your hands and finger; and now, take one or more crayons and DRAW it in the Square with the word A.”***

When 90% of the participants has finished drawing in Square A:

Say: ***“Please leave your crayons and lower your hands to your thighs ... look at your drawing ... Now observe your body ... On a scale where 0 is no disturbance and 10 the maximum disturbance you can feel, how much disturbance are you feeling now? ...Write this number in the lower right corner of the square.”***

One of the EPT members draws “SUDS” in the lower right corner of the square on the board or flipchart.

Note: Not always in the first drawing is represented the highest emotional or sensory impact. Sometimes it is not present until the second or the third drawing.

Note: The participants may write spontaneously what they are feeling: “I am afraid,” “I am in danger,” “I can die” = Negative Cognition. It is not necessary to ask the participants for it. Just accept what they do in their drawing.

Phase 4: Desensitization

Once 90% of the participants have done this:

Say: “Please leave your crayons aside and do the Butterfly Hug...observe what is happening to you...without judging or trying to change it...Stop when you feel in your body that has been enough and lower your hands to your thighs.”

Note: This takes about 2 or 3 minutes. If after 3 minutes, a participant has not lower his or her hands to the thighs, a member of the EPT will approach and ask him/her kindly to stop.

Then the Leader says, *“Now observe how you are feeling and draw it in Square B.”*

When 90% of the participants have finished drawing in Square B:

Say: “Please leave your crayons aside and lower your hands to your thighs ... look at your drawing ... Now observe your body ... On a scale where 0 is no disturbance and 10 the maximum disturbance you can feel, how much disturbance are you feeling now? Write this number in the lower right corner of the square.”

One of the EPT members write “SUDS” in the lower right corner of the square on the board or flipchart.

Once 90% of the participants have finished:

Say: “Please leave your crayons aside and do the Butterfly Hug while observing what is happening to you...without judging or trying to change it...Stop when you feel in your body that has been enough and lower your hands to your thighs.”

Then the Leader says, *“Now observe how you are feeling and draw it in Square C.”*

When 90% of the participants have finished their drawings in Square C:

Say: “Please leave your crayons aside and lower your hands to your thighs ... look at your drawing ... Now observe your body ... On a scale where 0 is no disturbance and 10 the maximum disturbance you can feel, how much disturbance are you feeling now? ...Write this number in the lower right corner of the square.”

One of the EPT members draw “SUDS” in the lower right corner of the square on the board or flipchart.

After they have written the number:

Say: "Please leave your crayons aside and do the Butterfly Hug while observing what is happening to you...without judging or trying to change it... Stop when you feel in your body that has been enough and lower your hands to your thighs."

Then the Leader says, **"Now observe how you are feeling now and draw it in Square D."**

When 90% of the participants have finished their drawings in Square D:

Say: "Please leave your crayons aside and lower your hands to your thighs ... look at your drawing ... Now observe your body ... On a scale where 0 is no disturbance and 10 the maximum disturbance you can feel, how much disturbance are you feeling now? ...Write this number in the lower right corner of the square."

One of the EPT members write "SUDS" in the lower right corner of the square on the board or flipchart.

After they have written the number:

Say: "Please leave your crayons aside and do the Butterfly Hug while observing what is happening to you...without judging or trying to change it...Stop when you feel in your body that has been enough and lower your hands to your thighs."

Right after, the Leader says: **"Observe carefully all drawings ... Choose the drawing that disturbs you the most ... Now turn the paper to the other side... observe your body ... on a scale where 0 is no disturbance and 10 the maximum disturbance you can feel ... write in the upper right corner, how much disturbance are you feeling NOW. "**

One of the EPT members write "SUDS" in the upper right corner of the other side of the paper on the board or flipchart.

Note: The EPT must be aware that the participants do not make the mistake of just copying the SUD of the most disturbing drawing, but write the SUD of the disturbance they are feeling NOW ... AT THE PRESENT MOMENT.

Phase 5: Future Vision (Instead of Installation)

Say, **"Now, draw how you see yourself in the future."**

Then say, **"Write a word, phrase, or a sentence that explains what you drew; the TITLE OF THE DRAWING."**

Right after say, **"Leave your crayons aside...Now look at your drawing and what you wrote about it and do the Butterfly Hug while observing what is happening to you...without judging or trying to change it...Stop when you feel in your body that has been enough and lower your hands to your thighs."**

Notes about Phase 5:

Phase 5 (Installation) of the Standard EMDR Protocol cannot be conducted in large groups for the following reasons: each participant may have a different SUD level because some participants can't go any further; blocking beliefs; previous problems and trauma; or have different timing for processing (for some it cannot be enough to follow the four designs format) and reach an ecological level of disturbance.

We can do the Installation Phase during the individual follow-up intervention (see Phase 8). At this stage of the protocol, we work on a Future Vision to identify adaptive or non-adaptive drawings and cognitions that are helpful in the evaluation of the participant at the end of the protocol. An example of a non-adaptive Future Vision in an adult is if he does not see a future for himself as when a 28-year old man drew a black circle and wrote "I have nothing to do in my live...I wish to die"

We believe that if participants have an adaptive cognition, the Butterfly Hug will help in their installation and if the participant does not have an adaptive cognition, the Butterfly Hug will help in the processing to an adaptive state. The EPT monitors this and then gathers all the drawings.

When everybody has finished, the Leader asks the EPT to gather all the drawings.

These must be kept in a big envelope with the date and the time of the day (morning or afternoon). At the end of all group sessions, the sheets of each participant must be stapled in chronological order, in order to facilitate data collecting for evaluation and statistical purposes.

Phase 6: Body Scan

The Leader says, ***"Remember the drawing that disturbed you the most ... Close your eyes and observe your body from your head to your feet...Notice if you feel any pleasant or unpleasant sensations...When you have finished, do the Butterfly Hug while observing what is happening to you...without judging or trying to change it... Stop when you feel in your body that has been enough and lower your hands to your thighs."***

Phase 7: Closure

The Leader says, ***"Choose your favorite self-soothing exercise and do it now."***

Do this for about two - three minutes.

After this, say, ***"Breathe deeply and open your eyes."***

Phase 8: Reevaluation and Follow-Up

It is important to mention that the EMDR-IGTP do not rule out the EMDR individual treatment, because it is a therapy protocol and also a screening tool. Therefore EMDR clinicians do not have to choose between group or individual administration when facing a large amount of people needing treatment. We recommend to first use the EMDR-IGTP and administer individual EMDR treatment only to those who require additional support based on the protocol's Phase 8 (Reevaluation and Follow-up) recommendations.

Authors clinical observations has showed that one or two applications of the protocol are not enough to achieve the best clinical results, therefore they suggested six applications in an intensive EMDR treatment format with fidelity to the protocol and using validated measures to obtain reliable results. The applications that follows the first, shall begin with the Phase 2 self-soothing exercises.

Follow-Up Recommendations

At the end of all the group interventions, the EPT will identify participants needing additional support. This assessment will be determined by taking into consideration: the client history, the reports made by the participant's relatives or friends; the results obtained in the scales; the entire sequence of drawings with their SUD scale ratings (specially the last ones written on the side of the sheet of paper where they wrote their name); the Future Vision drawing and cognition; the body scan; and the EPT report.

The members of the team, or mental health professionals trained as EMDR Psychotherapists, can continue treating those who require individual follow-up attention, using the EMDR-IGTP in smaller groups or with the EMDR-Protocol for Recent Critical Incidents (EMDR-PRECI).

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