

Scaling up EMDR? Simplified Group & Individual Applications of the EMDR Recent- Traumatic Episode Protocol (R-TEP)

**Making EMDR more widely available
for Early Intervention
in Emergency Situations**

**Elan Shapiro
EMDR Europe Association Conference
The Hague June 2016**

The EMDR R-TEP & G-TEP protocols were inspired by the seminal work of Dr. Francine Shapiro originator of EMDR Therapy.

PROGRAM OUTLINE

*Introduction to EMDR R-TEP
overview*

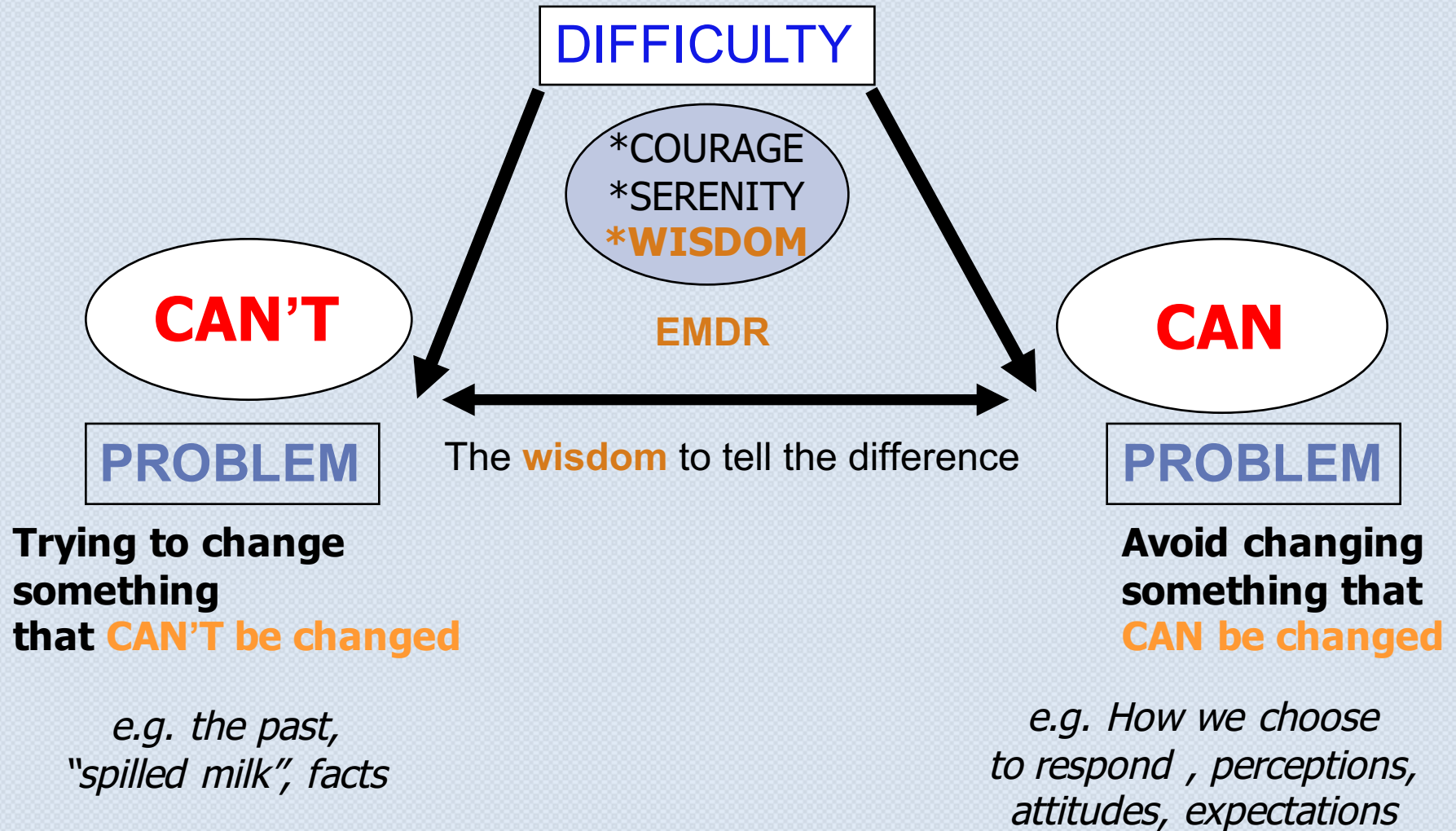
*Introduction to EMDR G-TEP
Overview & videos*

*Scaling up EMDR?
Discussion & Conclusions*

DISCUSSION & CONCLUSIONS

How to turn a difficulty into a problem... and how EMDR can help with a solution

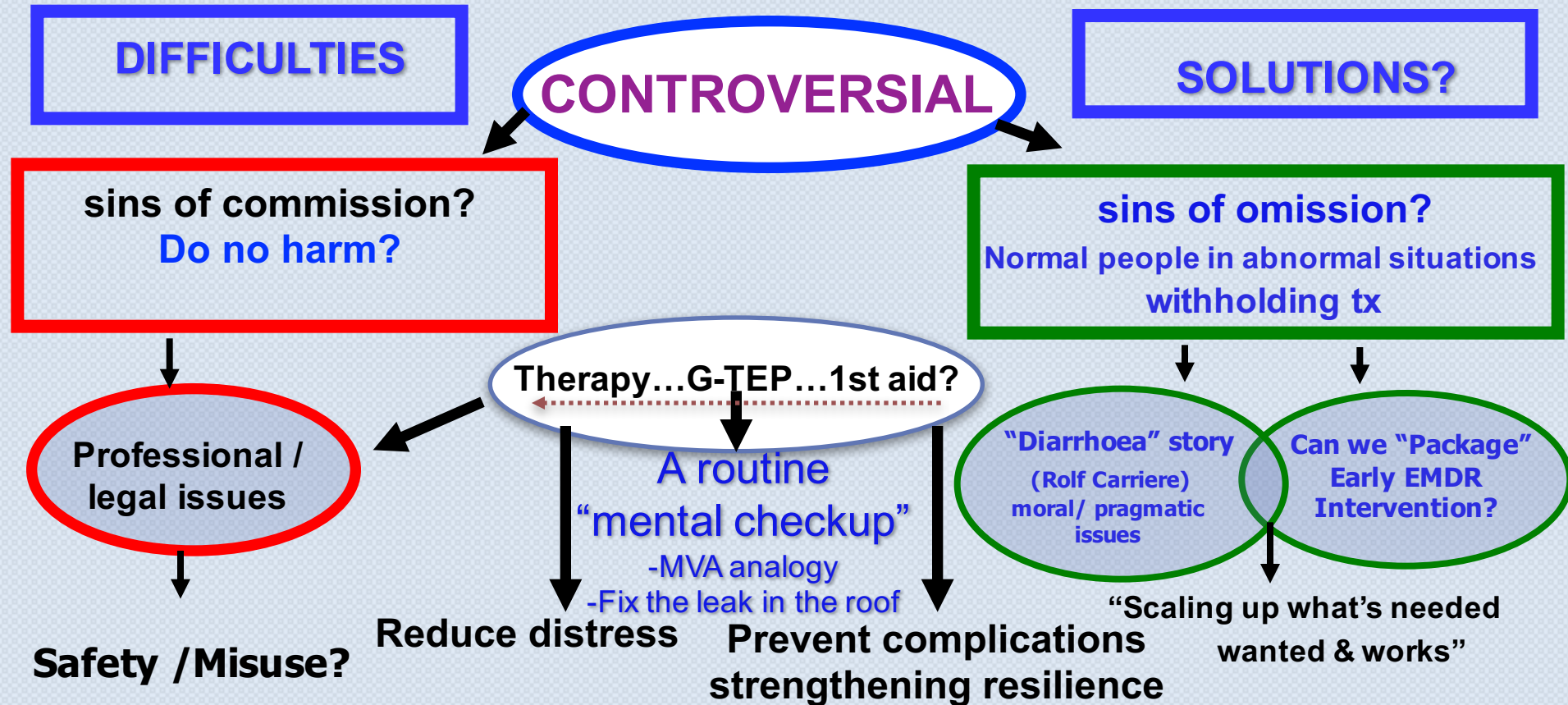
(After Watzlawick, Weakland & Fisch, 1974)



CHALLENGES: EEI & EMDR G-TEP

with non-EMDR trained MH professionals?

.....and paraprofessionals?



The wisdom to know: When appropriate? **By Whom?** **How to do it?**
in emergency situations/ **which paraprofessionals?** / **trained & supervised in teams**
with EMDR clinician/s

BAP BILATERAL ASSISTANCE PROCEDURE

**EMDR Humanitarian Assistance Programs,
Inc., Training Manual**

**Steven M. Silver, Ph.D.
Francine Shapiro, Ph.D.**

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Research

Steven M. Silver, Ph.D.

personal correspondence

- ❖ " **Francine** green lighted going ahead with the development of a syllabus for training paraprofessionals we were insanely busy at the timeso further development, especially research, did not take place....."
- ❖ "As for what I think about teaching paraprofessionals, **I fully endorse it.** I've seen them work over the past 45 years and there are environments in which they provide an important service – indeed, often the only service, and sometimes the best service – which the mental health professional community cannot (or, in some cases, will not) provide."
- ❖ "The paraprofessional model has been proven in medicine across the spectrum and specialty areas and there is no reasonable argument for not using it in mental health, in which it has been for more than a half century. EMDR is getting into this very late, when compared to other therapies."
- ❖ UN/EMDR project (EMDRIA)

EMDR THERAPY INDIVIDUAL PROTOCOL FOR PARAPROFESSIONALS (Jarero, personal correspondence)

- The (EMDR) individual protocol for paraprofessional use in acute trauma situations (**EMDR-PROPORA***) is part of a project developed at the initiative of Francine Shapiro. (Jarero, Amaya, Givaudán & Miranda, 2013).
- *(Adapted from the EMDR PRECI -Protocol for Recent Critical Incidents)

EMDR THERAPY INDIVIDUAL PROTOCOL FOR PARAPROFESSIONALS (Jarero, personal correspondence)

- (The second stage) consisted in developing and testing in the field the program now officially named: EARLY INTERVENTION WITH TRAUMA REPROCESSING THERAPY (EMDR) FOR PARAPROFESSIONALS USE © (ITEA).
- “The ITEA Training Program (Third Stage) is now taking place in Bolivia and Peru (Low and Middle Income Countries; LMIC). It consists of Lay Counselors (paraprofessionals) delivering the EMDR-IGTP and the EMDR-PROPARG under close monitoring and supervision by trained EMDR clinicians in order to reduce to a minimum the risk of harm for participants and paraprofessionals (secondary traumatization). So far results about efficacy and safety are promising.”

PARAPROFESSIONALS?

(Emre Konuk, personal communication)

There are two issues:

1. Being able to teach G-TEP to paraprofessionals is not a major problem.
2. Will they be able to deal with intense abreactions and dissociation? That is; protection of the client.

Some thoughts:

Before G-TEP, add 1 or 2 days of traumatology workshop

Teach them resource development using BLS

Exclusion criteria?

(+ working in teams supervised by EMDR professionals)

Trauma Aid Europe: Standards & Research Committee

Chair: Eva Zimmermann, Switzerland (now President ESTD)

Members: Bjørn Aasen (Norway), Derek Indoe (Ireland), Elfrun Magloire (Germany), Elan Shapiro (Israel)

Mission statement:

- ❖ The Mission of the Standards and Research Committee of Trauma Aid Europe is to harmonize standards and practice of EMDR Trainings in humanitarian missions at emergency response to disasters and long-term interventions in crisis areas and aftermath of potentially traumatizing events.
- ❖ The final goal is to set standards for best sustainability of projects.
- ❖ Not only doing the right thing but also doing it right!

Trauma Aid Europe: Standards & Research Committee

Two different practices and two different standards:

- A. For Mental Health Professionals
- B. For Para-professionals

Dimensions, on which to establish standards:

1-Professional profile (eligibility for trainings): Counselor- Para-professional- Mental Health Specialist

2-Time-line Emergency- Recent- Past- Far Past

3-Age: Children- Adolescents- Adults- Elderly

4-Setting: Individual- Small Groups- Large Groups

5-Trauma intensity: Single Trauma- Complex Trauma- Chronic Traumatization

Trauma Aid Europe: Standards & Research Committee

Training parameters of EMDR Trainings:

Training intensity

- ❖ Stabilisation techniques « BAP » EMDR “lite” »
Full EMDR

Training design

- ❖ Level 1 « Supervision « Self-experience « Level 2
« Supervision « Certification
- ❖ **Specialty trainings** C & A « Pain Protocol «
R-TEP « G-TEP

Integrative Group Treatment Protocol (IGTP)

- in 1998, in Mexico, the EMDR-Integrative Group Treatment Protocol was the first attempt to apply elements of EMDR in a group setting (IGTP, Artigas et al. 2014).
- This protocol is also variously known as The **Group Butterfly Hug Protocol**, The EMDR Group Protocol, and the Children's EMDR Group Protocol.
- Originally developed for children it **employs drawings** as the main form of expression. It has also been used with adults.
- The effectiveness of the EMDR-IGTP has been documented with case reports, field studies, and randomized trials. (Jarero et al. 2014)

Group EMDR EMDR G-TEP

Advantages of EMDR G-TEP:

- The G-TEP package has a “toolkit” manual & worksheet format: A single worksheet containing a concrete spatial (interweave) setup representing the Trauma Episode together with present-past & future resources
- First group protocol that addresses the multi-target fragmented nature of recent trauma memories & trauma Episode, identifying & processing several targets
- Employs focused processing using the power & containment of a narrow EMD type strategy
- The self-BLS is designed to include Eye Movements as well as tapping
- Enables deeper processing with more sets of BLS & Eye Movements
- Built in safety screening for those not ready for the group trauma processing
- Application for groups who have experienced the same or different critical incidents.

CONCLUSIONS & DIRECTIONS

**HOW to make EMDR more available
in emergency situations?**

Want to help but how? What to do & how to do it ?

- Adapting EMDR to work with **Groups**
- **Worksheet format** (“package”) for rapid teaching & ease of use, guiding the STEPS with structured, manualised instructions
- May also be used for individual, couple or family application
- May be accessible in this way to Non- EMDR trained MHP & possibly Paraprofessionals for use with groups or individuals?

CONCLUSIONS & DIRECTIONS

Proposing A Hierarchical Intervention in large scale emergencies /mass disaster situations

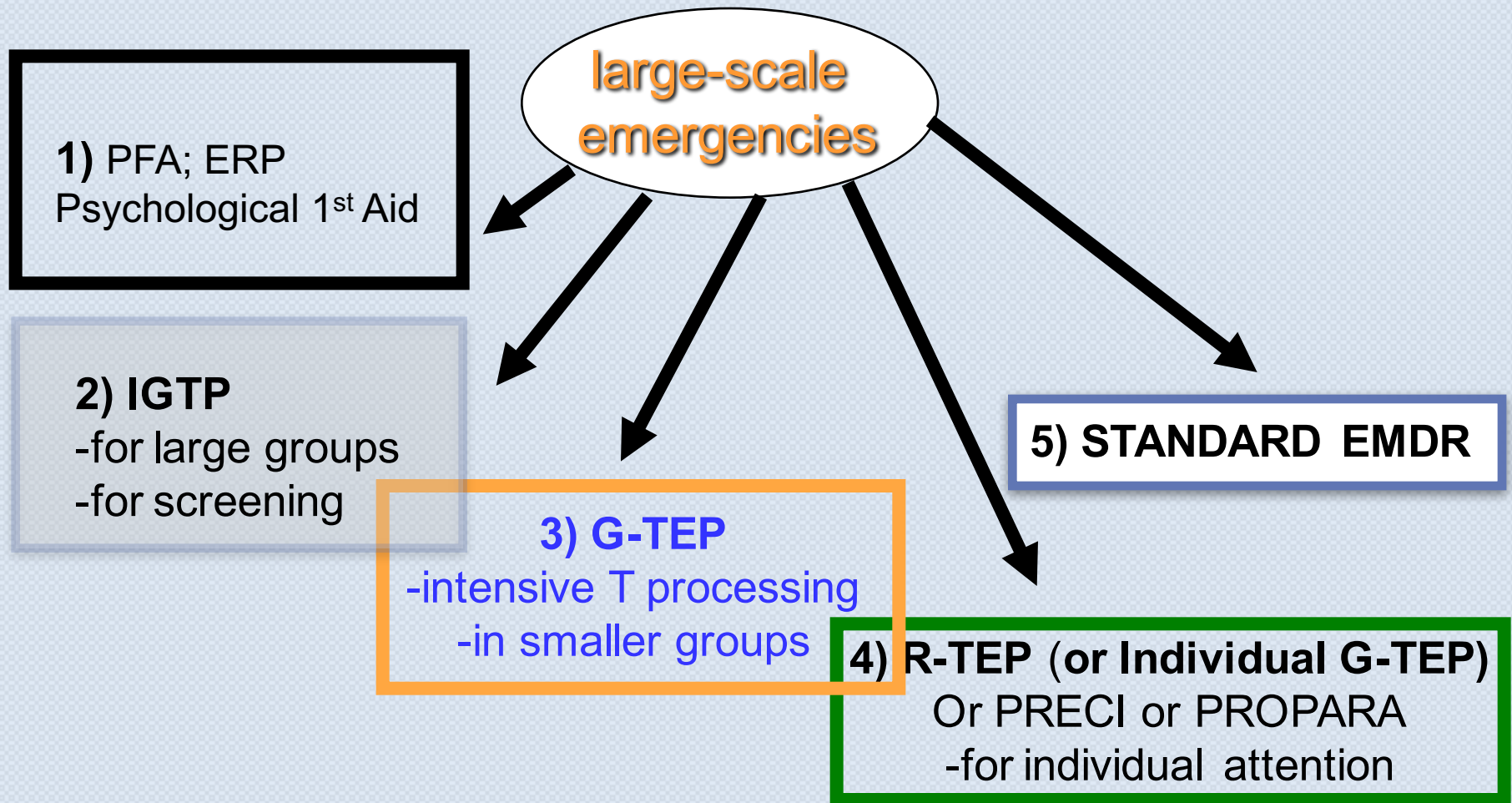
Phase appropriate interventions (hours / days after T)

- ❖ Psychological FirstAid (PFA): Safety, calming, social support, self-efficacy, hopefulness
- ❖ Emergency Response Procedure (ERP, Quinn, 2013): Elements of EMDR for stabilisation; alternative to medication in the hours after Trauma, BLS + safety oriented PCs

Early EMDR intervention strategies (days/ weeks/ months after T):

- ❖ When there are large groups especially with children or underprivileged populations the **IGTP** may be used first as part of a comprehensive program (see Luber, 2014, ch.14&15)
- ❖ **G-TEP** may then be used after screening for those requiring more intensive trauma processing in smaller groups with adults & older children.
- ❖ Research is needed

Hierarchical intervention strategies In Early EMDR Intervention (EEI)



How Trauma Therapy Can Help to Reduce Cycles of Violence

By Rolf C. Carriere, 2016

(worked for Unicef and the World Bank throughout Asia)

“...two therapies (TF-CBT & EMDR) could decisively interrupt the chains of violence, abuse and new trauma.and help a post-violent society move toward more stability, prosperity and peace.

But given the structural shortage of licensed mental health professionals, this potential will be realized only if these therapies are expanded in simplified form as a public health measure in remote disaster- and war-torn areas, where the need is greatest.....provided the therapies are applied within a well-structured and well-supervised referral system.”

“The EMDR therapy approach offers intrinsic advantages in such a structured setting, requiring minimal contact time, measured in hours and days, not weeks and months. It is not intrusive, as it does not require victims/survivors to talk about their traumatic experiences, which may involve shame, guilt, anger or gender-sensitive issues. And the therapy can be done on consecutive days, requiring no homework by those undergoing treatment. All these features are immensely helpful when dealing with large numbers of victims in poor areas.”

How Trauma Therapy Can Help to Reduce Cycles of Violence

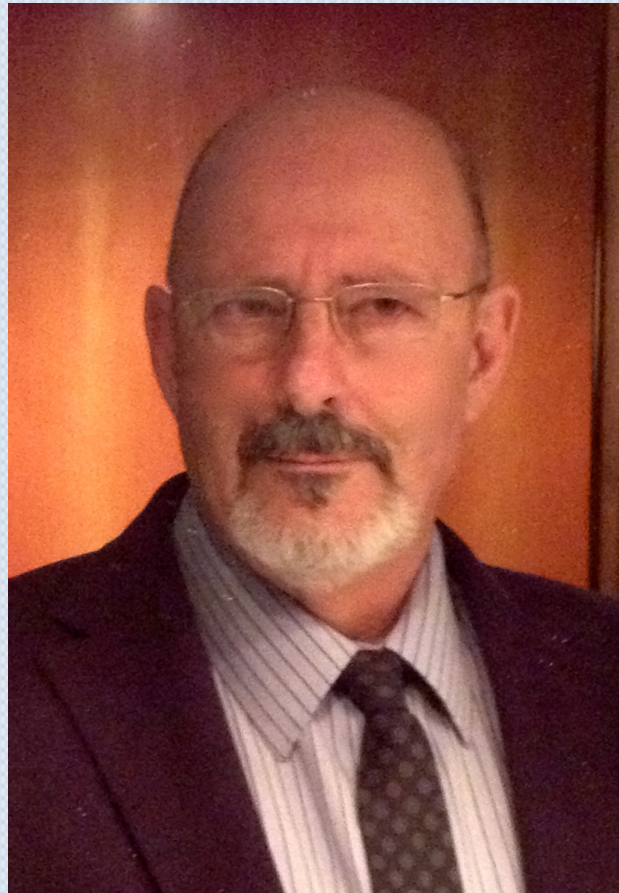
Rolf C. Carriere, Apr 26, 2016

“Creating a new cadre of paraprofessional workers (or lay counselors), trained and supervised by mental health professionals, together with millions of volunteers, would be imperative. This is how many other (physical) diseases in the developing world have for decades been successfully treated by community volunteers and paraprofessionals working in tandem with professionals.

Such trainings of paraprofessionals in trauma treatment are underway in several countries, including in Bolivia, Cambodia, Mexico, Myanmar, Peru and Turkey as well as in northern Iraq. Paraprofessionals could thus begin to play a critical role in human development and peacebuilding.”

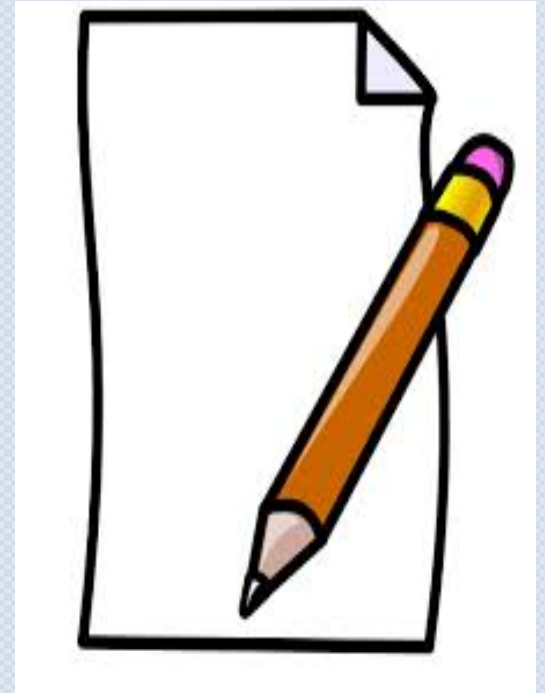
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Elan Shapiro

APPENDIX A



ABBREVIATIONS

- R-TEP = Recent Traumatic Episode Protocol
- EEI = Early EMDR Intervention
- ASD = Acute Stress Disorder
- T-Episode = Traumatic Episode
- G-Search = Google Search
- PoD = Point of Disturbance
- BLS= Bi-Lateral Stimulation
- DAS = Dual Attention Stimuli
- EM =Eye Movements
- = Back to Target
- Negative Cognition
- Positive Cognition
- Subjective Unit of Disturbance
- Validity of Cognition
- AIP = Adaptive Information Processing

BTT

NC =

PC =

SUD =

VoC =



Related publications:

- Shapiro, E., & Laub, B. (2013). *The recent traumatic episode protocol (R-TEP): An integrative protocol for early EMDR intervention (EEI)*. In M. Luber (Ed.), *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets* (pp. 193-207). New York, NY: Springer Publishing Co.
- Shapiro, E. & Laub, B., (2008). Early EMDR Intervention (EEI): A Summary, a Theoretical Model, and the Recent Traumatic Episode Protocol (R-TEP). *Journal of EMDR Practice and Research* 2(2), 79-96.
- Shapiro, E. & Laub, B. (2009). The New Recent Traumatic Episode Protocol (R-TEP). In Luber, M. *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations*. New York: Springer.
- Shapiro, E. & Laub, B. (2015). Early EMDR Intervention Following a Community Critical Incident: A Randomized Clinical Trial. *Journal of EMDR Practice and Research*, Vol. 9(1)

Related publications:

- Shapiro, E. (2012), EMDR and early psychological intervention following trauma, *European Journal of Applied Psychology (ERAP)*, 62,241-251.
- Shapiro, E. (2011). Application of Eye Movements in EMDR. *Journal of EMDR Practice and Research*, Vol. 5(2), 73-77.
- Shapiro, E. (2009). EMDR Treatment of Recent Events. *Journal of EMDR Practice and Research* 3(3), 20th Anniversary Issue.
- Shapiro, E. (2007). 4 Elements Exercise, *Journal of EMDR Practice and Research*, 2, 113-115.

The EMDR Recent Traumatic Episode Protocol (R-TEP) for Early EMDR Intervention (EEI) Elan Shapiro & Brurit Laub

International R-TEP Workshops & Presentations

- 2008: London (EMDR Europe Consultants day)
2009: Stockholm, Atlanta (EMDRIA pre-conference)
2010: Paris, Hamburg, Minneapolis (EMDRIA pre-conference), New York,
Hamden CT., Orlando, London
2011: Vienna (EMDR Europe conference), London,
2007-2012: Netanya, Tel Aviv, Ashkalon, Shaar hanegov, Haifa, Maalot, Tel Hai
2012: Denver, San Diego, Phoenix, Madrid, Scotland, Milan, Metz
2013: Raanana, Tiberius, London, Geneva, Istanbul
2014: Manila, Tel Aviv, Budapest, Edinburgh, Utrecht, Amersfoort....
EMDR R-TEP + G-TEP:
2015: Tel Aviv, Helsinki, U.S., Philadelphia, Hamden CT., Edmonton, Canada
2016: Paris, Brussels, Toronto, Boston, The Hague,Finland, Denmark

MORE

- ❖ **RESEARCH**
- ❖ **DISCUSSION & CONCLUSIONS**

EMDR R-TEP Study (Fernandez, Geneva 2013)

- ❖ **EMDR R-TEP** was used with nearly 1000 survivors of the 2012 earthquakes in northern Italy
- ❖ **Maximum of 4 R-TEP sessions**
- ❖ PTSD clients showed a significant improvement; their general IES score had a 50% reduction
- ❖ All the subscales got better ($p < .001$).
- ❖ **90% of the sample had a significant improvement**
- ❖ Patients get better in all the clinical dimensions.

EMDR R-TEP Study (Fernandez, JEMDR, 2014)

- ❖ **EMDR R-TEP** was effectively used with 78 victims of a school bus accident in Turin

Turin, Italy, schoolbus accident 2010	78	R-TEP	Children treated in acute phase had a significant difference in symp- tomatology compared with those with delayed treatment.
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The efficacy of Eye Movement Desensitization and Reprocessing for PTSD and depression among Syrian refugees: Results of a Randomized Controlled Trial

Mustafa Cetinkaya³, Ibrahim Senay¹, Marit Sijbrandij⁴, Birgül Gülen³, Pim Cuijpers⁴

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Institute for Behavioral Studies, Turkey²

Department of Psychiatry, Istanbul University Medical School, Turkey³

Department of Clinical Psychology, VU University Amsterdam, The Netherlands⁴

(in press, Psych Med, 2016)

Syrian refugees living in 18 camps along the Syrian border in Turkey.

Design: Parallel group randomized controlled trial.

Participants: 70 participants with PTSD symptoms.

Intervention: randomly allocated to either 6 sessions EMDR (R-TEP) (n=37) or the wait-list control (n=33) condition.

Main outcome measures: scores on (IES-R), Beck Depression Inventory (BDI-II) & MINI at post-treatment and at 5 weeks follow-up.

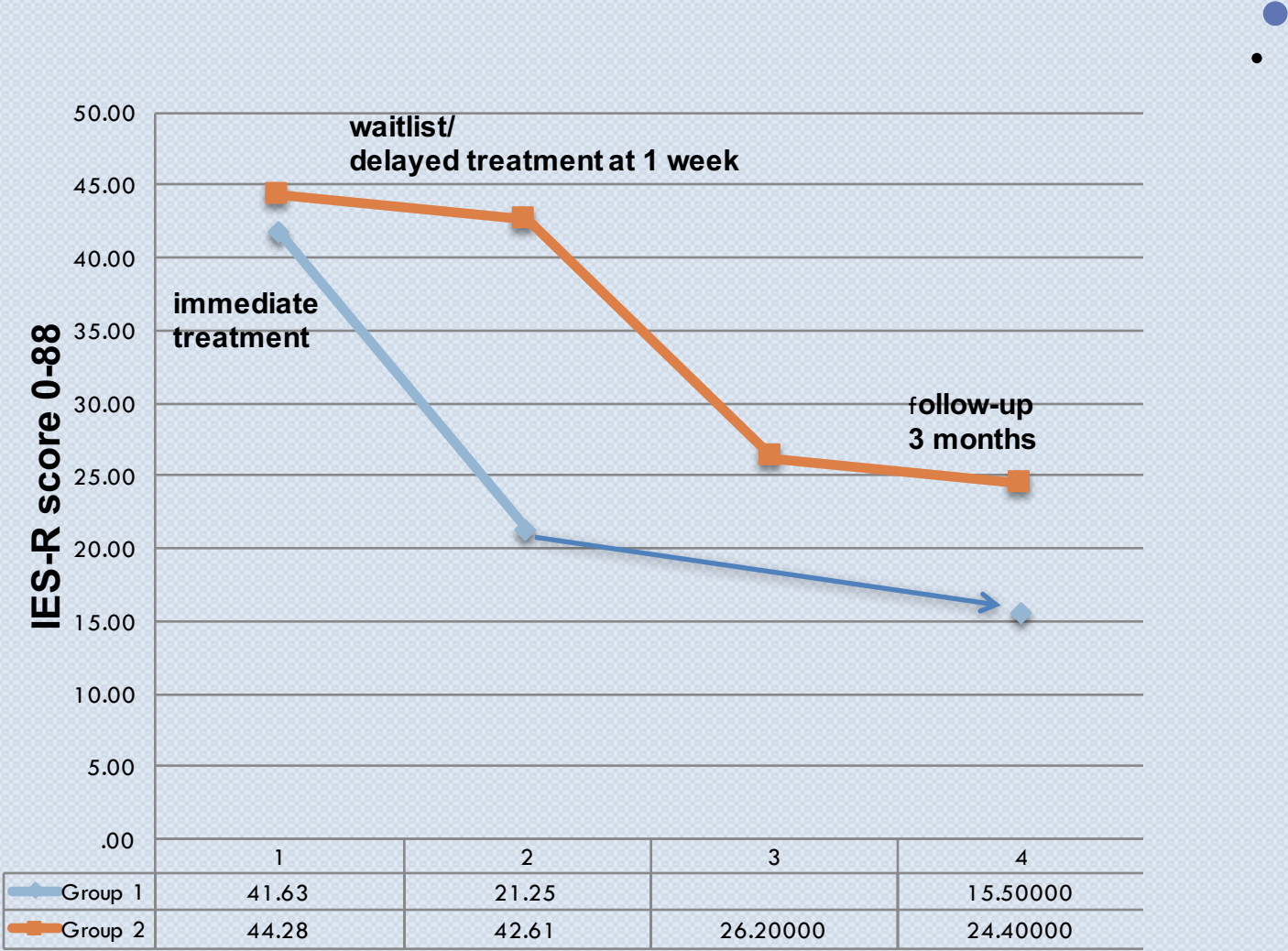
Results: EMDR group had significantly lower trauma and depression scores at post-treatment as compared with the wait-list group.

Shapiro, E. & Laub, B. (2015). Early EMDR Intervention Following a Community Critical Incident: A Randomized Clinical Trial. Journal of EMDR Practice and Research, Vol. 9(1)

Delayed treatment control group design

- ❖ **Sample:** 17 survivors of a missile attack on a town in southern Israel in which 3 people died. Divided randomly into 2 groups
- ❖ **Measures:** (IES-R, PHQ-9 brief depression scale).
- ❖ **Assessment Time 1-** baseline measures on all 17;
INTERVENTION (at 6 weeks) Group 1 received EMDR R-TEP on X2 consecutive days;
- ❖ **Assessment Time 2-** after one week all 17 measured again;
INTERVENTION Group 2 (control) then also received EMDR R-TEP on X2 consecutive days;
- ❖ **Assessment Time 3-** Group 2 measured again;
- ❖ **Assessment Time 4-** Follow-up measures for both groups at 3 months.
- ❖ **Results:** preliminary evidence, supporting the efficacy of EMDR R-TEP for reducing posttrauma stress among civilian victims of hostility

Shapiro, E. & Laub, B. (2015). Early EMDR Intervention Following a Community Critical Incident: A Randomized Clinical Trial. Journal of EMDR Practice and Research, Vol. 9(1)



EMDR R-TEP RESEARCH for Early EMDR Intervention (EEI)

- ❖ **Controlled study in progress 28 Victims of rocket attacks in Southern Israel**
- ❖ Initial results show: Group A (intervention N=14) exhibited a significant decrease in PCL-5, PHQ-9 and SUD scores
- ❖ Group B (Delayed tx N=14) exhibited no significant difference in scores.

EMDR R-TEP RESEARCH

for Early EMDR Intervention (EEI)

**Large scale controlled studies in process
2015-17**

In Hungary: with accident trauma victims

**In Netherlands & Denmark: with rape
victims**

An Eye Movement Desensitization and Reprocessing (EMDR) Group Intervention for Syrian Refugees with Post Traumatic Stress Symptoms: Results of a Controlled Trial

Yurtsever, Akyüz, Konuk, Tükel, Zat, Acartürk & Çetinkaya
(submitted for publication 2016)

- ❖ 6 groups X2 G-TEP sessions Exp. n=31 Control n=32
- ❖ The results show that EMDR G-TEP is effective on depression (BDI) and PTSD symptoms (MINI & IES)
- ❖ Adaptive Information Processing continues after EMDR sessions
- ❖ Follow up studies show decreasing continuum of trauma related symptoms. Thus, Early Intervention with G-TEP prevents and reduces the symptoms of PTSD and other comorbid disorders

EMDR G-TEP RESEARCH

Other projects planned

- In Canada: (Moench -Fort McMurray fire victims, first responders, Sherwood -use of internet, Lichti -First Nation aboriginals)
- In Finland: (Heinemaan –acute trauma, Cacciatore –assylum seekers, Hannus -children)
- In France: (Desbiendras –refugees, terror victims)
- In Germany: (Lehnung- refugees)
- In Iraq: (Farrell –Yessidi women)
- In Japan: (Yamaguchi- earthquake)
- In the UK: (Saquib Ahmad –refugees)
- In the US: (Rosenblum- compassion fatigue; Roberts -Cardio patients; Randall – qualitative study, Masciandaro, post disaster)