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)

Trying to change something that CAN’T be changed

*Courage
*Serenity
*Wisdom

The wisdom to tell the difference

Avoid changing something that CAN be changed

e.g. How we choose to respond, perceptions, attitudes, expectations

e.g. the past, “spilled milk”, facts
CHALLENGES: EEI & EMDR G-TEP
with non-EMDR trained MH professionals?
----------and paraprofessionals?

DIFFICULTIES

sins of commission?
Do no harm?

Professional / legal issues
Safety / Misuse?

CONTROVERSIAL

Therapy...G-TEP...1st aid?

A routine "mental checkup"
-MVA analogy
-Fix the leak in the roof

Reduce distress
Prevent complications
strengthening resilience

SOLUTIONS?

sins of omission?
Normal people in abnormal situations
withholding tx

"Diarrhoea" story
(Rolf Carriere)
moral/ pragmatic issues

Can we "Package" Early EMDR Intervention?

"Scaling up what's needed wanted & works"

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

Research
"Francine green lighted going ahead with the development of a syllabus for training paraprofessionals. We were insanely busy at the time so 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 parapro 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)
The (EMDR) individual protocol for paraprofessional use in acute trauma situations (EMDR-PROPARA*) 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)*
(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-PROPARA 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!
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
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
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)
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.
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?
Proposing A Hierarchical Intervention in large scale emergencies /mass disaster situations

Phase appropriate interventions (hours / days after T)
❖ Psychological First Aid (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)

1) PFA; ERP
   Psychological 1st Aid

2) IGTP
   -for large groups
   -for screening

3) G-TEP
   -intensive T processing
   -in smaller groups

4) R-TEP (or Individual G-TEP)
   Or PRECI or PROPARA
   -for individual attention

5) STANDARD EMDR

large-scale emergencies
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.”
“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.”
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
- BTT = Back to Target
- NC = Negative Cognition
- PC = Positive Cognition
- SUD = Subjective Unit of Disturbance
- VoC = Validity of Cognition
- AIP = Adaptive Information Processing
Related publications:


Related publications:

International R-TEP Workshops & Presentations

2008: London  (EMDR Europe Consultants day)
2009: Stockholm, Atlanta (EMDRIA pre-conference)
2011: Vienna (EMDR Europe conference), London,
2007-2012: Netanya, Tel Aviv, Ashkalon, Shaar hanegev, Haifa, Maalot, Tel Hai
2012: Denver, San Diego, Phoenix, Madrid, Scotland, Milan, Metz
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

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<tr>
<th>Location</th>
<th>Victims</th>
<th>Treatment</th>
<th>Description</th>
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<tr>
<td>Turin, Italy</td>
<td>78</td>
<td>R-TEP</td>
<td>Children treated in acute phase had a significant difference in symptomatology compared with those with delayed treatment.</td>
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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.
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.

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<tr>
<td>Group 1</td>
<td>41.63</td>
<td>21.25</td>
<td>15.50</td>
<td>15.50</td>
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<tr>
<td>Group 2</td>
<td>44.28</td>
<td>42.61</td>
<td>26.20</td>
<td>24.40</td>
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IES-R score 0-88

- Immediate treatment
- Waitlist/delayed treatment at 1 week
- Follow-up 3 months
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
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 - asylum 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)