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

Making EMDR more widely available for Early Intervention in Emergency Situations

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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

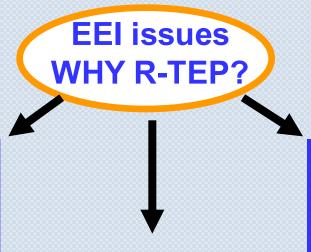
Introduction to EMDR R-TEP overview

Introduction to EMDR G-TEP
Overview & videos

Scaling up EMDR? Discussion & Conclusions

Issues in Early EMDR Intervention (EEI): I

Shapiro, E. (2012), EMDR and early psychological intervention following trauma, European Journal of Applied Psychology (ERAP), 62,241-251.



Nature of the situation

for Client & Therapist:
(Emergency/Urgency)
(Arousal/Distress)
Needs CONTAINMENT /safety

Nature of the therapy contract:

(Professional/Ethical)
Normal people in abnormal situations
Avoid pathologising

→ TRAUMA FOCUS priority

Nature of the memory:

(Fragmented/not consolidated)

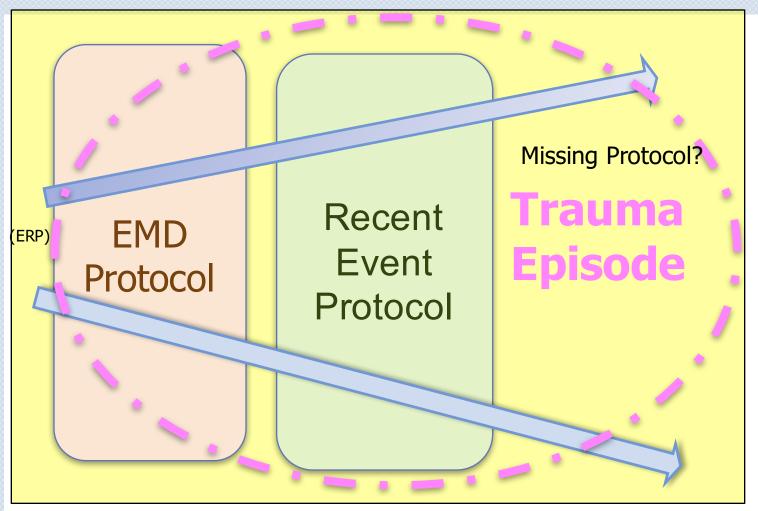
→ Needs a DIFFERENT PROTOCOL

WHAT?

WHAT is R-TEP? - KEY PROCEDURES & CONCEPTS

R-TEP Key Procedural Concepts:

Overview FLOW CHART



Standard EMDR Protocol

WIDENING FOCUS: Image/sensation → **Event**→ **Episode**→ **Theme**



Traumatic event

[1] Traumatic-Episode

= the original event + aftermath: includes all the experiences relating to the critical event up to today; seen as a trauma continuum Today



Initial

Traumatic event

[2] Episode Narrative

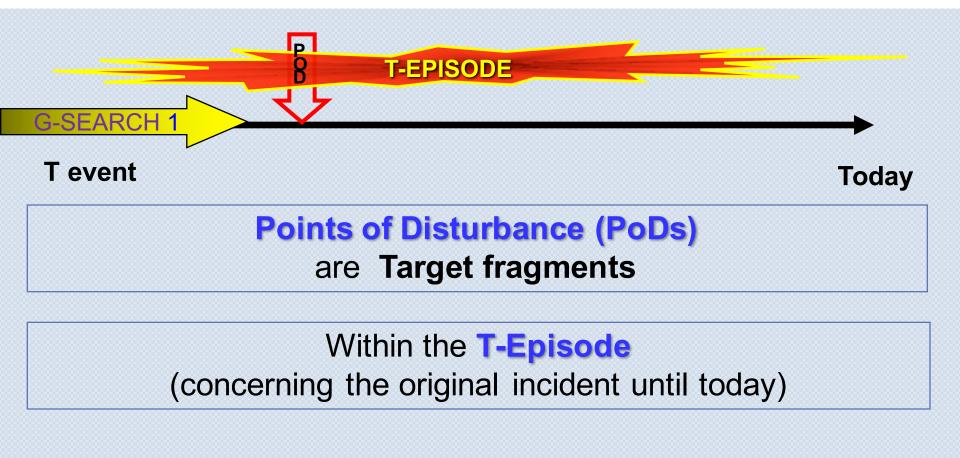
Telling the story

of the Traumatic Episode

out loud with BLS (Bi-Lateral Stimulation)

During the intake
the client is deliberately not asked
to recount the details of the trauma
to avoid triggering activation
prematurely

Today



Identified using [3] "Google Search" / or "Scan"

EMDR R-TEP Flow chart [4]



STOP when a PoD (Point of Disturbance) is identified: Phase III ASSESSMENT

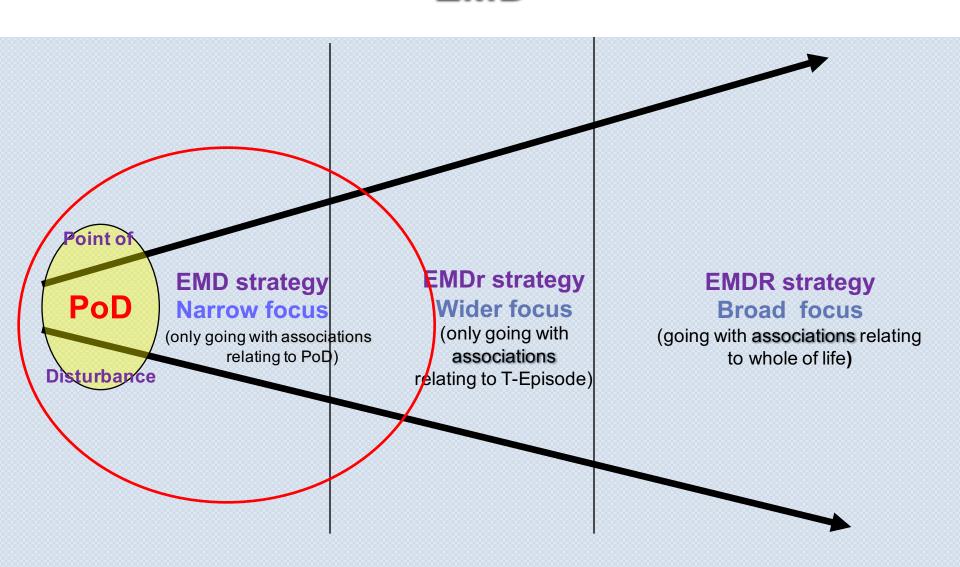
Phase IV DESENSITIZATION

[4] Focused Processing

EMDr strategy (Episode Focused) EMD strategy (PoD Focused)

(Phase V INSTALLATION)

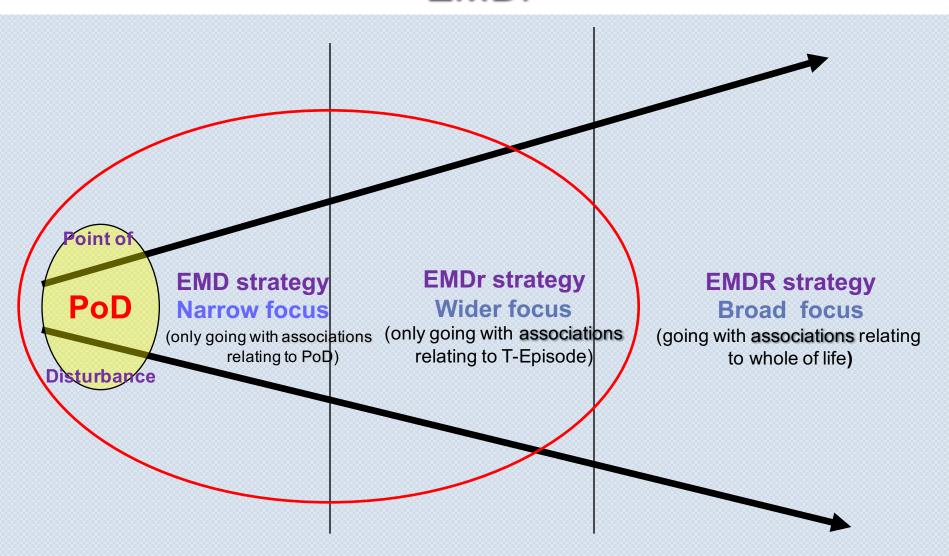
Focused Processing EMD



Early EMDR Intervention (EEI) protocols

- The EMD protocol (HAP Military and Post-Disaster Field Manual -Francine Shapiro, 2004re-introduced for use in emergency situations)
- EMD Differs from the Standard EMDR protocol in that it focuses on the image, returning to it and checking SUD (Subjective Unit of Disturbance) level frequently
- limiting associative chains

Focused Processing Approach EMDr





- ➤ Not necessarily chronological, (After we "lower the mountains then we can see the hills")
- ➤ Usually about 3-5 PoDs identified
- Processed over 2 to 4 sessions
- > Can be on consecutive days

EMDR R-TEP Main Procedures

[1]. Traumatic Episode (T -Episode)

[2]. Episode Narrative

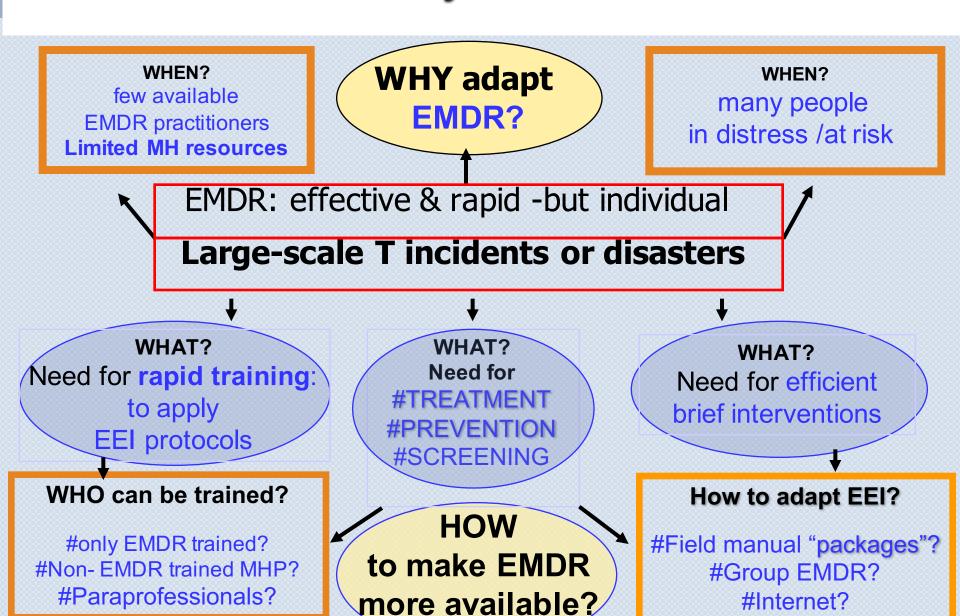
[3]. 'Google Search' (G -Search)

[4]. Focused Processing at PoD level2 main strategies: EMD <-> EMDr

Main Features of the EMDR R-TEP

- *1. An integrative approach: Incorporates & extends EMD, Recent Event, protocols
- * 2. A comprehensive approach: The 8 Phases adapted for EEI
- 3. Attention to containment and safety
- *4. Attention to standards of good practice

More Issues in Early EMDR Intervention: II



Group EMDR?

BACKGROUND The CHALLENGE

- ♦ Group EMDR
- ♦G-TEP a proposed new group EMDR protocol

Group EMDR

- Poses challenges for EMDR therapy which is essentially an individual process.
- The standard EMDR protocol is interactive as the practitioner monitors and guides the client.
- Applying EMDR in a group setting with limited interactive possibilities requires compromise and flexibility and a trade-off between close monitoring and self-monitoring reducing procedures to minimum essentials

Advantages of EMDR

- Proven effectiveness of EMDR therapy for treating trauma invites creative solutions to this challenge
- Adaptive Information Processing (AIP) approach with emphasis on the process rather than the content and the spontaneous healing flow of the AIP that enables less monitoring
- Structured, manualised form of the EMDR and R-TEP protocols provide a good basis for rapid learning

EMDR G-TEP

- Developed as a simplified adaptation of the EMDR R-TEP for use with groups of adults, adolescents & older children who have undergone recent traumatic experiences or lifechanging events with on-going consequences
- Goal to process a Trauma Episode within a group framework
- Suggests a group protocol that retains the depth and power of an individual EMDR protocol for recent events
- The Trauma Episode conceptualization of the G-TEP is the first group protocol to address the fragmented multi-target nature of non-consolidated recent trauma memories

EMDR Group-Traumatic Episode Protocol (G-TEP)



Elan Shapiro 2015 Manual edited by Judy Moench

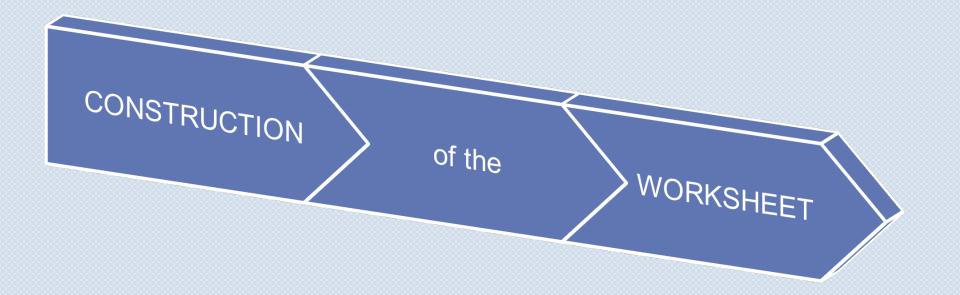
EMDR G-TEP

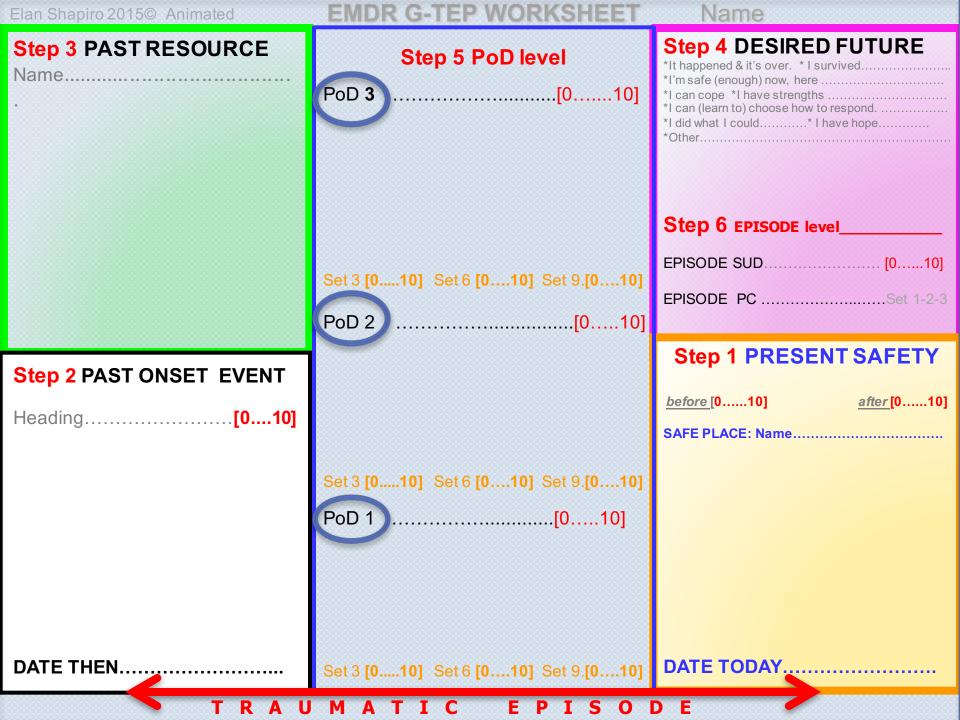
2- INTRODUCTION OVERVIEW of PROCEDURES, VIDEO, RESEARCH

EMDR G-TEP notes

- The setup is designed for use with a single worksheet to guide the process step by step....
- The slides & worksheet of the EMDR G-TEP are colourcoded so that each of the 8 steps has its own colour to make it easier to follow

6 STEPS on the WORKSHEET STRUCTURE





Step 3 PAST RESOURCE

Name

a) Step 3 RESOURCE CONNECTION:

Draw or write about a memory where you felt good with yourself, felt whole.
b) Note the experience

- (images, feelings, sensations)c) Install with BHs
- d) Give it a name
- & strengthen connection with more BHs
- b) Invite GROUP SHARING of good memories

Step 2 PAST ONSET EVENT

Heading.....[0.....[0.....

- a) Representation of onset event: Heading/ word or words, symbol or sketch
- b) write SUD [0....10])
- c) Write **DATE THEN**.....

(NB. no sharing)

DATE THEN....

Step 5 PoD level

PoD 3 [0......10] C)

❖ REPEAT same procedure (as BELOW) for PoD1 ,PoD2. Pod3

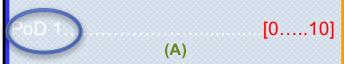
Set 3 [0.....10] Set 6 [0....10] Set 9.[0....10]

PoD 2 [0.....10]

FOCUSED PROCESSING

- a) Focus on PoD & TAP together as leader shows & counts 10/ 20
- b) **AFTER EACH SET of BLS** ...breathe... attention to images, thoughts, feelings, body sensations(deep breathe until all ready)
- c) REPEAT for 6/ 9 sets (for each PoD)
- d) **AFTER every 3rd set (3rd & 6th / 9th SETS)** re-focus on that PoD **WRITE SUD** [0-10] down

Set 3 [0.....10] Set 6 [0....10] Set 9.[0....10]



- a) PoDs identified using "GOOGLE SEARCH" / SCAN
- **b)** BLS... tap the (PRESENT) "DATE NOW" & then the (PAST) "DATE THEN" box box -
- looking at your hand as you do this
- c) until a PoD is identified then stop and draw/write it.

Set 3 [0.....10] Set 6 [0....10] Set 9.[0...10]

Step 4 DESIRED FUTURE *It happened & it's over. * I survived......

- *I'm safe (enough) now, here*
 *I can cope *I have strengths
- *I can (learn to) choose how to respond.

 I did what I could...... I have hope.....
- b) "DRAW or WRITE any other thoughts or pictures of how you would like to see yourself in the future"

which of these ways make some sense to you".....

C) Invite GROUP SHARING of desired futures

Step 6 EPISODE level

EPISODE SUD......[0.....10]EPISODE PCSet 1-2-3

Step 1 PRESENT SAFETY

<u>before</u> [0.....10] <u>after</u> [0.....10]

SAFE PLACE: Name.....

- a) Write general stress SUD (before 0-10)
- c) Do 4 ELEMENTS / Safe / Calm Place drawing
- d) Write SUD (after 0-10)
- e) Write DATE TODAY
- f) INVITE group SHARING of Safe/ Calm Places
- g) Screen

c) 4 ELEMENTS

EARTH = grounding, safety in the present

AIR = breathing , balance

WATER = calm & controlled

FIRE /LIGHT= light the path to your imagination = Safe

Place &/or RC exercise

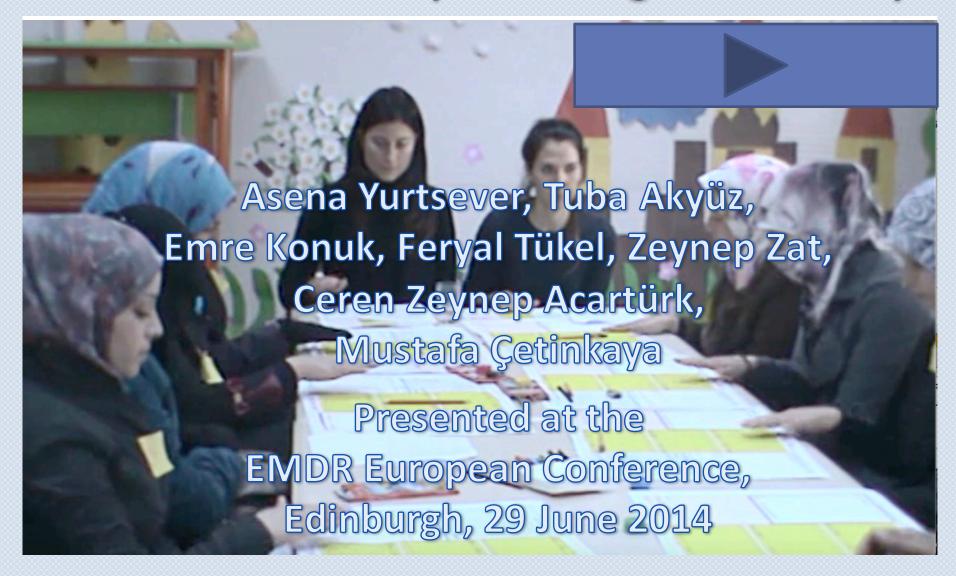
DATE TODAY.....

RAUMATIC EPISODE

EMDR G-TEP notes

* The Worksheet is a meta-communication: in which the trauma event is enveloped with present/ past /& future resources arranged spatially to physically convey that the event is in the past...... that they are safe now in the present...... & that there is hope for the future......

EMDR G-TEP with Syrian Refugees in Turkey



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

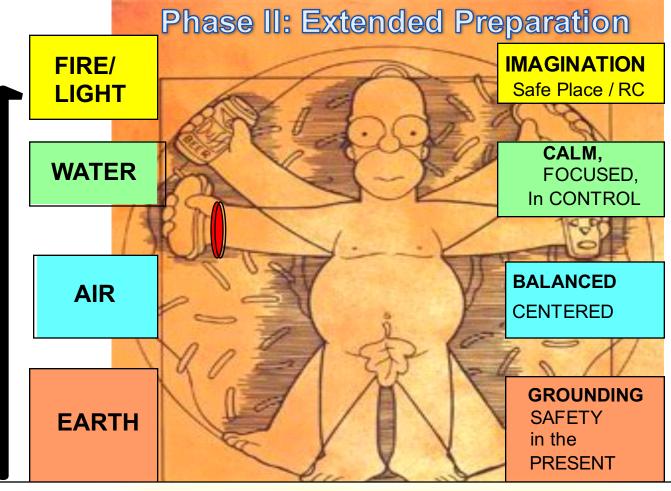
Yurtsever, Akyüz, Konuk, Tükel, Zat, Acartürk & Çetinkaya (submitted for publication 2016)

- ♦ 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

STEP 1 G-TEP NOTES for Group Leader

GOAL: Preparation & Screening Sequence

- Ask to write down SUD before (0....10)
- Do 4 Elements exercises
- Includes Safe/calm place drawing or words
- Ask to write SUD after (0....10)



4 Elements for Stress Reduction:

FIRE/ LIGHT your IMAGINATION (SAFE PLACE drawing or words)

WATER = CALMING & CONTROLLED

AIR = BREATHING, CENTERING, BALANCE (coherence)

EARTH = **GROUNDING**, **SAFETY** in the **PRESENT** Starting with your feet & following your body up

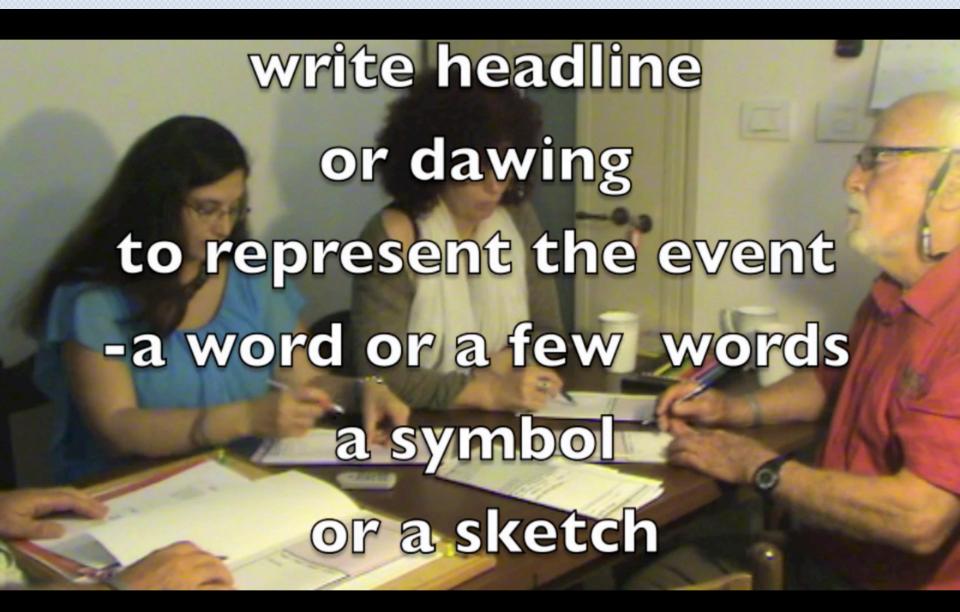
E Shapiro 2015 ©

STEP 1 G-TEP NOTES for Group Leader

Discrete screening

- Later on the same day or the next day
- ❖Continue working on STEPS 2-7 with those who who responded positively to STEP 1 (general stress / SUD levels < 6)</p>
- ❖Those whose SUD levels are still high/ unable to reduce stress are screened for further preparation/ individual attention before trauma processing

G-TEP STEP 2: Onset of Trauma



G-TEP STEP 3: Past Resource



G-TEP STEP 4: DESIRED FUTURE

write or draw any other thoughts or pictures of how you would like to see yourself in the future

STEP 5 G-TEP NOTES for Group Leader

- 6 or 9 sets are suggested to reduce SUD (0-10) as far as it will go for each PoD
- After each set of BLSpay attention to any images, thoughts, feelings, body sensations, to whatever they noticed
- ❖ After the 3rd & 6th (& 9th) sets re-focus on that PoD and rate SUD now from 0-10.....

STEP 6 EPISODE LEVEL INTEGRATION

Check Episode SUD (0-10) & Install Episode PC

Participants whose Episode SUD levels are still high (>6?) can be offered additional G-TEP sessions

G-TEP STEP 6: EPISODE LEVEL



STEP 6: EPISODE PC



STEP 7 NOTES for Group Leader CLOSURE & SCREENING

- Strong Closure: Rehearse 4 Elements
- Additional measures if needed
- Screening for those who may need referral for individual attention or additional G-TEP sessions

STEP 8 G-TEP NOTES for Group Leader FOLLOW-UP

- Follow-up is important
- Check Episode SUD 0-10 & PC
- Consider additional G-TEP session /or Referral for individual treatment?

G-TEP compared with R-TEP Main Procedures

- [1].Traumatic Episode concretely communicated in visual setup
- [2]. Episode Narrative omitted
- [3]. 'Google Search' limited to 3 PoD's per session. Simplified Assessment: SUD (0-10) + attention to sensorimotor, cognitive & emotional modalities, PC checklist.
- [4]. Focused Processing at PoD level

Utilizes EMD type strategy for contained focus & a suggested 6 or 9 sets of BLS per PoD