

MOOC 1 – Unit 6

EMDR

Chapter 2

EMDR protocols in acute phase

Developed by
Associazione per l'EMDR in Italia (IT)



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2.1 EMDR

Recent Events Protocol for Emergency

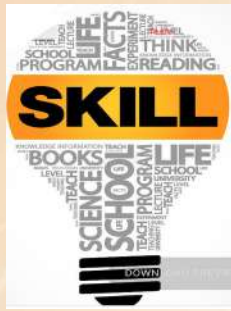
The EMDR Recent Events Protocol can be helpful for symptom relief and can be implemented shortly after an upsetting event.

It may take several sessions to reprocess each point. Also, it is crucial that the clinicians know the history of the patient, including previous traumas and losses.

Reprocessing a memory can evoke unresolved traumas and losses that may be beyond the patient's integrative capacity.

Furthermore, the patient should be taught containment and affect management exercises (breathing methods, safe/calm place, a resource).

At a later time, when the patient is ready, the Standard Protocol can be implemented to ensure complete reprocessing of the traumatic memory.



2.2 EMDR

Recent Events Protocol for Emergency - Skills

The Recent Events Protocol is used within the first several months when there has not been sufficient time for the distressing memory to consolidate. A memory may be formed by more than one distressing moment. For example, the death of a loved one can involve:

the death notification,
the ride to the hospital and
the identification of the body.

Required skills are:

Calmness: to co-regulate the arousal of the victim.

Stability: to be containing.

Containment: being trauma-focused oriented, to maintain the associative chain short.

Empathy: to be attuned to victims' inner needs.



2.3 Stabilization and emergency response Procedure (Gary Quinn) (2)

Victims of immediate trauma in Acute Stress Reaction often exhibit a high to extreme stress reaction and “silent terror”. The Emergency Response Procedure (ERP) described in Marilyn Luber’s: “Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets” (2013) was developed to deal with victims of natural and man-made disasters within minutes to hours of exposure to trauma.

It is very useful to treat patients with ERP in the immediate aftermath of trauma.

The protocol can be used by first responders in the context of routine emergency calls such as accidents and fires with victims showing strong emotional reactions. It can also be used with victims of man-made and natural disasters.

Source: Luber, M. (Ed.). (2013). *Implementing EMDR early mental health interventions for man-made and natural disasters: Models, scripted protocols and summary sheets*. Springer Publishing Company.



2.3 Stabilization and emergency response Procedure (Gary Quinn) (3)

The Recent Traumatic Events Protocol (ERP) was recently updated in 2021 by Gary Quinn in the Immediate Stabilization Procedure (ISP) protocol which, although not yet validated from an empirical point of view, takes into account the author's extensive experience in emergency psychology interventions.

ISP keeps focusing in particular on:

- need to intervene in the first 4 hours after the accident / traumatic event to lower emotional activation;
- do not ask the victim to think about the accident;
- stabilize the victim with anchoring exercises;
- strengthen cognitive functional coping from time to time provide feedback, having the disorder measured on the self-assessment scale;
- ISP is also provided online.

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Chapter 3

EMDR group protocols



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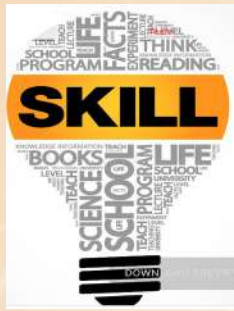
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3.1 EMDR-IGTP and the Butterfly Hug

- The EMDR Integrative Group Treatment Protocol (EMDR-IGTP) was developed by members of the Mexican association AMAMECRISIS (Mexican Association for Crisis Therapy), as a result of the high need for mental health services occurring after the destruction of Mexico's Pacific coastline in 1997 by Hurricane Pauline.
- The traditional, individually applied psychological intervention could support only a limited number of victims, whereas those in need of treatment were more than 200. The AMAMECRISIS team were faced with the challenge of developing a suitable methodology to give support simultaneously to a large group of victims
- The EMDR-IGTP protocol combines the EMDR therapy of eight standard phases with a group therapy model and uses a particular form of self-administered bilateral stimulation called the Butterfly Hug (Jarero I., 2008), together with the use of drawing tasks (Maxfield L., 2008).
- The protocol is structured as a form of play therapy, but has been successfully applied to disaster survivors with ages ranging from 7 to over 50 (Jarero, I., & Artigas, L., 2010).
- The protocol is also applied to support rescuers and third type victims.

Source: Jarero, I., Artigas, L., & Hartung, J. (2006). EMDR integrative group treatment protocol: A postdisaster trauma intervention for children and adults. *Traumatology*, 12(2), 121-129.



3.2 EMDR-IGTP and the Butterfly Hug Skills

- The advantages of the application of this protocol, apart from its simultaneous applicability to several subjects, are connected by the non-specificity of the setting, which must no longer be necessarily a “private” space, thus difficult to find in emergency situations. In addition, the IGTP protocol does not ask the subjects in the group to verbalize the information regarding the trauma.
- The therapy can be applied over several consecutive days, there are no specific tasks to carry out between sessions and treating several subjects at the same time makes it possible to rapidly assist many parts of the affected community.
- Required skills are:
 - **Calmness:** in order to lead the group reprocessing.
 - **Stability:** to be firm and goal-oriented.
 - **Containment:** to be strong and patient.
 - **Empathy:** to be attuned to the victims’ inner needs.



3.3 Short Group EMDR Protocol

The intervention with EMDR in support of healthcare workers engaged in the Covid-19 area in the first pandemic waves of 2020 required an IGTP protocol adaptation to make EMDR more easily usable at the end of 12-hour shifts in Covid-19 wards.

The Short Group EMDR Protocol requires a session of about 30 minutes to allow immediate and focused support, suitable for the peritraumatic phase of vicarious trauma.

It consists of 3 short phases that allow to break the isolation through a first sharing of the common experience; participants can talk about the worst moments they had to face and resources can be shared to stimulate both individual and group resilience.

1. In the **first phase**, psychotherapists and participants are introduced, the rules of the group are stated and the most important psychoeducational aspects are explained.
2. In the **second phase**, the participants' stories about the event are shared, desensitizing the worst moments.
3. Finally, the **third phase** consists of sharing resources and coping strategies and then closing the session with physical exercises to further release the accumulated stress and end the group session with a positive sense of relief.



3.3 Short Group EMDR Protocol Resource installation

The intervention with the Short Group EMDR Protocol may require to introduce some stabilization techniques before the second phase.

The resource installation consists of focusing on and eventually sharing resources and coping strategies.

To proceed with resource installation you can ask healthcare workers to complete the following statements:

- I have...
- I am...
- I can...

You can choose to make healthcare workers answer individually, filling in a sheet or drawing.

It is also possible to share the resources inside the group/team.



3.1 Self-protection for First Responders and Health Professionals

References

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