EMDR Integrative Group Treatment Protocol

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This protocol should only be used by licensed mental health clinicians who have completed supervised EMDR training which meets EMDR Institute & EMDRIA (EMDR International Association) standards.

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INTRODUCTION

The effectiveness of EMDR with trauma survivors has been widely reported (e.g., Perkins & Rouanzoin, 2002; Ironson, et al., 2002; Korn & Leeds, 2002; Lee, et al., 2002; Manfield & Shapiro, 2003; McCullough, 2002; Gelinas, 2003).

Studies support the use of EMDR in the treatment of symptoms caused by trauma in children and adolescents (Cocco & Sharpe, 1993; Greenwald, 1994, 1998, 1999, 2000; Johnson, 1998; Lovett, 1999; Pellicer, 1993; Puffer, Greenwald & Elrod, 1998; Russell & O'Connor, 2002; Scheck, Schaeffer, & Gillette, 1998; Shapiro, 1991; Soberman, Greenwald, & Rule, 2002; Stewart & Bramson, 2000; Taylor, 2002; Tinker & Wilson, 1999).

Studies have also been conducted on the use of EMDR treatment following natural disasters. EMDR has been reported as effective in the treatment of children following a hurricane in Hawaii (Chemtob, Nakashima, Hamada & Carlson, 2002), of adults and children following earthquakes in Turkey (Konuk and Knipe et al., in press; Korkmazlar-Oral & Pamuk, 2002), and of children following a flood in Argentina (Aduriz, et al., in press) and Mexico (Jarero, Artigas & Hartung., in press).

Group therapy is a well-proven form of treatment for traumatized children and adolescents (Meichenbaum, 1994; Cemalovic, 1997; Kristal-Andersson, 2000; Samec, 2001).

The EMDR-IGTP was inspired by the overwhelming requests for mental health attention following hurricane Pauline in 1997. It was developed along a psychotherapy integration model, in this case the group therapy model for trauma victims integrated with the EMDR model originally intended for use in individual

treatment (Shapiro, 1995, 2001). Designed initially for work with children, the EMDR-IGTP has also been found suitable for group work with adults.

The protocol is structured within a play therapy format and has been used with disaster victims aged 7 to 50+.

From 1998 to 2004, two formally measure field studies have been conducted with child victims of flooding in Argentina and México and nine pilot field studies in different Latin America countries after natural disasters. With modifications, with children who witnessed a plane crash in Milan (Fernandez et al., 2004), with children who survived the 1999 earthquakes in Turkey (Korkmazlar-Oral & Pamuk, 2002), with Kosovo-Albanian refugee children in Germany (Wilson, Tinker, Hoffman, Becker, & Marshall, 2000) and with children from Thailand who survive the December, 2004 Tsunami (Birnbaum, A., personal communication).

The protocol was designed to accomplish eight main tasks as follows:

- Identify patients with PTSD or Acute Stress symptoms in order to assist them individually.
- Confront traumatic material.
- Bring to conscious awareness those aspects of the trauma that have been dissociated.
- Facilitate the expression of painful emotions and or shameful behaviors.
- Offer the patient appropriate support and empathy.
- Condense the different aspects of trauma into representative and more manageable images.
- Increase patient's perception of mastery over the distressing elements of the traumatic experience.
- Re-process traumatic memories.

PHASE ONE: CLIENT HISTORY

Team members educate teachers, parents and relatives about the course of trauma and enlist these individuals to identify affected children.

Assess for posttraumatic stress – application of instrument.

Standardized psychological assessment is used cautiously. This custom weakens the scientific value of data gathered while it respects the wishes of our Latin American 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.

If you are working only with adults, in this phase you educate them about the posttraumatic symptoms and invite them to share with you their symptoms.

PHASE TWO: PREPARATION

FIRST PART

- This phase begins with an integration exercise.
  The aim is to obtain the children's attention and establish rapport. We use a little Mexican doll called Lupita, a little drum and a dolphin puppet but any other materials may be used. The goal is to achieve the objectives using the techniques preferred by the mental health professional in each case.

- Lupita, the doll, introduces the drum and the dolphin to her friends. The therapist plays soft sounds on the drum and asks the children to approach as giants; when s/he plays loud sounds, they have to retreat as little people.

  The aims are: a) To familiarize the children with the space where they are going to work/play; b) To encourage the children to approach the therapist in order to establish rapport and trust; c) To facilitate group formation.

- The dolphin is used by the therapist to show the children different feelings expressions. The therapist makes the dolphin form big and small mouths, mouths that look happy, sad, bored, afraid, surprised, angry, etc., and the children follow, imitating the expressions of the dolphin.

  The aim is to propitiate the contact with their emotions, expressing them through their body.

- Using the doll the team leader teaches the children the abdominal breathing technique.

- The team leader teaches the children the Butterfly Hug (BH).

- In the next step, the therapist asks the children to close their eyes and use their imagination to go to a place where they feel safe and/or calm. Once there, the children are asked to touch the palm of one hand with the thumb of the other, and while they are doing that, they are told that they have an invisible button in their hand, which they can press in the future to go back to their safe/calm place.
  The aim is to teach them the **Safe/calm Place resource** so they can use it as needed (EMDR).

- The therapist asks the children what images, colors, sounds, etc., they saw in their safe place and waits for their answer.
  The aim is to verify that the children find their safe place.

  An option after this part of the exercise is to ask the children to draw the Safe/Calm place they imagined.

- At the end of this exercise, the therapist asks the children to raise their hand if they have **trouble sleeping**; if they are **scared**; if they **feel sad**; if they have **nightmares**; if they **feel angry**; if they often think about and **remember the natural or human provoked disaster they suffered**.

- The therapist adds: "It is normal for you to feel this way; you are normal boys and girls who have suffered an abnormal experience, and that is why it is normal for you to have these feelings. It is also normal to have different feelings from other children, since each one feels different and that is normal."
  The aim is to validate the signs and symptoms of post traumatic stress.

- The therapist goes on: "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 the verbalization of the traumatic memories and respond to the acute need that arise 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.

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 form an "Emotional Protection Team" (EPT) around the children in order to be aware of their emotional reactions and help them when necessary. We recommend a ratio of one team member for eight children. If you do not have enough clinicians in the team the children teachers can help.

SECOND PART

- ❖ Show the children the faces that measure SUDS from zero (0) to ten (10), with zero being no disturbance, and ten maximum disturbance.
  If you do not have the original faces you can draw it in the blackboard.

  The aim is to familiarize the children with the scale, asking them questions like: "How do you feel when you get good grades?" Point to the face". "How do you feel when you are sick?" Point to the face."

- ❖ We have observed that the children 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 members of the Emotional Protection Team (EPT) hand out white pieces of paper and crayons to each of the children (have extra crayons in case the children ask for more).

- ❖ The therapist asks the children to write their name and age beginning on the top left side of the paper (those who cannot do it are aided by the EPT members).

- ❖ Then the therapist tells them to divide the other side of the paper in four equal parts, drawing a cross at the center, and to write a small letter at the top left corner of each section (A,B,C and D). The therapist shows them how to do it in the blackboard and the EPT helps.

Note: in this protocol 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 child and the corresponding letter, so that the sequence can be identified.

PHASE THREE: ASSESSMENT

- The therapist asks: “Who remembers what happened during the event (mention the event: hurricane, flooding, explosion, etc.)?” The children raise their hands. “Now, says the therapist, close your eyes and observe about what makes you the most frightened, sad or angry about that event (mention the event)”

- The therapist continues: “Take what ever emerge from your head to your neck, to your arms, to your hands and fingers, to the crayon and now open your eyes and draw it in square A”.

- When all the children are finished, they are shown the faces and they are asked to write, in square A, the number of the face that corresponds to the feeling they get when looking at their drawing (SUDS).

  Note: spontaneously the clients can write what they are feeling: "I am afraid", “I am in danger”, “I can die” = Negative Cognition.

  Note: the emotional impact doesn’t always appear on the first drawing; sometimes it will appear on the second or third one.

PHASE FOUR: DESENSITIZATION

- Once all the children have done this, they are asked to leave their crayons aside and do the Butterfly Hug while observing the drawing.
  This lasts for approximately 1 minute.

- Next the therapist says: “Now, observe how do you feel and draw whatever you want in square B.”

- When they finish drawing B, the children are shown the faces again and they are asked to write down the number of the face that corresponds to the feeling they get from their drawing.

- When they are done, they are asked to put their crayons aside, to observe their drawing and to tap on their legs. This last for about 1 minute.

- Follow the same procedure you did for Quadrant B for Quadrants C and D, allowing the children to use either the BH or self-legs tapping, according to their preference.

- Next the therapist says: "Look carefully at the drawing that perturb you the most. On the back of your paper, where you wrote your names and ages, write the number that goes with the face (SUDS) that best describes how you feel about your drawing **NOW**. Write that number on the upper right hand corner of the paper".

PHASE FIVE: INSTALATION / FUTURE TEMPLATE

- The therapist then adds: "Now draw how you see yourselves in the future."

- Then, the therapist says: "Write a word, phrase or a sentence that explains what you drew."

  Note: This cognition can be adaptative or not-adaptative and will help us to evaluate the client at the end of the protocol

  Example: An 8 years boy that had reported zero SUD when he returned to the target drew himself in the sky with his dad, God and angels and he wrote: "I want to die soon to be in the sky with my dad". His mom had told him that her dad (that had died in a flood) was very happy in the sky with God and the angels.

- The therapist says: "Look at your drawing and what you wrote about it and tap on your legs or do the Butterfly Hug."

  Note: We believe that if the client has an adaptative cognition the Butterfly Hug will help in their installation and if the client doesn't have an adaptative cognition, the BH will help in the processing to an adaptive state.

- The EPT gathers all the drawings.

PHASE SIX: BODY SCAN

- ❖ The team leader teaches the children the Body Scan technique. The therapist says something like: “Close your eyes and scan your body from your head to your feet. If you feel a disturbing or a pleasant body sensations do the Butterfly Hug and report it to the person who is helping you (EPT) ”
- ❖ At the end of this exercise the leader says:”Now move your body like this – and the therapist moves all his/her body making the children laugh”. This is a fun - play exercise.

PHASE SEVEN: CLOSURE

- ❖ The therapist then asks the children to go to their Safe Place using the anchor. Do this for about one minute.

Lastly, the therapist asks the children to breathe deeply three times and open their eyes.

PHASE EIGHT: REEVALUATION AND FOLLOW UP

At the end of the group intervention, the Emotional Protection Team identified the children that needed individual attention and have to be thoroughly evaluated to identify the nature, and extent of their symptoms, and any co - or pre -existing mental health problems.

Determination is made by taking in consideration their teachers and relatives behavior report, the entire sequence of pictures and SUDS, Body Scan, the Future Template cognition, and the Emotional Protection Team Report.

After that evaluation the team members keep working with them using the EMDR-IGTP in small groups or individual basis.

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