EMDR G-TEP
RESEARCH UPDATE 12/2022

EMDR Group Traumatic Episode Protocol

G-TEP Research projects planned, conducted & published

- **Australia: Morris et al (2022)** Early intervention for Residential Out-of-Home Care Staff). *Psychological Trauma: Theory, Research, Practice, and Policy* (in press)
- **Belgium: Prof. Elke van Hoo**f (2020) "EVERYONEOK.BE" computer-based video platform for Covid-19
- **Canada: Moench** Judy**. (2021**). Published **"**STEP" Controlled Study for Self Care with EMDR Clinicians (JEMDR 2021)
- **Chile: Capocchi** Paula, developing a crisis intervention program for health professionals in critical Health Centers,
- **France: Bizouerne** Cecile**, et al**.-Action Contre la Faim (ACF – Action Against hunger) Comparative study G-TEP with group CBT I In **Central African Repu**blic (Completed) & **N Iraq** (completed);
- **Germany: Lehnung** Maria**., et al.-** Published Pilot controlled study with refugees (JEMDR 2017);

  Hanewald B, et. al Justus-Liebig-University. G-TEP integrated into the treatment concept of a psychiatric ward;

  Hemmerde, Madeleine**,** Efficacy of G-TEP with various symptoms
- **Greece: Tsouvelas** George. et al.,, (2019 study with workplace trauma for MH personnel, Dialogues in Clinical Neuroscience & Mental .Health;

  Tsouvelas G.& Ventouratous D., Pilot study with EMDR G-TEP in women victims of intimate partner violence (Poster)

  Papanikolopoulos, Penny **& Prattos,** Tessa. G-TEP with Humanitarian workers with Refugees
- **Iraq: Womersley, G., Arikut-Treece, Y., (2019).** Collective trauma among displaced. populations in Northern Iraq:
- **Farrell et al.** Comparative study G-TEP with group CBT, ISIS terror victims

. **Ireland: Moran J, Farrell D, Miller P** et. al G-TEP research RCT with frontline workers. (Phase 1 completed Phase 2 nearly)

- **Israel: Birnbaum, H., Maimon, N. et al**. G-TEP Controlled study with COVID related medical staff at a major hospital (2021) completed
- **Japan: Mitsuru** Masuda**, et al,** . G-TEP for Kuamamoto Earthquake survivors
- **Mexico: Galvan**, Gonzalo**,** (2021) Emergency physicians, intensive care, nurses, and diagnostic imaging staff; got ethical approval
- **Turkey: Yurstover** Asena**. Konuk** Emre. **et. al** Published: RCT with Syrian refugees (Frontiers in Psychology, 2018)

  -Zat Zeynep (2019) **Ph.D thesis**, school children & self-efficacy;

  -Yilmaz Safiye (2021), **PhD Thesis**: An EMDR-based online group counseling program for university students using G-TEP
- **Ukraine: Snisar** Dymitro**. et al.**; (2019) Studies with mental health professionals & civilians in the East of Ukraine (Posters)
- **US: Roberts** Amanda**.,** Published: study with Cancer patients (JEMDR, 2018)

  Gomez Ana, C-GTEP: The Butterfly Journey, GTEP for Children, unpublished book & workshops
- **UK:** Projects: See next slide

G-TEP Research projects planned/ in process UK :

- **Williams** Sharyn**.,** M.Sc.(University of Worcester), Hospital staff care, S. Wales (completed)
- **Johanson,** Ericka (2021)Adapting a Trauma Pathway within an Improving Access to Psychological Therapy (IAPT) Service in the context of Increased Demand and severe acute respiratory syndrome coronavirus 2 (COVID-19). EMDR Association UK Quarterly. Vol 3 No 1.
- **Miller** Victoria. et al. (poster 2021). Feasibility study: Assessing the Efficacy of EMDR Group -Traumatic Episode Protocol (G-TEP) in a Primary Care and Physical Health psychology Service.
- **Pink,** Jasmine et al**.** (2022) Effects of EMDR Group Traumatic Episode Protocol on Burnout Within IAPT HealthCare Professionals: A Feasibility and Acceptability Study. JEMDR 16, (4),
- **Smith,** Aimie, Taking EMDR & G-TEP to the NHS Frontline in the UK (South Tees NHS Trust)
- **Wright**, Oliver, GTEP Group EMDR at Grenfell Health & Wellbeing Service
- **Miller** Paula**.**, PhD study, Childbirth Trauma, Ulster University (in process)
- **McClane** Emma, PhD Study comparing G-TEP with Group CBT for CPTSD (University of Northumberland, planned)
- **Correia** Raquel, et al, EMDR Group Intervention within a Sexual Assault Referral Centre: A Pilot Study (Poster at EMDR Europe Conference, Krakow (2019)
- **Correia** Raquel, et al, RCT with Sexual Assault victims using enhanced G-TEP (Planned)
- **Bromley** Jo., (2021) MSc Warwick University Thematic Analysis: Exploring EMDR clinicians views of the potential to use G-TEP and IGTP in *family-based* EMDR processing.
- **Howard** Gloria & Niroom M. Case Study (2021): G-TEP as a brief complementary early intervention for reducing stress, increasing resilience & screening for underlying risks for children in the context of COVID-19.
- **Darker-Smith** Susan., Children & Families (in process?)
- **Kaptan,** Safa et al (2021). Protocol of a feasibility trial for an online group parenting intervention with an integrated mental health component for parent refugees and asylum-seekers

Group Traumatic Episode Protocol (G-TEP) Studies & Presentations

- Bromley J., (2021 Thematic Analysis: Exploring EMDR clinicians views of the potential to use G-TEP and IGTP in *family-based* EMDR processing.) MSc Warwick University
- Bizouerne, C., Farrell, D., & Dozio. E. Action Contre la Faim (ACF – Action Against hunger) Comparative study G-TEP with group CBT In Central African Republic & N Iraq. Presented at the EMDR Europe Conference, 2021
- Correia Raquel, Reem Shafiq, Pethania Yasmin et al, EMDR Group Intervention within a Sexual Assault Referral Centre: A Pilot Study (Poster at EMDR Europe Conference, Krakow (2019)
- Farrell, D., Moran, J., Miller, P., Knibbs, L., McGowan, I, Kiernan, M., Melling, A., Murray, G., Zat . & Moran, J. VGTEP Study for All Essential Frontline Workers experiencing Psychological Distress & Trauma in Response to Covid-19 (under preparation 2022)
- Hemmerde, M., (2023), Preventive health promotion through early intensive acute interventions: Evaluation of the effectiveness on various symptoms independent of diagnoses of the group-therapeutic EMDR method G-TEP (Group-Traumatic Episode Protocol). A randomised pilot study (to be published)
- Hanewald B, et. al Justus. Liebig-University. G-TEP can be easily integrated into the treatment concept of a psychiatric ward (EMDR Europe Conference, 2021)
- Howard G. & Niroomand M. Case Study (2021): G-TEP as a brief complementary early intervention for reducing stress, increasing resilience & screening for underlying risks for children in the context of COVID-19.
- Johanson, E., Tamblyn, W., Pratt,E., Payne, D. & Page, S. (2021) Adapting a Trauma Pathway within an Improving Access to Psychological Therapy (IAPT) Service in the context of Increased Demand and severe acute respiratory syndrome coronavirus 2 (COVID-19). EMDR Association UK Quarterly. Vol 3/1.

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- Kaptan, S. K., Dursun, B. O., Knowles, M., Husain, N., & Varese, F. (2021). Group eye movement desensitization and reprocessing interventions in adults and children: A systematic review of randomized and nonrandomized trials. *Clinical Psychology & Psychotherapy*.
- Kaptan, S. K., Varese, F., Yilmaz, B., Andriopoulou, P., & Husain, N. (2021). Protocol of a feasibility trial for an online group parenting intervention with an integrated mental health component for parent refugees and asylum-seekers in the United Kingdom:(LTP+ EMDR G-TEP). *SAGE open medicine*, *9*, 20503121211067861
- Kaptan, S.K., Yılmaz, B., Varese, F. & Husain, N. What works? Lessons from a pretrial qualitative study to inform a multi-component intervention for refugees and asylum seekers: Learning Through Play and EMDR Group Traumatic Episode Protocol. June 2022. Journal of Community Psychology. DOI: 10.1002/jcop.22908. License CC BY 4.0.
- Khubsing, R. S., Daemen, I. K., Hendriks, L., van Emmerik, A. A. P., Shapiro, E., & Dekker, J. J. M. (2020). An EMDR group therapy for traumatized former child slaves in India: a pilot randomized controlled trial.
- Konuk, E. et al. (2021). The Effectiveness of EMDR G-TEP and Flash Group Protocol as Early EMDR Interventions for PTSD Symptoms Following an Earthquake presented in June, 2021 at EMDR Europe Congress
- Lehnung, M., Shapiro, E., Schreiber, M., & Hofmann, A. (2017). Evaluating the EMDR Group traumatic episode protocol with refugees: A field study. Journal of EMDR Practice and Research, 11(3), 129-138.

Group Traumatic Episode Protocol (G-TEP) Studies & Presentations

- Maimon, N., Birnbaum, H. , Elkins, Y. & Flint (in preparation 2022). G-TEP study with COVID related medical staff at a major hospital. (under preparation)

- McClane E. PhD Study comparing G-TEP with Group CBT for CPTSD (University of Northumberland, in process 2022)

- Miller Paula**.**, PhD study, G-TEP and Childbirth Trauma, Ulster University (in process 2022)

- Miller, V., Chancellor, A., Johanson, E. & Wilkins, F. Feasibility study: Assessing the Efficacy of EMDR Group - Traumatic Episode Protocol (G-TEP) in a Primary Care and Physical Health psychology Service. (poster presented at the EMDR Europe Conference, Dublin, 2021).

- Moench, J., & Billsten, O. (2021). Randomized controlled trial: Self-care traumatic episode protocol (STEP), computerized EMDR treatment of COVID-19 related stress. *Journal of EMDR Practice and Research*.
- Morris, H., Hatzikiriakidis, K., Dwyer, J., Lewis, C. Halfpenny, N., Miller, R., Skouteris, H (2022) Early intervention for Residential Out-of-Home Care Staff using Eye Movement Desensitisation and Reprocessing (EMDR). *Psychological Trauma: Theory, Research, Practice, and Policy* (in press)

- Novak, O. & Stolyarchuk, O. (2022) Interim results with the EMDR G-TEP protocol with helping professionals in the Ukraine. EMDR Ukraine

- Papanikolopoulos, P. & Prattos, T. (2022). In Response to an Emergency: Trial use of EMDR Group Traumatic Episode Protocol for Humanitarian Workers on Greek Islands. Hellenic Journal of Cognitive Behavioral Research and Therapy

- Pink, J., Ghomi, M., Smart, T., & Richardson, T. (2022) Effects of EMDR Group Traumatic Episode Protocol on Burnout Within IAPT HealthCare Professionals: A Feasibility and Acceptability Study**.** Journal of EMDR Practice and Research, Volume 16, Number 4, 2022 © 2022 EMDR International Association https://doi.org/10.1891/EMDR-2022-0029

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- Snisar D., Khmelnytska O., Novak O. & Stoliarchuk O. (2019), Preventing Trauma and Rebuilding Resources Among Health Professionals in the East of Ukraine. Poster presented at the 20th EMDR Europe Conference, Krakow and at the European Society for Traumatic Stress Studies (ESTSS) conference 2019, Rotterdam.

- Snisar D., Khmelnytska O., & Novak O. (2020) Evaluation of group-based interventions for conflict-affected people in the East of Ukraine. Presentations at the 21st EMDR Europe Conference, 2020 and the European Society for Traumatic Stress Studies (ESTSS) conference, 2020.

- Smith, A., 3P (in preparation 2023): Use of G-TEP in Remote 3 `session Format at South Tees NHS Trust

- Tsouvelas, G., Chondrokouki, M., Nikolaidis, G., & Shapiro, E. (2019). A vicarious trauma preventive approach. The Group Traumatic Episode Protocol EMDR and workplace affect in professionals who work with child abuse and neglect. *Dialogues in Clinical Neuroscience & Mental Health*, *2*(3), 130-138.https://doi.org/10.26386/obrela.v2i3.123

- Tsouvelas, G., Liafou, V., Shapiro, E., Ventouratou, D., Sfyri, V., & Amann, B. Pilot study with G-TEP EMDR in women victims of intimate partner violence (poster in preparation 2022)

- Van Hoof E., De Laet, H. & Shapiro E. (in preparation 2022). Validation of an internet-delivered stand-alone low-intensity intervention to manage the impact of covid-19 on the mental health in the general population, everyoneOK.be

Group Traumatic Episode Protocol (G-TEP) Studies & Presentations

- Williams, S., (2022). Evaluating Early EMDR G-TEP for NHS staff. **(**M.Sc. University of Worcester).
- Womersley, G., Arikut-Treece, Y., (2019). Collective trauma among displace populations in Northern Iraq: A case study evaluating the therapeutic interventions of the Free Yezidi Foundation. Interventionjournal.org. Vol 17. https://www.researchgate.net/publication/330608527
- Yilmaz S (2021), PhD Thesis: An EMDR-based online group counseling program for university students using G-TEP on small "t" trauma.
- Yurtsever, A., Konuk, E., Akyüz, T., Zat, Z., Tükel, F., Çetinkaya, M., ... & Shapiro, E. (2018). An eye movement desensitization and reprocessing (EMDR) group intervention for Syrian refugees with post-traumatic stress symptoms: Results of a randomized controlled trial. *Frontiers in psychology*, *9*, 493.
- Zat Z (2019) Ph.D Thesis: using G-TEP with University students with Traumatic Experiences

OTHER PUBLICATIONS & Presentations

- Matthijssen, S. J. M. A. Lee, C.W. de Roos, C.. Barron, I.G. Jarero, I. Shapiro, E. Hurley, E.C Schubert,S.J. Baptist, J.. Amann, B.L Moreno-Alcázar, A. Tesarz, J. de Jongh. A. The Current Status of EMDR Therapy, Specific Target Areas, and Goals for the Future. Journal of EMDR Practice and Research, Volume 14, Number 4, 2020 241 © 2020 EMDR International Associatio http://dx.doi.org/10.1891/EMDR-D-20-00039
- Miller PGT, Sinclair M, Gillen P, Miller PW, McCullough JEM, Farrell D, Slater P, Shapiro E, Kraus P (2022). Early psychological interventions for prevention and treatment of post-traumatic stress disorder (PTSD) and post-traumatic stress symptoms in postpartum women: a systematic review and meta-analysis protocol. *Evidence Based Midwifery* 20(2):13-19
- Shapiro, E., (2007) What Is an Effective Self-Soothing Technique That I Can Teach My Client to Use at Home When Stressed? Journal of EMDR Practice and Research, Volume 1, Number 2, 2007 © 2007 Springer Publishing Company DOI: 10.1891/1933-3196.1.2.122
- Shapiro, E. (2009). EMDR Treatment of Recent Events. *Journal of EMDR Practice and Research* Vol 3, 20th Anniversary Issue.
- Shapiro, E. (2011). Suggestions for Teaching the Application of Eye Movements in EMDR . Journal of EMDR Practice and Research, Volume 5, Number 2, 2011 © 2011 Springer Publishing Company DOI: 10.1891/1933-3196.5.2.73
- Shapiro, E. (2012). EMDR and early psychological intervention following trauma, *European Journal of Applied Psychology (ERAP),* 62, 241-251.
- Shapiro, E., & Moench, J. (2015). EMDR G-TEP fidelity scale for the group traumatic episode protocol, unpublished manual.
- Shapiro, E., & Moench, J. (2018, April). The EMDR group-traumatic episode protocol (GTEP). Presentation at the EMDR Canada Annual Conference, Québec City, QC.
- Shapiro, E. & Maxfield ,L., (2019). The Efficacy of EMDR Early Interventions. *Journal of EMDR Practice and Research,* Vol. 13(4).
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An Eye Movement Desensitization and Reprocessing (EMDR) Group Intervention for Syrian Refugees with Post Traumatic Stress Symptoms: Results of a Randomized Controlled Trial

Yurtsever, Konuk, Tükel, Çetinkaya, Akyüz, Zat, Savran & E. Shapiro

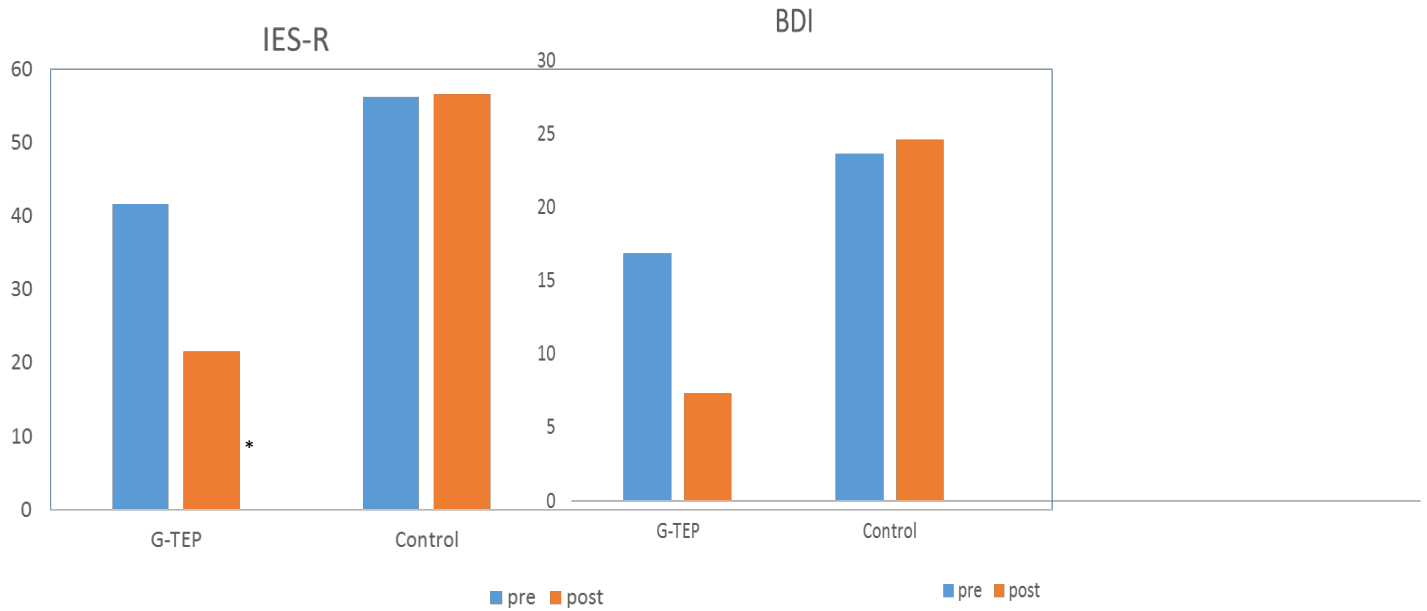
Frontiers in Psychology, 2018

- **Method:** N= 47 ; experimental group (n= 18) and a control group (n=29). 2 sessions of G-TEP
- The measures were Impact of Event Scale (IES-R), Beck Depression Inventory-II (BDI-II) and Mini International Neuropsychiatric Interview (M.I.N.I) at pre-, post- and four-week follow-up.
- **Results:** EMDR G-TEP group had significantly lower PTSD and depression symptoms after the intervention. The percentage of PTSD diagnosis decreased from 100% to 38.1, in the EMDR G-TEP group and was unchanged in the control group.
- **Conclusion:** EMDR G-TEP reduced PTSD and depression symptoms among Syrian refugees living in a camp after two treatment sessions conducted over a period of three days.

Evaluating the EMDR Group Traumatic Episode Protocol (EMDR G-TEP) with Refugees: A Field Study

Lehnung, Shapiro, Schreiber & Hofmann.

Journal of EMDR Practice and Research, Volume 11, Number 3, 2017

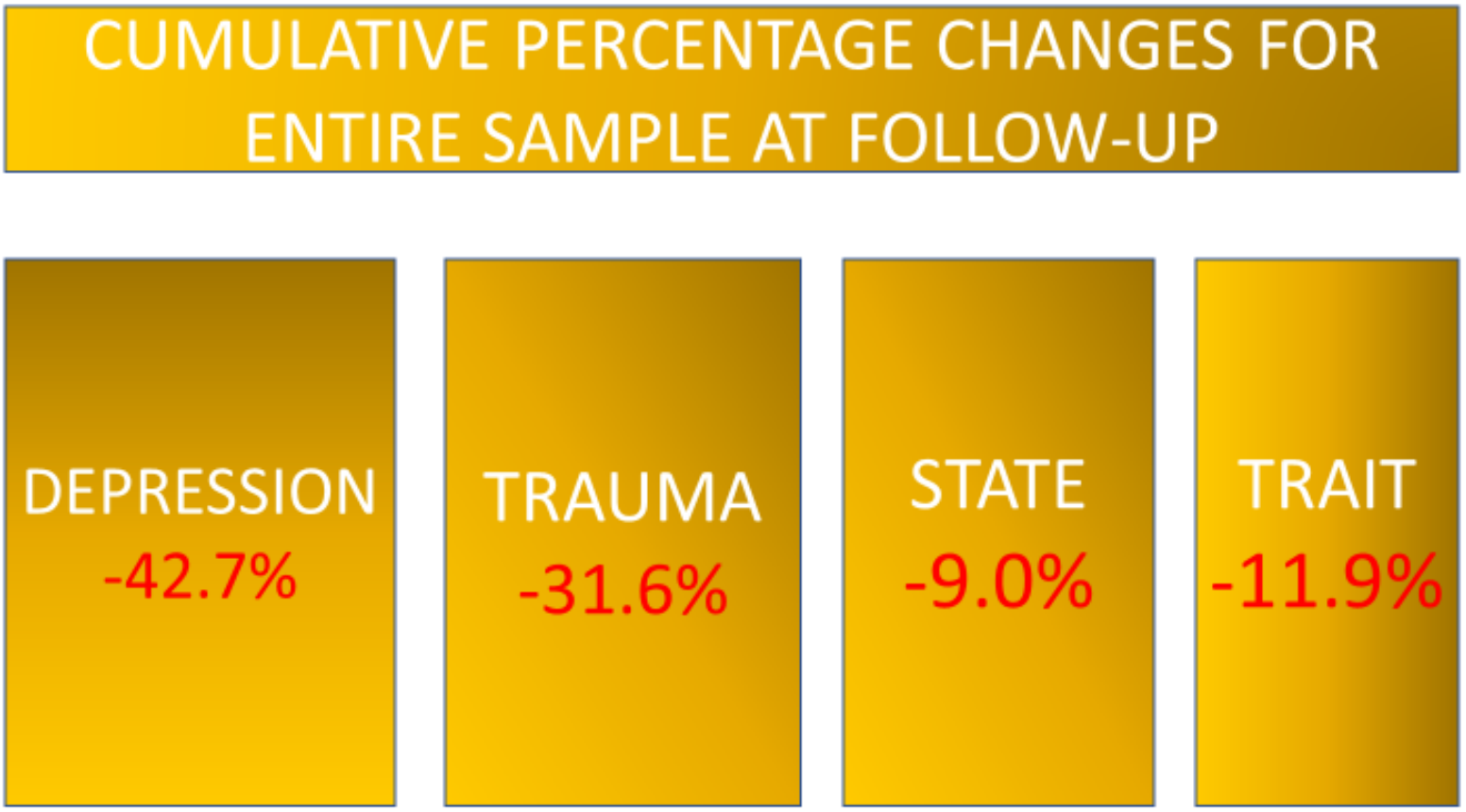


2 sessions of EMDR G-TEP.

18 Arabic speaking refugees from Syria and Iraq who had come to Germany during the previous five months assigned to treatment and or to delayed treatment waitlist.

Impact of Event Scale Revised (IES-R) and the Beck's Depression Inventory (BDI) These results provide preliminary evidence that it might be effective to treat groups of traumatized refugees with EMDR G-TEP.

The examination of the effects of the EMDR Group Traumatic Episode Protocol on anxiety, trauma, and depression in patients living with a Cancer diagnosis within the past year. Amanda Roberts, (JEMDR, 2018)
N=35; 2 X 90 minute sessions



NGO UKRAINIAN SOCIETY
OF OVERCOMING THE CONSEQUENCES
OF TRAUMATIC EVENTS

ПСИХОСОЦІАЛЬНА ПІДТРИМКА ТА СУПРОВІД ПОСТРАЖДАЛИХ ВНАСЛІДОК КОНФЛІКТУ В УКРАЇНІ
PSYCHOSOCIAL SUPPORT TO CONFLICT-AFFECTED PEOPLE IN UKRAINE

MARIUPOL
KRAMATORSK
SCHASTYA
SEVERODONETSK
DRUZHKIVKA
VOLNOVAKHA

german humanitarian assistance

Malteser International

Psychological Crisis Service

МАРІУПОЛЬ
КРАМАТОРСЬК
ЩАСТЯ
СЄВЄРОДОНЕЦЬК
ДРУЖКІВКА
ВОЛНОВАХА

PREVENTING TRAUMA AND REBUILDING RESOURCES AMONG MENTAL HEALTH PROFESSIONALS IN THE EAST OF UKRAINE

Dmytro SNISAR, Oksana KHMELNYTSKA, Oleg NOVAK, Oleksandr STOLIARCHUK
Ukrainian society of specialists on overcoming the consequences of traumatic events

INTRODUCTION

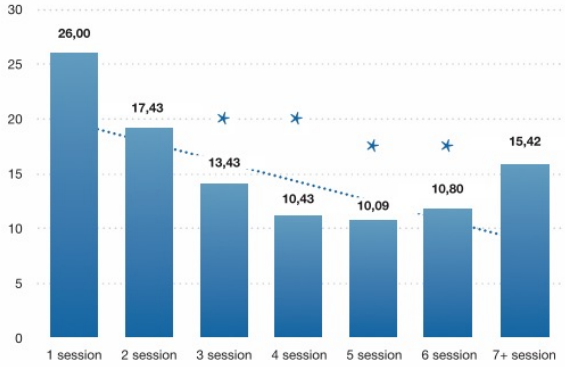
Despite a ceasefire agreement signed in 2014, a military conflict between Ukrainian forces and Russian-backed separatists in densely populated areas in the East of Ukraine continues has started escalating. Approximately 200,000 people reside within 5 km of the 500-kilometer front-line.
The project "Psychosocial support for people affected by the military conflict in Ukraine" is being implemented by the NGO "Ukrainian association of specialists on overcoming the consequences of traumatic events" ("Psychological Crisis Service") with the support of German Government, Maltese International and the Maltese Assistance Service of Ukraine.
The target group of the project are war affected people who need psychosocial and psychotherapeutic help. Such support is rendered by 3 centres of psychosocial adaptation in the cities of **Mariupol, Kramatorsk** and **Schastya**, as well as 3 mobile teams in **Volnovakha, Severodonetsk** and **Druzhkyvka**, visiting the villages and settlements of the front-line zone. We noticed that mental health specialists who work in war zones developed psychological trauma and emotional burnout.
In the situation of protracted traumatic events due to ongoing military conflict, the mental health helpers are constantly under strong burden of private and work related past and present crisis events. The risk of primary and secondary traumatization remains very high and common resilience rebuilding and stabilization methods have limited use. So, we looked for effective and time/resource saving methods that could be used to improve the daily mental health condition of the helpers and to prevent the consequences of continuing traumatization. The decision to use G-TEP EMDR was primary, the idea to summaries the resulted figures and statistics was secondary. Elan Shapiro, the developer of the G-TEP EMDR protocol, has provided us with technical support.

METHOD

G-TEP (Group - Traumatic Episode Protocol) is an Eye Movement Desensitization and Reprocessing (EMDR) protocol that provides a novel method to prevent psychological trauma and rebuilding resources. There is clinical evidence, one field study and one RCT published on the effects of EMDR G-TEP. However, no published studies have explored the effectiveness of the G-TEP protocol among mental health professionals in Ukraine. In this field study, we investigated the effectiveness of sustained sessions of G-TEP EMDR in treating and preventing trauma among mental health professionals.
All mental health professionals who work in the project "Psychological support to conflict-affected people in Ukraine" and live in Donetsk and Lugansk regions were eligible to participate. The participants signed research consent forms. There were three outcome measures in this study. The primary outcome measure was PCL-5. Secondary measures were Beck Anxiety Inventory, Beck Depression Inventory, SUD (subjective unit of disturbance).
35 mental health professionals, who have been exposed to the war zone since the spring of 2014 were treated with G-TEP. They received between 1 and 8 sessions of G-TEP protocol (including resourcing sessions) over a period of 8 months. Not all participants received all 8 sessions of GTEP, with some receiving only 1 session and others the maximum of 8.

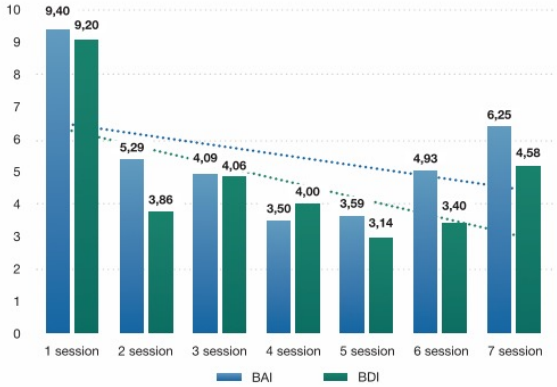
RESULTS

Means PCL-5 scores in groups depending on how many GTEP session a person has participeded in

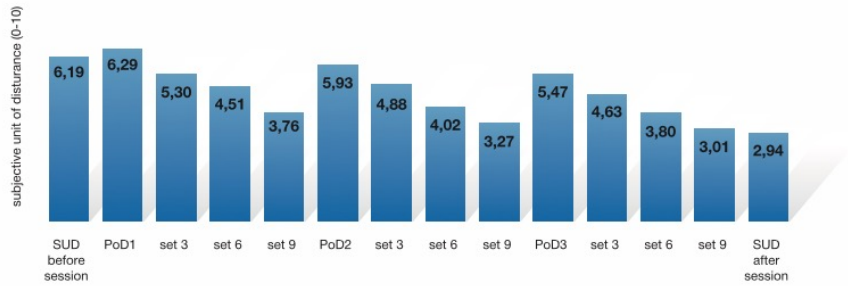


* p <0,05 p-values using the Mann–Whitney U test

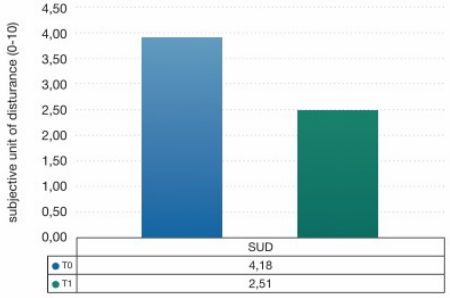
Means BAI and BDI scores in groups depending on how many GTEP session a person has participated



Evolution of subjective unit of disturbance (0-10) assessed during a session, mean (N=140)



Evolution of subjective unit of disturbance (0-10) assessed during a stabilization and stress management exercise, mean (N=140)



CONCLUSION

✓ There were noticeable reductions in all outcome measures (PCL-5, BAI, BDI), with the greatest decrease within the first 3 sessions. There was a statistically difference between the pre-treatment group and groups who took part in between 3 and 6 sessions of G-TEP (using the Mann–Whitney U test).

✓ According to the analysis of the 140 sessions, we determined that the Subjective Distress Level (SUD) significantly decreases from 6.19 to 2.94 on average. The greatest decrease in SUD was seen at the 4th and 5th sessions. We also noticed that the level of subjective distress of the participants dropped from 4.17 to 2.5 during the “4 Elements & Safe Place” exercise.

✓ This study indicates that the G-TEP protocol is a feasible treatment option for Ukrainian mental health professionals and is associated with a reduction in the risk of psychological trauma. The study data allows us to recommend using the EMDR G-TEP protocol for 3 to 5 sessions for trauma prevention work among mental health professionals working in a military action zone. Rigorous evaluation in a randomized controlled trial should be undertaken before the wider implementation of the protocol is considered.

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References:

german humanitarian assistance
DEUTSCHE HUMANITÄRE HILFE

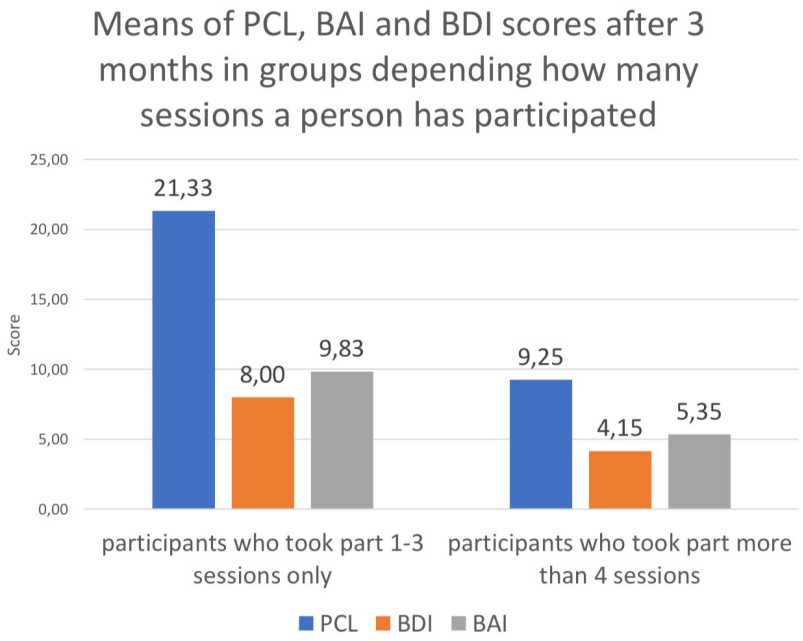
Malteser International
Order of Malta Worldwide Relief

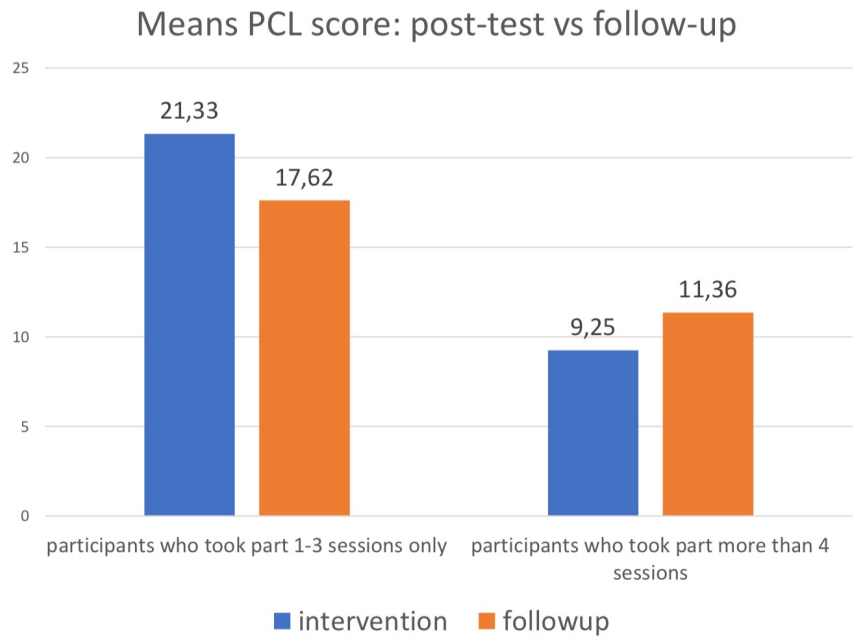
Ukrainian society of specialists on overcoming the consequences of traumatic events

EMDR EUROPE

EMDR Україна

Preventing trauma and rebuilding resources among mental health professionals in the East of Ukraine. Follow-up (results after 3 months)





A vicarious trauma preventive approach. The Group Traumatic Episode Protocol EMDR and workplace affect in professionals who work with child abuse and neglect.

Tsouvelas G.1,2, Chondrokouki, M.2, Nikolaidis, G.2,3, Shapiro, E.4

1EMDR-Hellas, Athens, Greece,
2The Smile of the Child, Day Centre "The House of the Child", Greece
3Institute of Child Health, Mental Health and Social Welfare, Athens, Greece.
4Psychologist in Private Practice, Ramat Yishay, Israel

Introduction

Workplaces that provide services and deal with abuse cases are often associated with high levels of work stress, burn out, and high expressed affect. The current intervention aimed at a more effective management of stress and affect in the workplace.

Vicarious /Secondary trauma. It has long been recognised that professionals working with survivors of trauma are likely to be affected by the exposure to traumatic material (Diehm & Roland, 2015). Research data show that 6 % to 26% of therapists working with traumatised populations and up to 50% of child welfare workers are at high risk of developing secondary traumatic stress or the related conditions of post-traumatic stress disorder and vicarious trauma (NCTSN, n.d.). The therapists not only listen to clients' narrations of traumatic experiences but also engage in an empathic relationship with the client. Inevitably, trauma work requires the therapist to attune to the client's responses. The emotional strain the therapist experiences due to the exposure to trauma and its multiple effects on the therapist have been addressed in the literature through the notions of secondary traumatic stress, compassion fatigue and vicarious trauma. Secondary trauma has been described as the transfer and acquisition of negative affective, cognitive and behavioural states resulting from prolonged and close contact with traumatised individuals (Motta, 2012). Secondary traumatic stress includes avoidance, intrusion and arousal symptoms (Figley, 1995), such as hypervigilance, a sense of hopelessness, fear, guilt, anger, cynicism, physical ailments, sleep problems (Lipsky, 2010). Compassion fatigue is a less stigmatising way to describe secondary traumatic stress (Figley, 1995), and has been used in the literature interchangeably with the "secondary traumatic stress". Vicarious trauma refers to the changes in the therapist's beliefs and systems of meaning that result from the chronic engagement with traumatised individuals (Pearlman, 1995). The accumulative effect of the exposure to trauma can lead to burnout which has been described as a state of emotional and physical exhaustion the professional experiences (Freudenberger, 1974). Burnout has been associated with job dissatisfaction, absence from work, low levels of commitment, staff turnover (Maslach & Leiter, 2016), low productivity and compromised quality of care to service users (Demerouti et al., 2014). All the above symptoms are related to stressful events in the workplace and interconnected to individual and contextual factors.

Intervention. In 2008, Shapiro and Laub developed the Recent Traumatic Episode Protocol (R-TEP) (Shapiro and Laub, 2008). The EMDR R-TEP is an integrative recent trauma-focused protocol for Early EMDR Intervention and includes procedures and measures for containment and safety. The EMDR R-TEP protocol introduced a focus on the trauma episode rather than only on the initial trauma event. During 2013, Elan Shapiro introduced a group application, the Group Traumatic Episode Protocol (G-TEP).

Research data on the secondary stress of professionals who are exposed to traumatic material, combined with the evidentiary basis of EMDR therapy informed the design of this intervention. Given that professionals working with children and adolescents victims of abuse and neglect are at risk for workplace stress and tend to express high expressed emotion in the workplace, it was assumed that they could benefit from a trauma-informed intervention on a group basis. On that basis, EMDR G-TEP, a cost and time effective and easily learned intervention, was applied to professionals working at "the House of the Child", a specialised mental health unit for children and adolescents who have been exposed to past and/or current experiences of abuse, neglect, domestic violence and bullying. EMDR G-TEP could help practitioner's process stressful events and therefore respond to the combined effects of stressors in a trauma-exposed workplace in a more effective way. Participants were asked to process a recent stressful experience from the workplace. To our knowledge, EMDR G-TEP has not yet been applied in the field of workplace stress.

Method

Design. This study is a single intervention on members of multidisciplinary team of the House of the Child, who received 2 sessions (stabilisation and processing) of EMDR G-TEP. Participants provided their written informed consent to participate in the intervention.

Participants and Procedure. 2 therapists (Tsouvelas, G. & Chondrokouki M.) administered the intervention. Each time 2 therapists were present, the 1st one as a leader and the 2nd one as a co-therapist, as suggested by E. Shapiro. Each G-TEP group was composed by 5 participants. 20 therapists and members of the House of the Child multidisciplinary team (18 female, 2 male) participated in the intervention. Specifically, Clinical Psychologists, a Child Psychiatrist, a Speech Therapist, an Occupational Therapist, a Social Worker, a Special Education Teacher, Psychology graduate students and Administrative employees participated in the intervention.

Measurements. Impact of Events Scale (IES-R) (Giannopoulou et al., 2006; Weiss et al., 1997)

- Subjective Units of Distress (SUD's)
- Subjective Units of connection with Safe Place (SUcSP)
- Job Affect Scale (Brief et al. 1988, Burke et al. 1989)
- State-Trait Anxiety Inventory (Spielberg 2010)

Measurements took place 1 day before the intervention started (1st meeting: stabilisation) and one week after the processing session (2nd meeting: EMDR-G-TEP process). Only the measurements of the Subjective Units of Distress (SUD's) and Subjective Units of connection with Safe Place took place the day of the second meeting.

Results

The dependent (paired) t-test showed significant reduction of the SUDs related to the stressful event, decrease in the avoidance, intrusion and hyperarousal symptoms. Moreover, ... no...

Table 1. *Paired samples t-test (pre vs post)*

	Pre		Post		
	M	*SD*	*M*	*SD*	*t*
SUD's	6,65	2,18	3,40	2,44	7,70***
SUcSP	6,60	2,41	6,65	2,64	-0,44
Workplace Positive Affect	2,91	0,78	3,03	0,66	-0,87
Workplace Negative Affect	1,89	0,66	1,63	0,49	2,51*
State Anxiety	3,58	0,58	3,50	0,40	0,67
Trait Anxiety	3,42	0,16	3,39	0,22	0,80
Avoidance	0,98	0,68	0,28	0,34	5,10***
Intrusion	1,19	0,65	0,23	0,28	6,84*
		0,7			

Note: * *p*<0,05, ** *p*<0,01, *** *p*<0,001.

Figure 1. *Percentages of Selected Positive Cognitions*

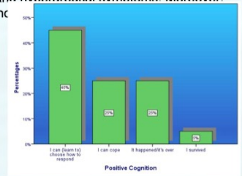


Figure 2. *Pre-post SUD's & SUcSP*

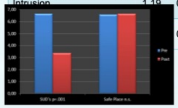


Figure 3. *Pre-post WPA & WNA*

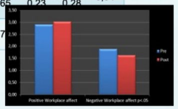
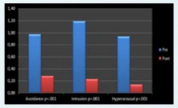


Figure 4. *Pre-post IES-R*



Discussion

Our study attempted to explore whether EMDR G-TEP might be an effective intervention for professionals who are exposed to trauma vicariously. Our results demonstrated that the participants processed traumatic memories related to stressful events in the workplace and gained a sense of control. In addition, the participants had the opportunity to learn stabilisation skills through grounding, relaxation and visualisation exercises taught/ practiced in the first part of the intervention. It was found that IES-R scores improved significantly, which means that participants' symptoms of intrusion, avoidance, and hyperarousal were statistically significant reduced. Moreover, as expected, their subjective units of distress in relation to the stressful events the participants processed decreased. These findings are consistent with the findings of Yurtsever et al. (2018) and Lehnung et al. (2017) on the effectiveness of G-TEP in reducing posttraumatic stress symptoms. A surprising finding was that the negative affect in the workplace reduced, which indicates a change related to workplace contextual factors rather than the specific stressful event it was processed.

Limitations. Our study included a small number of participants, and therefore, our results could not be generalised in other multidisciplinary teams working with trauma. Furthermore, a control group was not used. Follow up measures need to be administered in three-month time to ensure these outcomes are maintained in the long term.

Recommendations for research. Further research should be conducted to explore the effectiveness of EMDR G-TEP with other groups of professionals who are vulnerable to work stress or at risk of developing vicarious/secondary trauma at workplace. We are planning a new research design focusing on vicarious trauma at workplace.

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A vicarious trauma preventive approach. The Group Traumatic Episode Protocol EMDR and workplace affect in professionals who work with child abuse and neglect.

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Workplaces that provide services and deal with abuse cases are often associated with high levels of work stress, burn out, and high expressed affect. The current intervention aimed at the more effective management of stress and affect in the workplace. EMDR therapy is an evidence-based treatment for PTSD and anxiety disorders. EMDR G-TEP, developed by Elan Shapiro [1], was applied to professionals working at "the House of the Child", an innovative specialized mental health unit that provides multi-disciplinary assessment, diagnosis and treatment services for children and adolescents survivors of abuse and neglect. The intervention included two sessions. The stabilization session took place for purposes of screening and preparation (self-regulation) and lasted 45 minutes. In the second session, which lasted 90 minutes, participants processed a recent stressful event that occurred in the workplace. The stressful event would not be shared in the group. There were twenty participants and two facilitators, all of whom working at the unit. The Job Affect Scale [2], the Impact of Event Scale - R [3] and the State-Trait Anxiety Inventory [4] were administered. The administration of the scales took place: a) during the multidisciplinary team meeting b) after the processing of the event (only the IES) and c) a week after the processing during the multidisciplinary team meeting. The dependent (paired) t test showed significant reduction of the SUDs related to the stressful event, decrease in the avoidance, intrusion and hyperarousal symptoms. Moreover, reduction in the negative affect in the workplace was noted. The current pilot intervention provided indications for the usefulness of workplace interventions aiming at more effective stress management and better communication among the members of the multi-disciplinary team. Further research is needed to evaluate the role of EMDR G-TEP in workplace stress management.

Key words: G-TEP EMDR, workplace stress, multi-disciplinary team

Effects of EMDR Group Traumatic Episode Protocol on Burnout Within IAPT HealthCare Professionals: A Feasibility and Acceptability Study

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Mental health professionals face a high degree of burnout. This study aimed to explore the effectiveness of Eye Movement Desensitisation and Reprocessing Group Traumatic Episode Protocol (EMDR G-TEP) at reducing distress and burnout in staff working within an Improving Access to Psychological Therapies (IAPT) service and if outcomes changed over number of sessions attended. Twenty-two staff attended and measures examining burnout, and subjective distress ratings of the targeted memory were taken pre, post and 1 month follow-ups. 95.5% reported finding the sessions helpful. A statistically significant reduction was observed on total burnout, and personal and work-related subscales; and a significant improvement in subjective units of distress. There was no interaction in changes of burnout and number of sessions attended. EMDR G-TEP has the potential to offer a novel method to improve staff wellbeing within mental health settings. Further research is recommended.

Keywords: EMDR; G-TEP; IAPT; NHS; burnout

Raquel Correia, Dr Reem Shafiq, Dr Yasmin Pethania, Dr Maria Koumi-Elia, Dr Priya Kochuparampil

Background

- Women who have experienced sexual violence constitute the single largest group of people suffering from Posttraumatic Stress Disorder (PTSD) (e.g. Calhaun & Resnick, 1993; Kessler *et al.*, 1995; Norris, 1992; Resnick et al., 1993).
- The piloting of the EMDR Group intervention within the SARC was based on an adaptation of the EMDR G-TEP protocol (Shapiro, 2015), adapted to take into account our knowledge and clinical experience of working with this client group, with the hope of preventing onset of complex psychological difficulties.
- This pilot is part of growing research on time-intensive and acute interventions for PTSD (Ehlers, Hackmann, Grey, Wild, Liness, et al., 2014) which can be an efficient adaptation of long-term interventions that improve client motivation, engagement and focus (Bevan, Oldfield & Salkovskis, 2010).
- Group interventions provide the opportunity for shared experiences, belonging and counteract feelings of isolation and alienation. It also helps tackle shame-based cognitions (Burlingame, Fuhriman, & Mosier, 2003; Herman, 1992; Mendelsohn, Herman, Schatzow, Coco, Kallivayalil, & Levitan, 2011).
- Groups also foster a sense of self-esteem as clients learn to value themselves by establishing connections with others and experiencing acceptance (Harney & Harvey, 1999).
- We are not aware of any such groups for survivors of sexual assault in the UK.

Aims

- To evaluate whether the EMDR G-TEP group is an acceptable intervention for clients who have experienced rape and/or sexual assault;
- To assess clinical outcomes;
- To obtain qualitative feedback from clients on this novel intervention and reflect on clinicians' experiences of running the groups.

Methods

- Recruitment: Verbal information and leaflets given to female clients attending the Single-Session CBT (SSCBT) workshop
- Telephone screening and explanation of EMDR G-TEP
- G-TEP Group: 5 hour group
- Five groups, 4-7 clients per group; 2 facilitators per group
- Questionnaires completed by clients pre group and at 4-week follow-up:
  - PCL-5
  - BDI-II
  - CD-RISC10

Pilot study with G-TEP EMDR in women victims of intimate partner violence

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Introduction

Intimate partner violence is a public health problem that has a big impact on the physical and psychological health of women worldwide ([illegible]). The cost to the EU of gender-based violence against women is estimated at EUR 228 billion in 2011, i.e. 1,8% of EU GDP ([illegible], 2013).

According to the Global Database on Violence against Women (n.d.) in Greece

- Lifetime prevalence of physical and/or sexual intimate partner violence is 19 % and
- Incidence of physical and/or sexual intimate partner violence during the last 12 months was 6 %
- Lifetime non-partner sexual violence is approximately 1 %.

Barriers for effective monitoring on intimate partner violence in Greece are the lack of common operational definitions and registration practices. Another barrier regarding the estimation of intimate partner violence concerns the underreported cases and the limited access to protection, shelters and mental health services.

Intimate partner violence represents a pattern of behaviors rather than a one-time event, often resulting in re-abuse over time even after an intimate partner violence victim has made efforts to establish safety and independence. Many intimate partner violence victims experience trauma-related sequelae, including posttraumatic stress, depression, suicide attempts, and other psychiatric conditions (Bergman & Brismar, 1991; Bybee & Sullivan, 2005; Sutherland, Bybee, & Sullivan, 2002).

In a recent research study recording the psychosocial repercussions of domestic violence in battered women in Greece

- 33% of the victims had suffered psychological abuse
- 30% physical abuse
- 16% sexual abuse,
- 20% of the victims had suffered all the above forms of violence
- 60% of the victims presented symptoms of post-traumatic stress disorder
- 46% from the above percentage presented chronic PTSD ([illegible], 2016).

Posttraumatic stress disorder as sequelae of intimate partner violence ranged from 31% to 84% of women who had experienced intimate partner violence (Golding, 1999; Jones, Hughes, & Unterstaller, 2001; Taft, Vogt, Mechanic, & Resick, 2007). According to Krause et al. (2006), PTSD symptoms lead to increased odds of re-abuse over a one year follow-up.

Shelter services provide women with resources to assist them in establishing a violence-free life. However, Sullivan and Bybee (1999) evaluated the impact of a post-shelter and findings indicated that without intervention post-shelter stay 89% of participants reported experiencing re-abuse by an ex-partner during the two year follow-up period. Moreover, Fleury et al. ([illegible]) found that more than 1/3 of battered women's shelter residents

Intervention Materials

EMDR-Europe's leaflet about the IPV (Greek version)

Informative leaflet for the intervention program

Photo of the place of the intervention

Intervention answer sheets

4 elements leaflet

Methods

Design

This study is a single blind research comparing an experimental group, who received 3 sessions of EMDR G-TEP intervention, to a control group at 3 time points. The study will employ a waitlist/delayed treatment control group design. Participants provided their written informed consent to participate in the intervention.

Participants and Procedure

4 therapists (Tsouvelas, G., Liafou, V., Sfyri, V. and Ventouratou D.) participated in the intervention. Each time 2 therapists were present, the 1st as a leader and the 2nd as a co-therapist as suggested by E. Shapiro. The intervention program announced by WIN Hellas, an NGO that offers help, treatment and empowerment to women who have been subjected to any form of "abuse" in their family, social and professional environment. The number of participants that enrolled in the study were 40 women.

Measurements

- ✓ Connor-Davidson Resilience Scale (CD-RISC 10) (Davidson, 2003)
- ✓ Beck Anxiety Inventory (BAI) (Beck & Steer, 1993; Mylonidou, 2008).
- ✓ Impact of Events Scale (IES-R) (Giannopoulou et al., 2006; Weiss & Marmar, 1997; Panahi et al., 2017)
- ✓ PCL-5 ([illegible] (in press); Vlastos, Lib, et al., 2013).

G-TEP EMDR in women victims of Intimate Partner Violence.
Preliminary findings

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Introduction

Intimate partner violence is a public health problem that has a big impact on the physical and psychological health of women worldwide (Perez et al. 2012). The cost to the EU of gender-based violence against women is estimated at EUR 228 billion in 2011, i.e. 1,8% of EU GDP (Nogaj, 2013).

Barriers for effective monitoring on intimate partner violence in Greece are the lack of common operational definitions and registration practices. Another barrier regarding the estimation of intimate partner violence concerns the underreported cases and the limited access to protection, shelters and mental health services.

In a recent research study recording the psychosocial repercussions of domestic violence in battered women in Greece: 33% of the victims had suffered psychological abuse, 30% physical abuse, 16% sexual abuse, 20% of the victims had suffered all the above forms of violence, 60% of the victims presented symptoms of post-traumatic stress disorder 46% from the above percentage presented chronic PTSD (Polychronopoulou & Douzenis, 2016).

Posttraumatic stress disorder as sequelae of intimate partner violence ranged from 31% to 84% of women who had experienced intimate partner violence (Golding, 1999; Jones, Hughes, & Unterstaller, 2001; Taft, Vogt, Mechanic, & Resick, 2007). According to Krause et al. (2006), PTSD symptoms lead to increased odds of re-abuse over a one year follow-up.

Considering the multiple effects of the intimate partner violence trauma on womens' life which puts women at risk for re-victimisation and/or physical and mental health problems, a preliminary intervention was designed by EMDR Hellas for women subjected to intimate partner violence.

Intervention

It is proposed that early intervention is important in order to prevent the development of more serious mental health problems (e.g. PTSD, depression) as well as to increase women's resilience and even prevent conflict in community (Slobodin and de Jong, 2015).

In 2008, Elan Shapiro and Brurit Laub developed the Recent Traumatic Episode Protocol (R-TEP) (Shapiro and Laub, 2008). The EMDR R-TEP is an integrative recent trauma-focused protocol for Early EMDR Intervention and includes procedures and measures for containment and safety. The EMDR R-TEP protocol introduced a focus on the trauma episode rather than only on the initial trauma event. During 2013, Elan Shapiro introduced a group application, the Group Traumatic Episode Protocol (G-TEP).

Considering the limited number of resources for women victims of intimate partner violence and the high risk of re-victimisation because of the impact of the trauma, it is crucial to provide cost and time effective, easily learned and applied interventions. For this reason, we designed a study applying EMDR G-TEP to women victims of intimate partner violence.

Methods

Design

This study is a single blind research comparing an experimental group, who received 3 sessions of EMDR G-TEP intervention, to a control group at 3 time points. Participants provided their written informed consent to participate in the intervention.

Participants and Procedure

4 therapists (Tsouvelas, G., Liafou, V., Sfyri, V. and Ventouratou D.) participated in the intervention. Each time 2 therapists were present, the 1st as a leader and the 2nd as a co-therapist as suggested by E. Shapiro. 14 women, victims of IPV, aged 29-68 (M=51.8±19.9), participated in the intervention. 3 of them were on psychiatric medication.

Regarding the traumatic event the participants processed, 3 women chose to work on physical abuse events, and 11 chose to process psychological abuse events. The administration of the scales took place: a) before the intervention b) one month after the processing of the event and c) four months after the processing (follow up measurement).

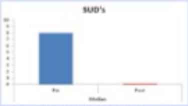
Measurements

Greek versions of the following self-administered scales were used: Connor-Davidson Resilience Scale, SUS's scale, State-Trait Anxiety Inventory, PCL-5, BDI, ECR short form

Results

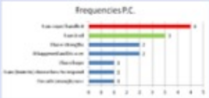
Wilcoxon test showed statistically significant reduction of the SUDs related to the stressful event (see Figure 1). The most frequent positive cognitions were "I can cope" and "I survived" (see Figure 2).

Figure 1



Wilcoxon $T = -3{,}30$, $p = \mathbf{.001}$

Figure 2

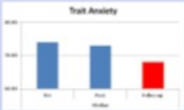


Friedman test (pre-post-follow up) showed decrease in intrusions (PCL-5), a tendency for lower scores on total PCL5 scores (see Figure 3) and statistically significant lower scores on Trait Anxiety (see Figure 4)

Figure 3

Friedman Test: PCL (PTSD) χ^2 (2) = 3,87 p = .144
PCL Intrusion χ^2 (2) = 9,64 p = **.008**

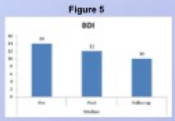
Figure 4



Trait Anxiety χ^2 (2) = 7,17 p = **.028**

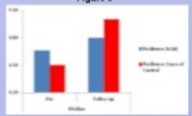
Friedman test (pre-post-follow up) showed a tendency of lower scores in BDI (see Figure 5) scores after follow up measurements. Although the differences were not statistically significant, we expect that by increasing the sample we will reach statistically significant differences. Regarding resilience and its dimensions it was observed statistically significant higher levels of control after the follow up measurement (see Figure 6).

Figure 5



Friedman Test: BDI χ^2 (2) = 4,55 p = .103

Figure 6



Wilcoxon: Resilience $T = -0{,}56$, $p = .576$
Wilcoxon: Sense of Control $T = -2{,}93$, $p = \mathbf{.003}$

Women with more safe attachment with their mothers showed a greater reduction in SUDs during processing ($r = .35$, $p = .272$). Regarding attachment value 0 was for unsafe and value 1 for safe attachment with their mothers. Although the correlations were not statistically significant, the size of the *rho* indicates a tendency to confirm the observed trend in larger samples.

Conclusion

Present findings suggest that G-TEP intervention could alleviate stress and depression symptoms in women who have been subjected to IPV. However, the sample size of the present study is small and the study is ongoing. Further research is needed to evaluate the effectiveness of EMDR G-TEP in traumatic stress and depression in women that suffered from IPV. The results will be of importance to researchers, policy makers and those working on the front line to support women victims of IPV. The originality of the expected findings would add more value to the use of a cost benefit and short-term intervention in order to improve help offers for women traumatised by violence.

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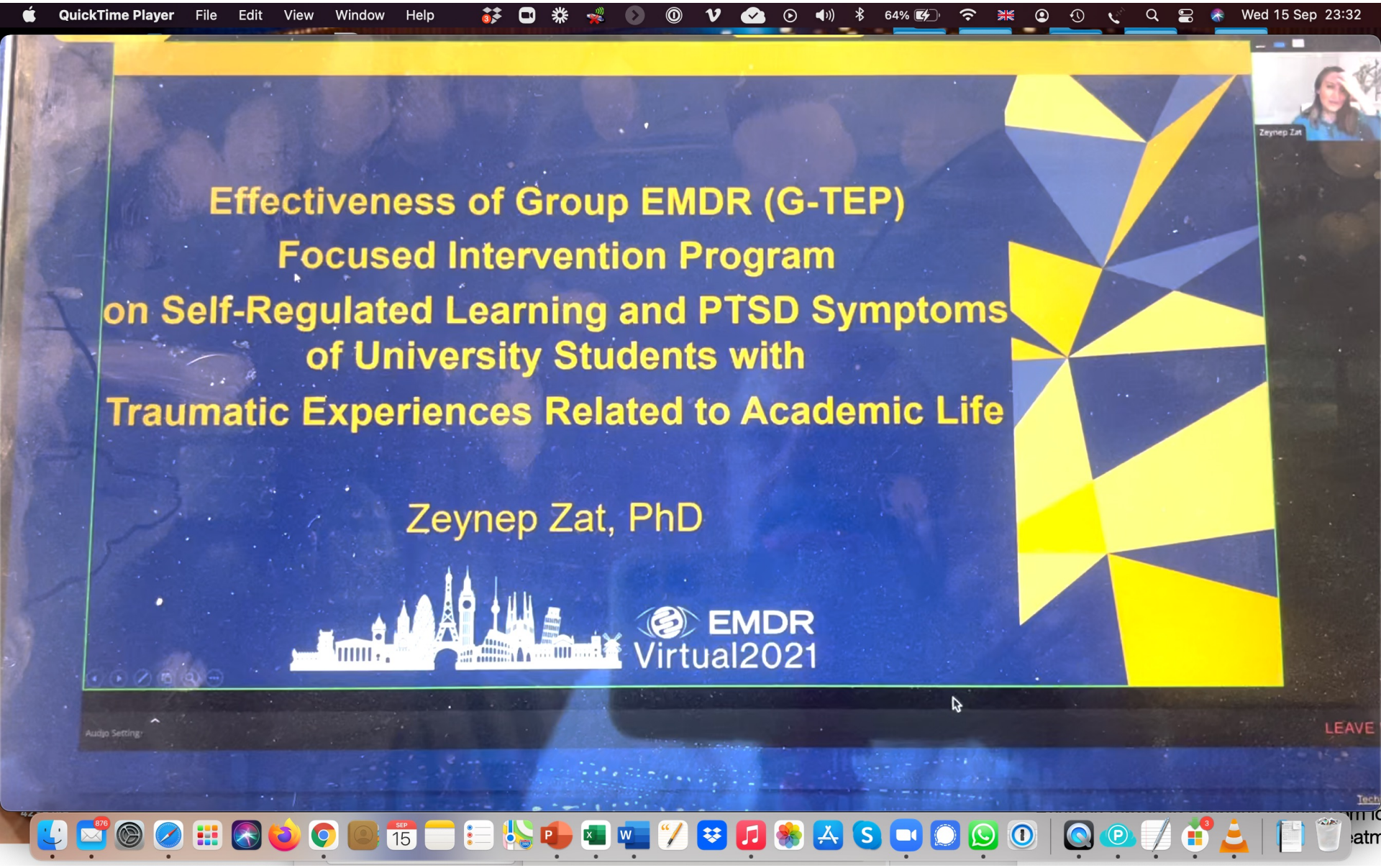
Effectiveness of Group EMDR (G-TEP)
Focused Intervention Program
on Self-Regulated Learning and PTSD Symptoms
of University Students with
Traumatic Experiences Related to Academic Life
Zeynep Zat, PhD
EMDR
Virtual2021
LEAVE

PhD Thesis

The Effect of Psychological Counseling on Need Satisfaction, Resilience, Psychological Well-being And Small ‘t’ Trauma with the EMDR Focused Online Group Applied to University Students

Dr. Safiye YILMAZ DİNÇ

Doç.Dr. Fatma SAPMAZ

An EMDR-based online group counseling program for university students using G-TEP. Safiye Yilmaz PhD Thesis, 2021, Turkey

The purpose of this study is to develop an EMDR-based online group counseling program for university students whose unfulfilled psychological needs and to examine the effectiveness of this program on need satisfaction, psychological resilience, psychological well-being and small ‘t’ trauma.Psychological needs are autonomy, relationality and competence.
Experimental research conducted with data of 806 people is a quasi-experimental research based on a 4x3 (four groups; two experiments, two control groups; three measurements; pretest, posttest, follow-up test) model. Random assignments were made to the research groups (experiment n = 8, control n = 7) by drawing lots from the sample pool created according to the scale scores.
Findings: In terms of total scores, psychological needs and sub-dimensions, psychological resilience, psychological well-being, small ‘t’ trauma and two sub-dimensions, intervention x time effects were found to be significant; but it was not significant in the negative effects on body sense sub-dimension of small 't' trauma. Psychological counseling with an EMDR focused online group was effective in psychological needs, psychological resilience, psychological well-being sub-dimensions. Findings maintained at two months follow-up.
Psychological counseling with the EMDR focused online group had a greater effect than the placebo group intervention.

Pilot: Evaluating Early Group EMDR Group Traumatic Episode Protocol for NHS Staff

Submitted as part requirement for the MSc degree in EMDR at University of Worcester.

Sharyn Williams 20th September 2020.

Sharyn Williams. 2020.

Pilot: Evaluating Early EMDR G-TEP for NHS staff.

ABSTRACT

The purpose of this study was to explore the effectiveness of the Group Traumatic Episode Protocol (G-TEP. Shapiro, 2013) to reduce reports of occupational distress reported by NHS staff. A quazi-experimental single cohort study of natural design with no control group captured quantitative staff self-report data from Post-traumatic check list (PCL-5, weathers et al. 2013) to screen for presentation of Traumatic Stress and Professional Quality of Life Scale (ProQOL, Stamm, 2001-2009) to screen for Secondary Traumatic Stress (STS) and Burnout. One session of G-TEP was delivered as an early EMDR G-TEP intervention inclusion of 1-3 months. Measures were completed at the start of the intervention and one-week post intervention. The results illustrated clinically significant reduction in PCL-5 symptoms and Secondary traumatic stress symptoms with burnout showing significant but weaker reduction in symptoms across T(1) and T(2). Conclusion: Previous G-TEP studies illustrate positive symptom reduction for recent and cumulative events in occupational settings and this study reflects similar findings of effectiveness for reducing traumatic stress symptoms from clinical to subclinical levels.

Keywords: EMDR; early EMDR intervention; Group traumatic stress protocol (G-TEP); posttraumatic stress; post-traumatic stress disorder; burnout.

VGTEP Study for All Essential Frontline Workers experiencing Psychological Distress & Trauma in Response to Covid-19

- EMDR G-TEP (Group Traumatic Episode Protocol) – Developed by Elan Shapiro
- This will be one of the largest EMDR EEI RCT Studies – meets the NICE RCT inclusion guidance
- VGTEP RCT Study has been officially registered as a Clinical Trial listed on the ISRCTN Registry with Study **ID ISRCTN16933691**
- First Publication deadline with Frontiers in Psychology (February 2022) – Open Access
- Predominantly an unfunded Study
- Under Project leadership of Dr Derek Farrell, core research team supported by panel of volunteer GTEP trained Lead EMDR Therapist and Emotional Support Therapist
- **Collaborators**: Co-ordinated by Trauma Response Network Ireland (TRNI) in partnership with EMDR All-Ireland, University of Worcester (Research Lead & Principal Investigator), Universities of Northumbria, Ulster, Queens, Bath Spa & MIT (US)
- **Support of:** EMDR Turkey (Zeynep Zat) and EMDR Greece (Penny Papanikolopoulos & Tessa Prattos)
- **Treatment Fidelity**: EMDR Turkey/ Zeynep Zat

Feasibility Study: Assessing the Efficacy of EMDR Group-Traumatic Episode Protocol (G-TEP) in a Primary Care and Physical Health Psychology Service

Dr Victoria Miller[1], Miss Amelia Chancellor[1], Ms Ericka Johanson[2], Dr Frances Wilkins[1]

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

Background and aims

Background: The annual prevalence rate of PTSD across the UK population is 1.5%-3% (NICE, 2005). It is suggested that the prevalence rate among those who have spent a period of time in a hospital Intensive Care Unit (ICU) is around 19.8% (Righy et al, 2019). There are many people in communities and hospitals who are in distress as a result of a traumatic event and at risk of developing PTSD.

Eye Movement Desensitisation and Reprocessing (EMDR) has been shown to be an effective and rapid therapy for treating unresolved trauma (Shapiro, 2014) but until now the one-to-one treatment methodology has limited the number of people who can be treated. Efficient and effective group methodologies are of benefit to community and hospital based mental health services in order to maximise the number of patients that can be seen by a skilled EMDR therapist and in turn reduce service wait times.

Group Traumatic Episode Protocol (G-TEP; Shapiro, 2013) is an adaptation of EMDR Recent Traumatic Episode Protocol (R-TEP; Shapiro & Laub, 2008) which facilitates group therapy. The protocol aims to assist individuals in efficiently processing a recent single traumatic event which continues to cause distress (Shapiro, 2013). The limited research on G-TEP has largely focused on refugee populations (Womersley & Arikut-Treece, 2019) and although promising results are indicated, incomplete data has been collected on the maintenance of outcomes . At present, there is little research on the feasibility of running the G-TEP model in other populations.

In this pilot study a primary care mental health service serving the general public (Talking Helps Newcastle) and a physical health psychology service within a public health hospital serving inpatients and outpatients (Psychology in Health Care, Royal Victoria Infirmary Newcastle) trialled the G-TEP model with selected patients.

Aims:

- To assess the feasibility of running G-TEP , namely whether sufficient numbers could be obtained to warrant G-TEP as a viable treatment pathway.
- To gather preliminary data to support the continued running of G-TEP in the proposed services.
- To gain insight into patient experience of the G-TEP model.

Methods

Methodology:

G-TEP consists of three phases:

Phase one: Screening and preparation for the group - This occurs over two sessions during which a one-to-one assessment of patient suitability for therapy takes place. Exclusion criteria includes: severe mental illness, multiple traumatic experiences or childhood abuse. Stabilisation techniques are taught to patients and a second session is used to ensure the effectiveness and maintenance of stabilisation techniques.

Phase two: Group trauma episode processing - Patients attend a 2-3 hour group session using a meta-communication worksheet to facilitate reprocessing (Figure 1). During the group, patients are not asked to disclose the traumatic event which has led to their inclusion in the therapy.

Phase three: Follow up – A follow-up session one month after the group intervention provides a one-to-one review of the treatment.

Participants:

N=5 (Psychology in Healthcare), N=18 (Talking Helps Newcastle). 7 groups took place between July 2018 and December 2019. An average of 3 people attended the group (Range=2-5).

Figure 1. Meta-communication worksheet.

Outcome measures:

In phases one and three patients completed the following outcome measures:

Brief Resilience Scale (BRS; Psychology in Health Care only): Self-assessment measure used to assess resilience. Higher scores indicate higher levels of resilience.

Generalised Anxiety Disorder Assessment-7 (GAD-7): Self-assessment severity measure for generalised anxiety disorder. Higher scores indicate greater severity of generalised anxiety disorder.

Impact of Events Scale –revised (IES-r): Self-assessment measure used to rate subjective distress caused by traumatic stress. Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. Higher scores indicate greater concern for PTSD with scores >33-indicating a probable diagnosis of PTSD.

Patient Health Questionnaire-9 (PHQ-9): Self-assessment measure of the severity of symptoms of depression. Higher scores indicate greater severity of depression.

Work and Social Adjustment Scale (WSAS): Self-assessment of functional impairment attributable to an identified problem. Higher scores indicate greater level of impairment.

The Psychology in Healthcare service also asked patients to complete a service satisfaction questionnaire to help evaluate how patients experienced G-TEP.

Results

Pre-group outcome measure scores: BRS (*Mdn* = 3.0, IQR 2.2-3.6), GAD-7(*Mdn* = 15.0, IQR 11.0-20.0), PHQ-9 (*M* = 15.8, *SD* = 5.4), IES-r (*M* = 57.0, *SD* = 13.8) and WSAS (*M* = 17.9, *SD* = 8.4)
Post-group outcome measure scores: BRS (*Mdn* = 2.8, IQR 2.1-3.9), GAD-7 (*Mdn* = 10.0, IQR 6.0-16.0), IES-r (*M* = 33.8, *SD* = 23.1), PHQ-9 (*M* = 11.3, *SD* = 7.2), WSAS (*M* = 14.0, *SD* = 10.3)
As shown in Figure 2, a decrease in average scores was found on the IES-r, GAD-7, PHQ-9 and WSAS. The average BRS score did not show any change post-group intervention.

The service satisfaction questionnaire showed that all respondents would recommend the service to friends or family if they had a similar problem. All respondents reported that they continued to use the stabilisation techniques taught to them as part of G-TEP. Respondents did not report that there were any aspects of the group that could be improved. All respondents reported that they had made good progress in managing or improving their condition and situation.

Quotes taken from service satisfaction questionnaire when respondents were asked about areas they had made progress with as a result of G-TEP include:
'I am able to leave the house more without support'
'Subconsciously working towards passing where the accident happened.
'I feel I have made progress across all my trauma areas, by re-allocating their importance across my mind'.

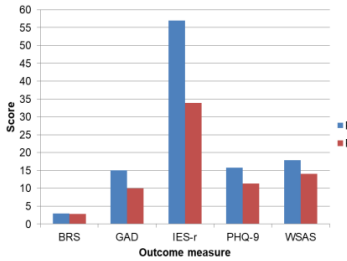

Figure 2. Graph displaying combined outcome measure scores from Talking Helps Newcastle and Psychology in Health Care. Mean reported for IES-r, PHQ-9 and WSAS. Median reported for BRS and GAD-7.

Conclusions

This pilot study provides support for G-TEP as a feasible treatment option for patients in both primary care mental health and physical health psychology services. The results from the outcome measures indicate that G-TEP may have helped to reduce trauma, depression and anxiety symptoms however the small number of participants restricted the ability to conduct any significance testing.

Due to the small sample, the results should be interpreted with care, however the initial results indicate further data collection is warranted. The post-group outcome measures were collected one month post-group, giving insight into the maintenance of outcomes following G-TEP. It is suggested that patients experienced G-TEP as an acceptable treatment option and were able to identify areas where they had made progress. Further patient feedback is warranted to fully ensure that G-TEP is meeting the needs of this patient group.

Over 18 months, 23 patients were identified and assessed as eligible for the group. The Talking Helps Newcastle and the Psychology in Health Care services were satisfied that this number showed G-TEP to be feasible treatment option in both services. Discussions about collaborating and sharing the group facilitation is being considered.

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Healthcare at its best with people at our heart

Johanson, E., Tamblyn, W., Pratt,E., Payne, D. & Page, S. (2021). **Adapting a Trauma Pathway within an Improving Access to Psychological Therapy (IAPT) Service in the context of Increased Demand and severe acute respiratory syndrome coronavirus 2 (COVID-19). EMDR Association UK Quarterly.** Vol 3 No 1.

Abstract

The 2018 National Institute for Health and Care Excellence (NICE) guidelines reference Eye Movement Desensitization and Reprocessing (EMDR) for consideration as an early intervention for trauma. EMDR is offered within Talking Helps Newcastle (THN), an IAPT service in the North East of England. However, due to rising demands on the service, it has been increasingly difficult to offer this recommended therapy in the timescale required for early intervention. The Group Traumatic Episode Protocol (G-TEP) is an evidence-based form of EMDR. Early evidence from a G-TEP group in THN suggested that the approach showed promise in reducing symptoms of trauma and other mental health disorders. Following the outbreak of the COVID-19 virus and the subsequent government lockdown on 23 March 2020, the whole Service, including the trauma pathway, had to adapt quickly to continue delivering meaningful, high-quality care. EMDR therapists in the Service were trained to use the G-TEP-RISC protocol, which is an adaptation of the G-TEP delivered remotely with, and for, Self-Care. The aim of this reflective piece is to outline adaptations of the THN Trauma Pathway before, and in response to, the COVID-19 pandemic, and our plans for the future.

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Clinical Psychologist
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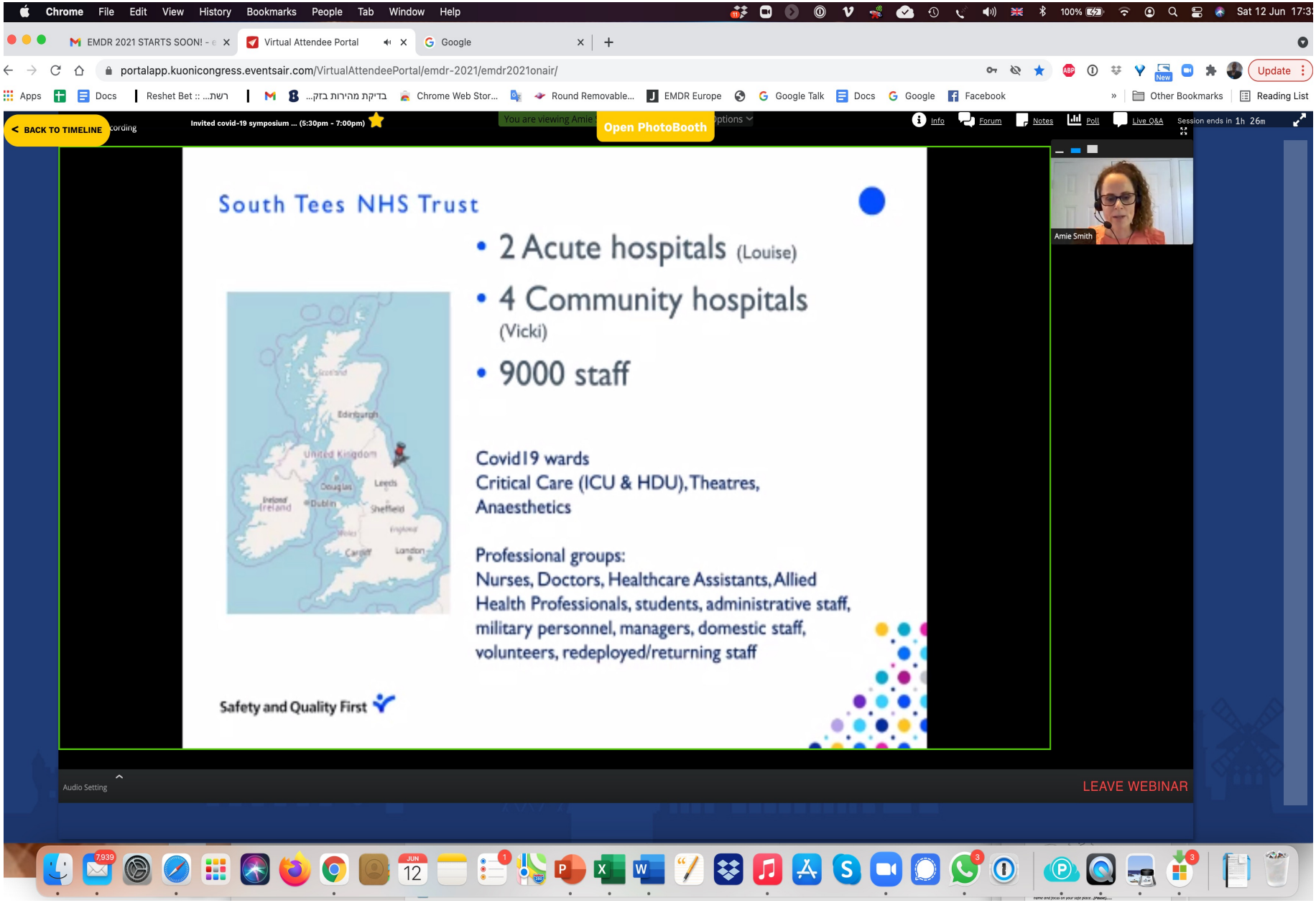
Taking EMDR & GTEP to the NHS Frontline in the UK

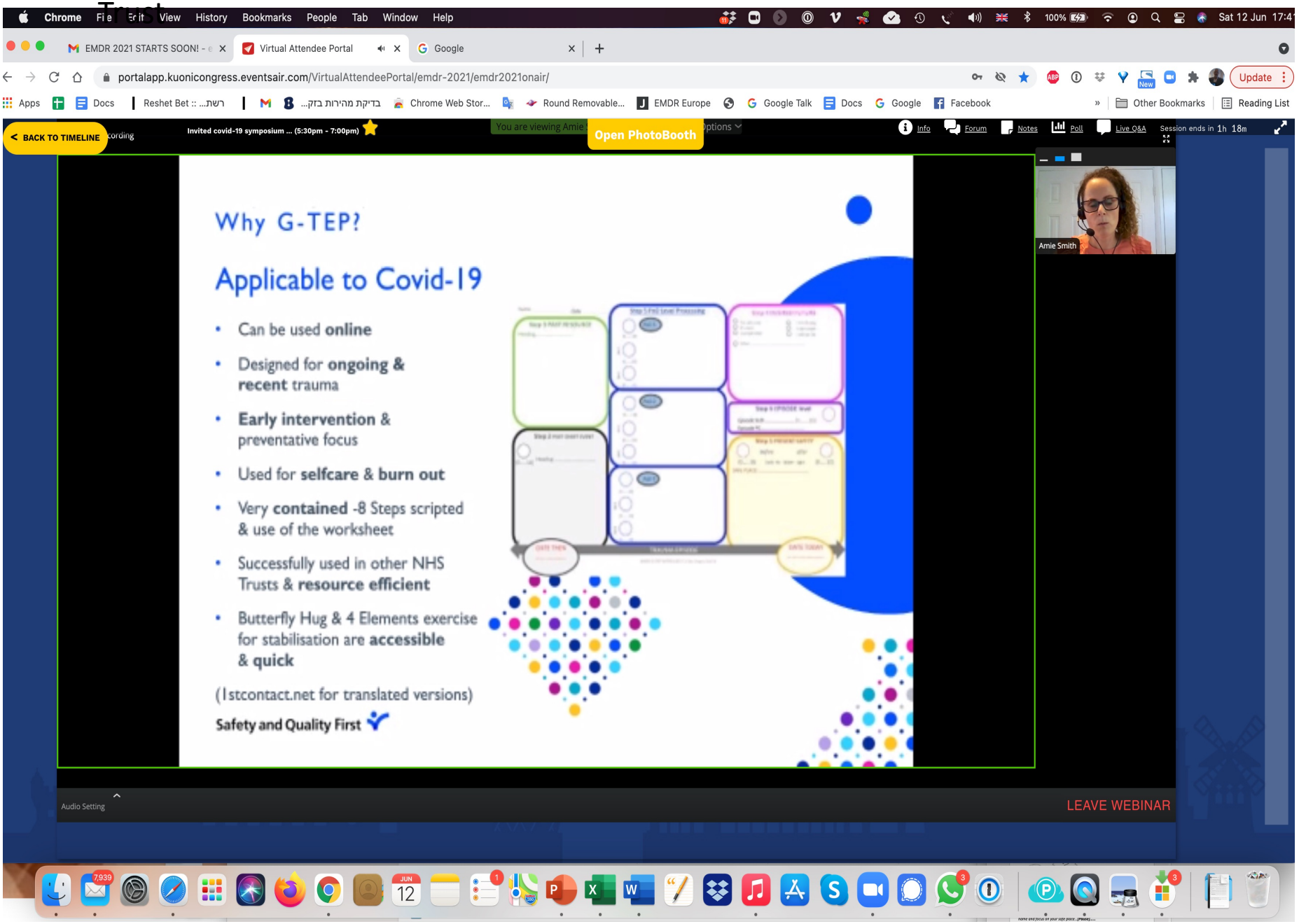
@StaffCare2

South Tees Medical Psychology

Smith, Aimie, 3P: Use of G-TEP in Remote 3 `session Format at South Tees NHS Trust



Smith, Aimie, 3P: Use of G-TEP in Remote 3 `session Format at South Tees NHS Trust



NHS
Central and
North West London
NHS Foundation Trust

GTEP Group EMDR at Grenfell Health and Wellbeing Service (GHWS)

Oliver Wright
Consultant EMDR Therapist

Wellbeing for life

Planned Study -received ethical approval

Early online EMDR (G-TEP-RISC) interventions for health care personnel experiencing psychological distress and trauma in response to the situation generated by Covid-19: Randomized experimental study.
Acronym: IETO-CO19

GONZALO GALVÁN PATRIGNANI. SP. MSC. PHD
MONTERREY UNIVERSITY/ CHRISTUS MUGUERZA HOSPITAL
2021

UDEM

Israel:

G-TEP Controlled study with COVID related medical staff at a major hospital.
Birnbaum, H. ,Elkins, Flint & Maymon, (2021). completed

1st Stage: 220 medical staff working with COVID 19 patients at a major hospital in Israel were interviewed & assessed for level of distress & screened for need for intervention.
2nd stage: 80 were referred for group EMDR treatment (G-TEP) randomly assigned to either the first or delayed treatment groups. Treatment was conducted in groups of about 8 with two clinicians who delivered a single 2 ½ hr session.
One of the functions of the resource efficient group EMDR intervention is to screen for those requiring individual treatment. 50 staff members were identified during the two stages for referral for individual EMDR R-TEP treatment.
Results are being analysed

שלב א׳ ראיינו ואובחנו כ-220 צוות רפואי כדי להעריך מצב מצוקה ,ולסנן לגבי הצורך והתאמה להמשך טיפול.
שלב ב׳: כ-80 הופנו לטיפול emdr„ קבוצתי (gtep) וחולקו למועד הראשון או למועד השני לקבל טיפול בקבוצות של כ-8 בהנחיית 2 מטפלים לטיפול חד פעמי של כ-2 ½ ש׳.
מתוך שני השלבים אותרו כ50 אנשי צוות שהומלץ עליהם על המשך טיפול פרטני של RTEP בשל חומרת הסימפטומים, וביה"ח דאג לטיפולים אלו

Kaptan, S.K., Yılmaz, B., Varese, F. & Husain, N. What works? Lessons from a pretrial qualitative study to inform a multi-component intervention for refugees and asylum seekers: Learning Through Play and EMDR Group Traumatic Episode Protocol. June 2022

Abstract

Almost half of the trials failed to recruit their targeted sample size of which 89% could be preventable. Successful implementation of mental health trials in a context of forcibly displaced individuals can be even more challenging. Mental health difficulties have the potential to impact parenting skills, which are linked to poor development in children, while parenting interventions can improve par-ents' mental health and parenting behaviors. However, the evidence on parenting interventions for refugees is limited. A parenting intervention, Learning Through Play Plus Eye Movement Desensitization and Reprocessing Group Treat-ment Protocol, has been designed to address parental mental health. This pretrial qualitative study, conducted with refugees, asylum seekers and professionals, aimed to explore their perceptions of the intervention and to identify barriers and recommendations for better engagement understanding the role of the facilitator. These themes provided insights into the issues that might predict the barriers for delivery of the intervention and offered several changes, including destigmatization strategies to improve engagement.

K E Y W O R D S asylum seekers, EMDR G-TEP, intervention, mental health ,parenting, pretrial, refugees

(

How can we prevent post traumatic stress (PTSD) in the aftermath of birth trauma?

P.G.T. Miller, Prof M. Sinclair, Dr P. Gillen, Prof P.W. Miller, Dr J.E.M. McCullough, Dr D Farrell, Dr P Slater, E. Shapiro, P. Klaus.

MIRABILIS HEALTH

PATTCh PREVENTION & TREATMENT OF TRAUMATIC CHILDBIRTH

University of Worcester

Ulster University

Faculty of Life and Health Sciences

ulster.ac.uk

Introduction

- Prevalence rates for Post-Traumatic Stress Disorder (PTSD) range from 3.1 to 15.7% of post-partum women [1]
- 1 in 10 women experience PTSD at 4-6 weeks postpartum
- Other women report symptoms of PTSD, including
  - re-experiencing,
  - avoidance,
  - emotional numbing,
  - hyper arousal
  - negative changes in thinking and mood

  in the immediate period following childbirth, but do not qualify for the disorder itself.
- Symptoms impact upon women's quality of life, physical health, personal relationships and the infants physical, behavioural, social and emotional development [2,3]

Systematic Review & Meta-Analysis

Research question

What are the effects of early psychological interventions delivered during the perinatal period on post-traumatic stress disorder and post-traumatic stress symptoms in post-partum women following a traumatic birth?

Objectives

- Estimate the effect of early interventions on PTSD and post-traumatic stress symptoms in women following a traumatic birth.
- Estimate the effect of intervention type.

The review was reported on in accordance with Prisma guidelines and focused on the **PICOS framework**

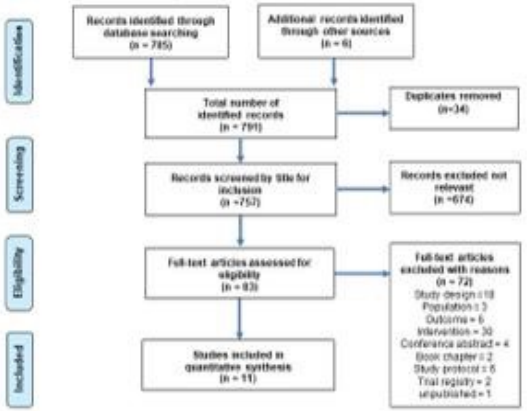
Population	Women in the perinatal period
Intervention and comparison	Any psychological intervention compared with usual care
Outcome	Post traumatic stress disorder and post-traumatic stress symptoms
Study Design	Randomised controlled trial or pilot study

Methods

- A formal and robust review of the literature was conducted.
- A total of nine electronic databases were searched.
- Random effects model was used for comparisons in meta-analysis, investigation of heterogeneity was conducted by type of intervention.
- Outcomes were evaluated by Grading of Recommendation, Assessment, Development, and Evaluation' (GRADE) approach.

Results

PRISMA flow diagram



A total of 11 studies were found to meet the eligibility criteria with a total of 1,875 participant across studies.
Risk of bias was assessed in accordance with criteria outlined in Cochrane Handbook for Systematic Reviews of Interventions.

Key Findings

Eleven studies were identified that evaluated the effectiveness of a range of early psychological interventions.
Midwifery or clinician led early psychological interventions administered within 72 hours following traumatic childbirth are more effective than usual care in reducing traumatic stress symptoms in women:
4-6 weeks (SMD -0.58, 95% CI -0.91, -0.26) and
12 weeks (SMD -1.08 95% CI 1.67, -0.49) following traumatic birth.

Conclusion

There is firm evidence in favour of immediate response early psychological interventions in reducing symptoms of PTSD in women on a case by case basis. Further long-term studies of high methodological quality are required before recommendation can be made to routine clinical practice.

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This study is in part fulfilment of PhD. Scholarship awarded to P.G.T. Miller by the Department of Economy (DfE) Northern Ireland.
PROSPERO registration number CRD42020202576

Madeleine Hemmerde (2023)

Preventive health promotion through early intensive acute interventions: Evaluation of the effectiveness on various symptoms independent of diagnoses of the group-therapeutic EMDR method G-TEP (Group-Traumatic Episode Protocol). - A randomised pilot study -

This pilot study examined the EMDR Group Traumatic Episode Protocol (G-TEP) (Shapiro 2014) which was originally developed for the treatment of traumatic stress. The focus of this study is to examine the effectiveness of G-TEP, independent of diagnoses, on symptoms such as depression, anxiety, somatization, aggression, dissociation and others. Two randomized groups were formed from 16 patients in a "waitlist control group design". After a psycho-educational part, three EMDR-G-TEP treatments lasting about 2 hours took place on three days with one day of rest in between. The symptom severity was assessed before and two weeks after treatment and further after three months using the BDI II, IES-R, FDS-28 and SCL-90-S questionnaires. Results: In three of four measurements, there are differences between the treatment group and the waiting group that can be attributed to the G-TEP interventions. The severity of the current stress experienced in relation to the stressful episode also decreases significantly after three EMDR-G-TEP sessions compared to the control group. After the G-TEP treatment, the waitlist control group also experienced a significant improvement in symptoms and stress level (SUD) both in terms of the episode SUD and even more in terms of the SUD of the individual, processed targets. The patients also reported a positive change in (self-) perception, more confidence in further relief and acceptance of their remaining mental health problems. In some cases, patients were already able to change stressful life circumstances after the G-TEP-treatment. Further research is in process.

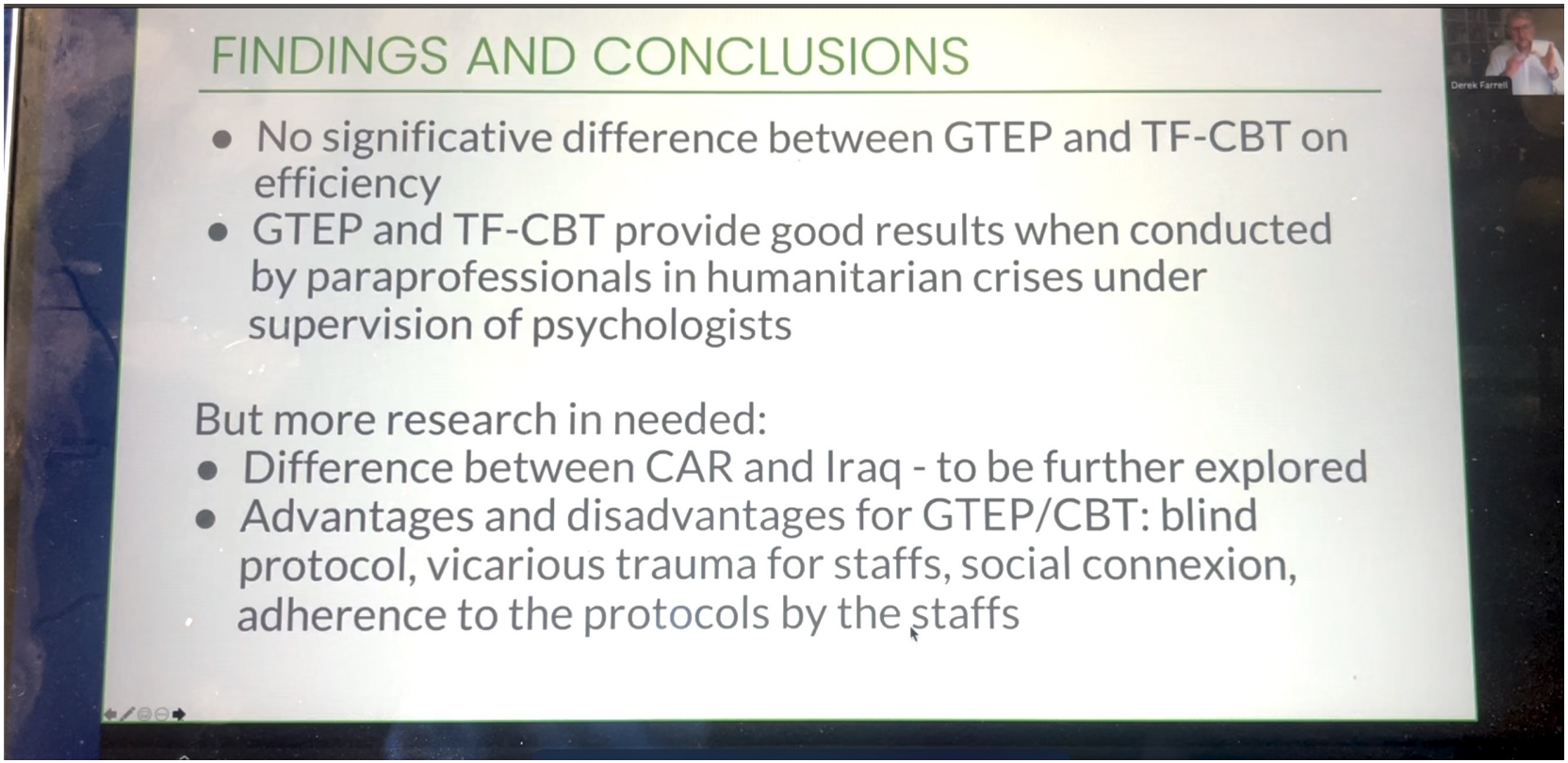
Jan. 2020

Hanewald B, Mulert C, Stingl M. Justus-Liebig-University, Giessen, Germany
Conclusion: G-TEP can be easily integrated into the treatment concept of a psychiatric ward; thereby, feedback of the progress to the treatment team appears necessary.

Methods: All inward patients suffering from distressing experiences (with PTSD or IES-Score >20) received three G-TEP sessions in a delayed-treatment design. Besides targeting changes in symptom load, we observed the implementation process of G-TEP as an additional treatment option in a psychiatric hospital.

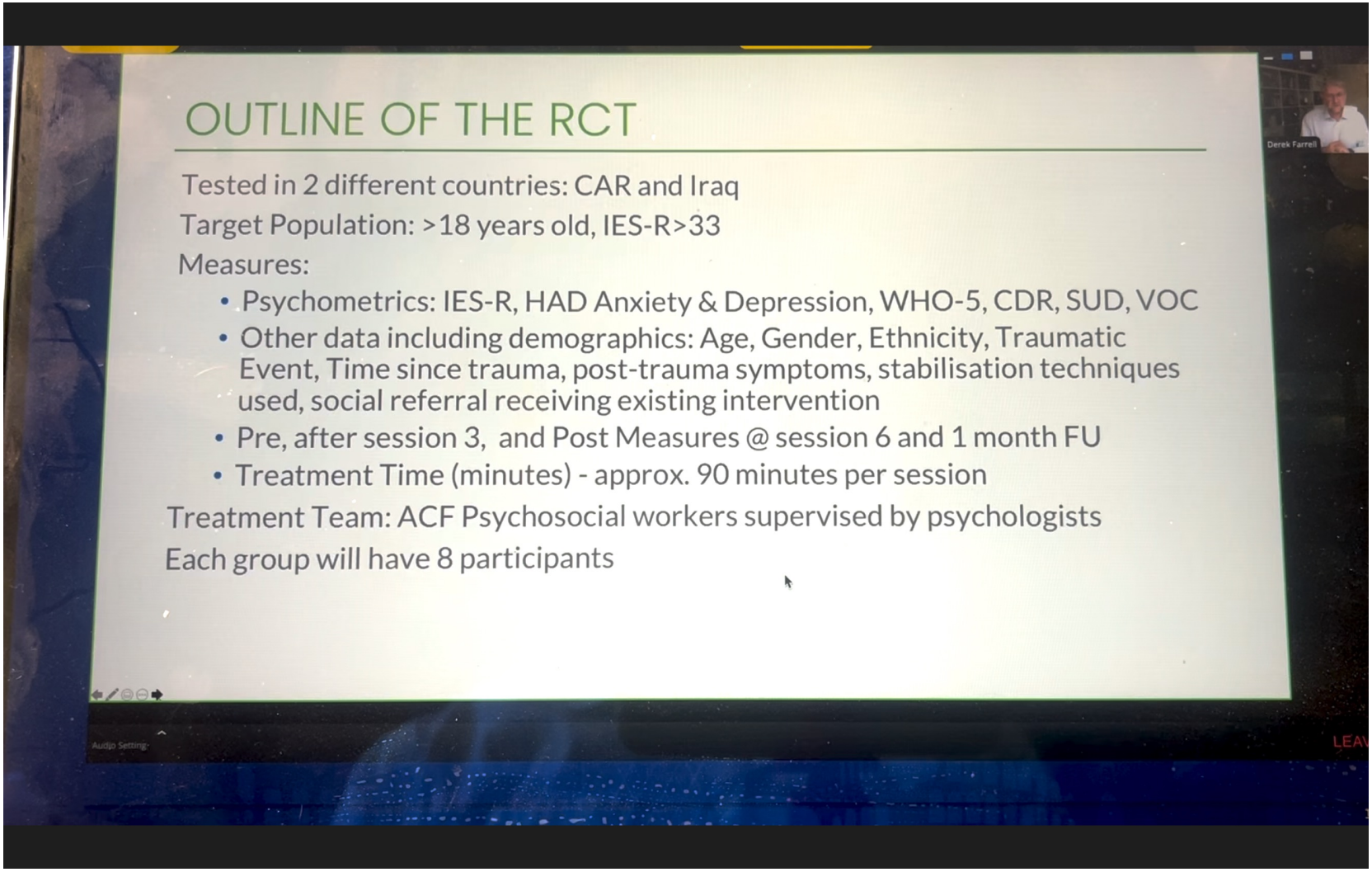
Results: We found significant reductions of distress (subjective units of distress - SUD) related to the focused negative experiences from one session to another. Furthermore, patients reported to experience their symptoms more “ego-syntonic” after G-TEP, with beneficial effects on the following treatment processes..

Conclusion: Basically, G-TEP can be easily integrated into the treatment concept of a psychiatric ward; thereby, feedback of the progress to the treatment team appears necessary.
The promising experience in the pilot phase suggests that G-TEP should be added to the integrative inpatient treatment offer as an innovative and economical method.



PRESENTATION at the EMDR EUROPE CONFERENCE 2021

Derek Farell & Cecile Bijeurne


OUTLINE OF THE RCT
Tested in 2 different countries: CAR and Iraq
Target Population: >18 years old, IES-R>33
Measures:
• Psychometrics: IES-R, HAD Anxiety & Depression, WHO-5, CDR, SUD, VOC
• Other data including demographics: Age, Gender, Ethnicity, Traumatic Event, Time since trauma, post-trauma symptoms, stabilisation techniques used, social referral receiving existing intervention
• Pre, after session 3, and Post Measures @ session 6 and 1 month FU
• Treatment Time (minutes) - approx. 90 minutes per session
Treatment Team: ACF Psychosocial workers supervised by psychologists
Each group will have 8 participants
Derek Farrell
Audio Setting

CAR

- Location: CAR Capital, Bangui
- Trainings done in August 2018
- Protocols implemented from September 2018 to January 2019
- Number of participants: 112

  CBT: 62 GTEP : 50

IRAQ

- Location: IDP camps in Northern Iraq
- Trainings done in April 2019
- Protocols implemented from May to August 2019
- All session video recorded & treatment fidelity checked by University of Worcester

Number of participants : 86

CBT: 46 et GTEP:40

EMDR in the Aftermath of Genocide: Supporting Women Survivors

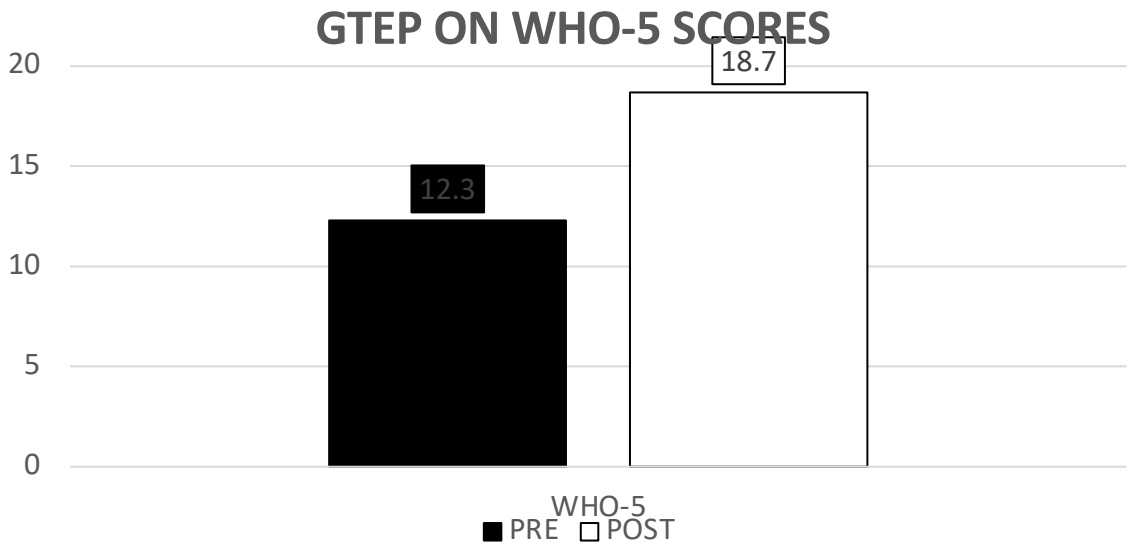
Yesim Arikut-Treece, Dr. Rebecca Dempster

and Dr Zeynep Zat

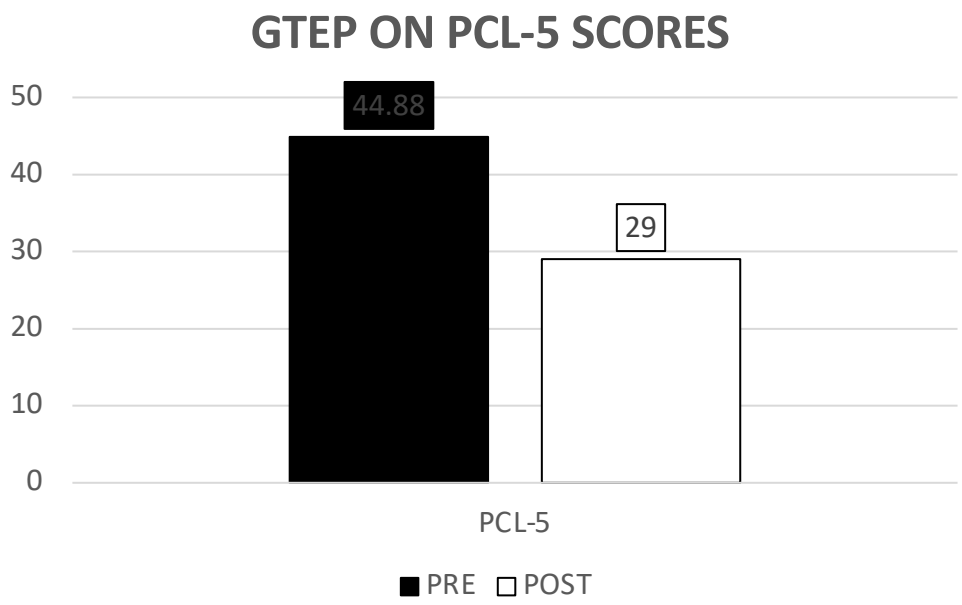
(Presented at UK & Ireland annual conference 2019)

Emrah Yorulmaz/AA

	Mean	t	sig	Std dv	N	Inc	%	-13	%
PRE	12.30	-7.745	0.000 ***	5.72	26			11	42 %
POST	18.76			4.78	26	25	%96	4	15 %
***p<.000									



	Mean	t	sig	Std dv	N	Dec	%
PRE	44.88	5.09	0.000 ***	12.53	26		
POST	29.03			14.92	26	21	%80
***p<.000							



Madeleine Hemmerde (2023)

Preventive health promotion through early intensive acute interventions: Evaluation of the effectiveness on various symptoms independent of diagnoses of the group-therapeutic EMDR method G-TEP (Group-Traumatic Episode Protocol). - A randomised pilot study -

This pilot study examined the EMDR Group Traumatic Episode Protocol (G-TEP) (Shapiro 2014) which was originally developed for the treatment of traumatic stress. The focus of this study is to examine the effectiveness of G-TEP, independent of diagnoses, on symptoms such as depression, anxiety, somatization, aggression, dissociation and others. Two randomized groups were formed from 16 patients in a "waitlist control group design". After a psycho-educational part, three EMDR-G-TEP treatments lasting about 2 hours took place on three days with one day of rest in between. The symptom severity was assessed before and two weeks after treatment and further after three months using the BDI II, IES-R, FDS-28 and SCL-90-S questionnaires. Results: In three of four measurements, there are differences between the treatment group and the waiting group that can be attributed to the G-TEP interventions. The severity of the current stress experienced in relation to the stressful episode also decreases significantly after three EMDR-G-TEP sessions compared to the control group. After the G-TEP treatment, the waitlist control group also experienced a significant improvement in symptoms and stress level (SUD) both in terms of the episode SUD and even more in terms of the SUD of the individual, processed targets. The patients also reported a positive change in (self-) perception, more confidence in further relief and acceptance of their remaining mental health problems. In some cases, patients were already able to change stressful life circumstances after the G-TEP-treatment. Further research is in process.

Jan. 2020

Morris, H., Hatzikiriakidis, K., Dwyer, J., Lewis, C. Halfpenny, N., Miller, R., Skouteris, H (2022) Early intervention for Residential Out-of-Home Care Staff using Eye Movement Desensitisation and Reprocessing (EMDR). *Psychological Trauma: Theory, Research, Practice, and Policy* (in press)

Objective- Residential Out of Home Care (OoHC) staff regularly experience workplace- related trauma. This may contribute to the future development of a trauma or stressor related disorder. Eye movement desensitisation and reprocessing (EMDR) is an effective treatment for stress disorders but is largely unstudied in OoHC staff. The objective of the current study to was to determine if EMDR, provided early within three months of an incident, reduced trauma symptom severity in OoHC staff.

Method- During a three-year pilot study (2018-2020), a trained clinician delivered the EMDR Recent Traumatic Episode Protocol (R-TEP) and Group Traumatic Episode Protocol (G-TEP) to OoHC staff from one community service organisation in Victoria Australia. Retrospective data from the post-traumatic stress disorder checklist (PCL-5) were deidentified and analysed using descriptive statistics and analysis of variance. Due to the Covid-19 pandemic, individual EMDR (R-TEP) was provided by telehealth during 2020 in comparison to face-to- face sessions during 2018-2019.

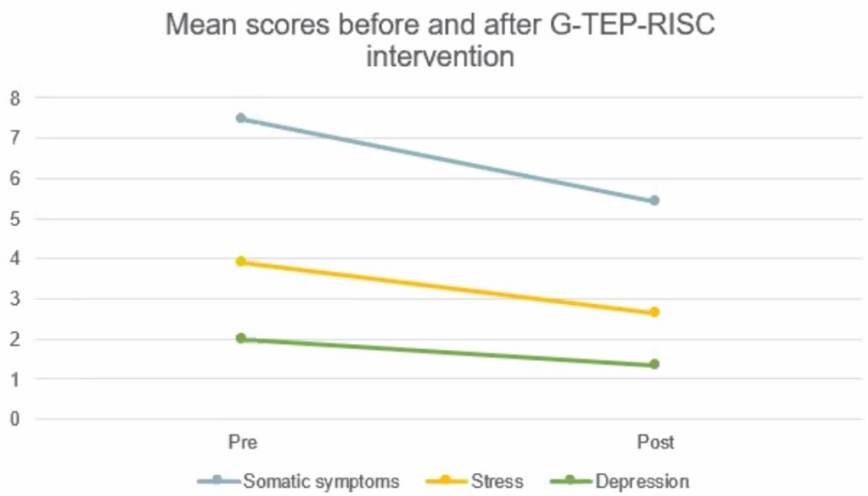
Results- Overall, a significant decrease in PCL-5 scores were seen from baseline to follow up, and staff who received R-TEP or G-TEP experienced reductions in symptoms. Both face-to- face and online modalities showed significant reductions in PCL-5 scores. No significant differences were found between the online or face-to-face modes of delivery suggesting both options are effective. No adverse reactions were reported among the 144 staff who participated.

Conclusion- This study provides evidence for the efficacy of EMDR in reducing traumatic stress symptom severity for residential OoHC staff. A larger, prospective research study is needed.

Study in Chile

RESULTS OF PILOT STUDY

- Paired T-test comparing mean scores before and after G-TEP-RISC intervention
- After G-TEP-RISC intervention, participants experienced a decrease in the following:
  - Somatic symptoms
  - Stress
  - Depression
- This differences were statistically significant.



BUEN VIVIR
Y BUEN MORIR

EVERYONE OK

BEFORE YOU START

Before you go any further, watch the video below. In this video, Elke Van Hoof explains the effect that the coronavirus crisis has in our minds, and the benefits this intervention aims to deliver. To be well prepared, it is essential that all participating adults watch the video to the very end.

Conclusion:

- People who participated in this study, are really suffering from a higher level of toxic stress, probably due to COVID-19

- The intervention helps them to reduce the level of toxic stress as well as feelings of anxiety and distress

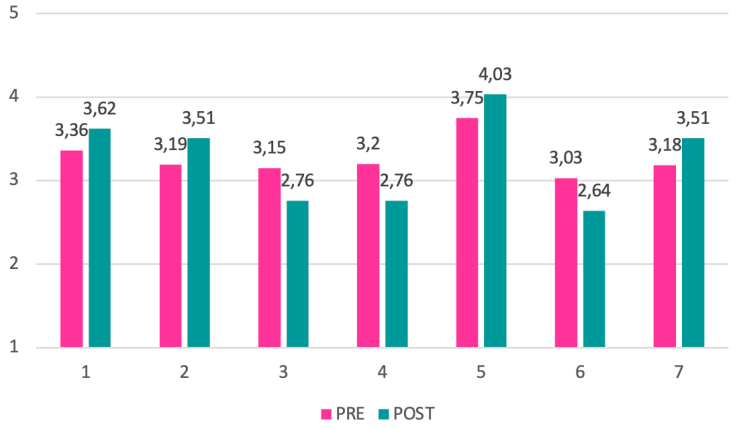
- This intervention brings them back into the “ok”-zone

The Queen of Belgium & Minister of Health
Visit Prof van Hoof to observe her project

Results on an Individual level

Impact of the Intervention

✓ Resilience scale Ally Institute (7 items on a 5-point scale from 1-5)



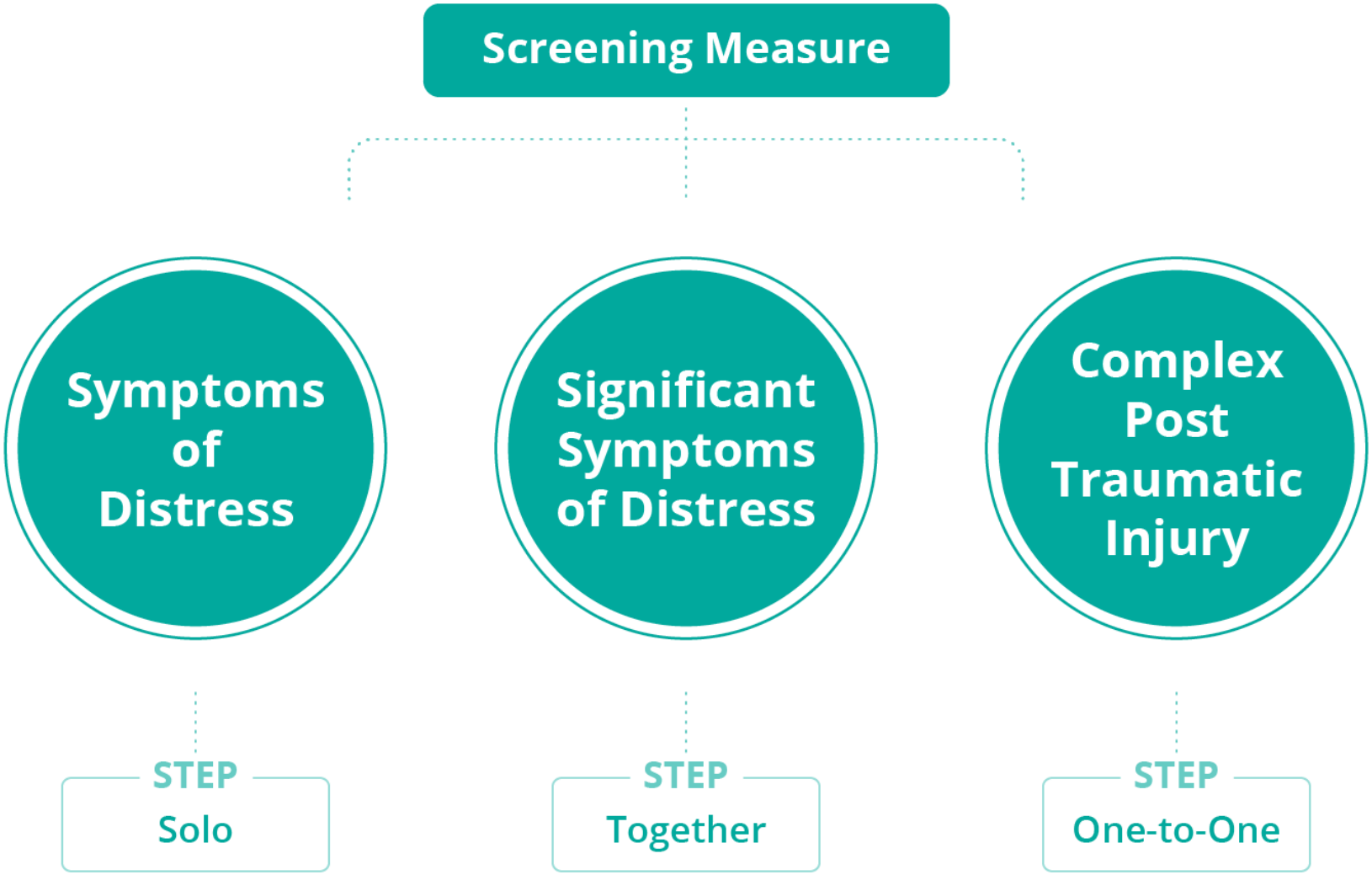
1. I enjoy the things I do during the day
2. I get a sense of pride from my life/daily activities
3. I feel mentally exhausted
4. I find it hard to recover my energy level
5. I have a good relationship with the people around me (eg family, friends, neighbours)
6. If I have a hard time, I tend to pin down on everything that is not going well and these things then become an obsession
7. I find meaning in my life, I have the feeling that I am able to commit to a higher goal

All items significantly improved from PRE to POST, so after intervention significance level of .001 – Cohen's D = 0,4
Range of scale 1-5 n= 12818 respondents pre & n=919 respondents post

Ally Institute

STEP
Self-Care Worksheet

E. Shapiro & J. Moench, 2020


Screening Measure
Symptoms of Distress
Significant Symptoms of Distress
Complex Post Traumatic Injury
STEP Solo
STEP Together
STEP One-to-One
STEP Solo is a clinician assisted protocol for individuals who have some distress, but do not have post-traumatic stress disorder (PTSD). The clinician screens participants, and monitors individuals before and after they complete STEP online.
STEP Together is a clinician-administered therapeutic group that can be completed online or in-person. One clinician leads the group, and co-clinicians are available to assist any members who require further intervention.
STEP One-to-One is a clinician-administered intervention where the clinician guides and facilitates the session and is present with the client for the entire protocol. The clinician should determine which protocol would be most useful for the client, and what protocol may be the most appropriate.

S T E P

for Mental Health Clinicians in the Context of COVID-19

Dr. Judy Moench, Rpsych

Adapted from the Presentation Recorded for the Canadian Psychological Association (CPA) Conference, 2020

PREPPED 4 LEARNING

94% of participants reported the STEP Program was helpful

88% reported the STEP self-care videos lowered their SUDs rating

94% would recommend the STEP program to a colleague

91% reported they thought it would be a safe and helpful protocol to use on a larger scale

Between-Groups Design

Table 1
Results of the multivariate analysis

Effect	Statistic used	Value	F	Hypothesis df	Error df	p-value	Partial Eta Squared
Group	Pillai's Trace	.258	5.216	2.000	30.000	.011*	.258
	Wilks' Lambda	.742	5.216	2.000	30.000	.011*	.258
	Hotelling's Trace	.348	5.216	2.000	30.000	.011*	.258
	Roy's Largest Root	.348	5.216	2.000	30.000	.011*	.258

Note. *p<.05

Repeated Measures Design

Table 2
Results of paired-samples t-test

	Pre-test		Post-test		df	t	p-value	d
	M	SD	M	SD				
DASS-21	12.50	8.42	7.38	5.35	15	-3.64	.002**	.73
GSE	33.31	3.86	35.06	3.70	15	2.87	.012*	.46

Note. *p<.05; **p<.01; d=Cohen's measure of effect size

Table 3
Results of paired-samples t-test

	Pre-test		Post-test		df	t	p-value	d
	Mean	SD	Mean	SD				
DASS-21	15.06	7.18	8.06	12.72	15	-3.53	.003**	.68
GSE	30.94	2.89	32.69	3.36	15	3.72	.002**	.56

Note. *p<.05; **p<.01; d=Cohen's measure of effect size

EMDR Early Intervention Protocols

(RE; R-TEP, PRECI; IGTP & G-TEP)

ONGOING TRAUMATIC STRESS

Francine Shapiro (2018) extended the time frame for "as long as 6 months after natural and manmade disasters in locations in which conditions have not returned to normal and there has been no window of post disaster calm/safety."

Jarero & Artigas (2018): EMDR EI Protocols can also been used for extended traumatic events and emergency situations … in which there is *ongoing trauma* and therefore no subsequent period of safety

E Shapiro & Laub (2008): Concept of a "Trauma Episode"
= (Negative) Life changing experiences with ongoing consequences that have not integrated ("consolidated") adaptively

The Trauma Episode and Adaptive Information Processing (AIP) in EMDR G-TEP

In G-TEP as in R-TEP we are interested in the Trauma Episode not only the original trauma memory. The Google Search (GS) procedure scans the Trauma EPISODE from just before the onset memory up to today including thoughts about the future (the 3 prongs).

The Episode is defined as a negative life-changing event with ongoing consequences. The focus is not only on the event. It is focused on the event **and** the aftermath. How the Trauma has impacted one's life and how it is still disturbing now. *The Trauma Episode conceptualization can be understood as a direct expression of the AIP at work***.** When it is a recent event the Episode is more obvious. When not recent it may be considered ongoing in that it is still disturbing now, implying a Trauma Episode /continuum.

The Trauma Episode and Adaptive Information Processing (AIP) in EMDR G-TEP

In the standard protocol we make a treatment plan based on the AIP lens, beginning with presenting complaints and symptoms but seeking target memories to reprocess the formative faulty learning experiences. We ask the question "where did you learn this (maladaptive symptom)?" and look for targets such as the onset /file folder memory (First time) …as well as related memories within this network theme (Worst time… Last time… Next time). This corresponds to a Trauma Episode timeline.

In G-TEP in a group setting we haven't made individual treatment plans like this. When it is a recent event it is obvious (eg accident, terror, disaster) or when there is a clear onset with a period of ongoing disturbance (such as with refugees, war, COVID pandemic, or health issues such as cancer).

The Trauma Episode and Adaptive Information Processing (AIP) in EMDR G-TEP

But when working with a memory without an explicit treatment plan we effectively approximate one because the selected distant memory is still excessively disturbing in the present and has likely impacted lives in various ways. The Google Scan would therefore be revealing an implicit AIP treatment plan with the PoDs, in a more intuitive less cognitive way, by seeking spontaneous associated PoDs on a related theme. These PoDs are not necessarily only part of the original onset memory - they could relate to additional associated memories along the Trauma Episode timeline and AIP theme (3 prongs).

This understanding makes the G-TEP even more widely applicable by extending the ongoing conceptualisation not only for recent trauma or conditions without a period of safety, but for any dysfunctional symptom / current issue as an ongoing consequence, as for example we do with a phobic symptom in the Standard Protocol.