

# An Interview With Ignacio (Nacho) Jarero

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Ignacio (Nacho) Jarero, PhD, EdD, is recognized worldwide for his pioneer work in providing Eye Movement Desensitization and Reprocessing (EMDR) therapy in a group format in-person and online, which extends to adaptive information processing (AIP)-informed advanced psychosocial interventions for trauma-exposed populations and AIP-informed treatment intervention procedures for in-person and remote treatment. For his humanitarian services worldwide, with over 200 deployments working in worst-case scenarios, he received the Francine Shapiro Award, the International Crisis Response Leadership Award, and the Psychotrauma Trajectory Award. Dr Jarero was also honored with the EMDR International Association Outstanding Research Award and played a key role in the International Society for Traumatic Stress Studies' conclusion that EMDR is an evidence-based treatment for acute stress disorder. He is a founder member of the Council of Scholars for the Future of EMDR Therapy Project (Research Working Group), an ISTSS Research SIG member, a *Frontiers in Public Health* Journal Associate Editor, and a reviewer for the *Journal of EMDR Practice and Research* (JEMDR), Elsevier journals, *Frontiers in Psychology*, and *Frontiers in Psychiatry*.

**Jenny Rydberg:** Can you share your personal journey and how you became involved with EMDR therapy?

**Nacho Jarero:** It was in 1997. While attending a family therapy conference in Mexico City, my wife, Lucy Artigas, and I entered a small conference room where a woman from the United States was talking about EMDR. She presented herself as an EMDR Institute trainer, and four weeks later, she trained Lucy and me on the first part of the EMDR basic training. Months later, we were informed that she was

not an EMDR Institute trainer, and we took the official training in Mexico City in 1998.

**Jenny Rydberg:** What were the initial challenges and breakthroughs you encountered in the early stages of developing or practicing EMDR?

**Nacho Jarero:** Since 1998, Lucy and I have faced four main challenges while providing EMDR therapy to natural or human-provoked disaster/pandemic survivors, which have resulted in breakthroughs in the field. The first one was in 1998 after Hurricane Pauline hit the coast of two states in Mexico. The challenge was how to provide individual EMDR therapy in a group format to alleviate the suffering of many persons with a limited number of EMDR clinicians. The solution was the development of the EMDR integrative group treatment protocol (EMDR-IGTP) for early intervention and the butterfly hug method for self-administered bilateral stimulation (which is Lucy's creation).

The second one was a few years later when we realized that many populations were living with recent, present, or past prolonged adverse experiences, for example, ongoing or prolonged traumatic stress. To address these populations, we developed the EMDR-IGTP for ongoing traumatic stress and the EMDR protocol for recent critical incidents and ongoing traumatic stress.

The third one was right after the September 19, 2017, earthquake in Mexico City, and the challenge was how to treat acute stress disorder and posttraumatic stress disorder (PTSD) intrusive symptoms to regulate the autonomic nervous system of thousands of survivors in an efficient, effective, and secure way. The answer was the acute stress syndrome stabilization (ASSYST) treatment intervention procedures. And the fourth one was the COVID-19 pandemic,

during which we developed and conducted research on the online versions of our previously mentioned protocols and procedures.

As of July 2024, our protocols and procedures have 79 peer-reviewed published papers, being the ones with the most research in the EMDR early intervention and ongoing traumatic stress field.

**Jenny Rydberg:** In your view, what part has the *Journal of EMDR Practice and Research* or JEMDR played in the evolution of EMDR into an internationally recognized, evidence-based treatment intervention for trauma?

**Nacho Jarero:** Because the JEMDR was not open access and did not have an impact factor, its part in the evolution of EMDR into an internationally recognized, evidence-based treatment intervention for trauma was limited. This was also the reason why researchers sought to publish their work in other journals. I'm confident that the transition to American Association for the Advancement of Science/Science Partner Journals will allow the JEMDR to have a greater impact on the evolution of EMDR therapy.

**Jenny Rydberg:** How would you describe the current state of research evidence supporting EMDR therapy?

**Nacho Jarero:** I'm worried about this issue. As we know, the international clinical practice guidelines are core to support the use of a given therapy. Those guidelines largely base their recommendations on systematic reviews. Nowadays, one of the most influential systematic reviews is the one published by the Agency for Healthcare Research and Quality (AHRQ). Only five EMDR studies were included in this systematic review from June 1, 2018, to March 3, 2023 (almost five years); four of them received a high overall *risk of bias*, and none of them was on EMDR early intervention, group EMDR therapy, or conducted in the United States. EMDR therapy is falling behind, and eventually, this will impact the practice of EMDR therapy and the EMDR national organizations worldwide.

**Jenny Rydberg:** What recent studies or findings do you find particularly compelling or noteworthy?

**Nacho Jarero:** The one published in 2023 in the *Journal of Traumatic Stress* titled "State of the Science: Eye Movement Desensitization and Reprocessing (EMDR) Therapy," by De Jongh et al., 2024.

**Jenny Rydberg:** Could you briefly describe this article and why you find it important?

**Nacho Jarero:** This paper describes the current state of the evidence for EMDR therapy, summarizes

the scientific support for its efficacy, effectiveness, and safety, and discusses its applicability across cultures and with diverse populations. Finally, it concludes with suggestions for future directions to develop the research base and applications of EMDR therapy.

**Jenny Rydberg:** What are the implications of this paper, and how may its findings and conclusions be integrated into clinical practice?

**Nacho Jarero:** To me, a major implication is to inform the mental health community worldwide about the substantial scientific evidence supporting EMDR therapy. EMDR Mexico has this paper on its website in the "What is EMDR Therapy?" section. In terms of clinical practice, this paper encourages the cross-cultural applications of EMDR therapy worldwide and its use with minorities, such as people living with chronic adversity, discrimination, racial trauma, in disaster zones, and refugees.

**Jenny Rydberg:** What are the most pressing research questions that remain unanswered in the field of EMDR?

**Nacho Jarero:** If the EMDR standard protocol or any other EMDR protocol prevents PTSD development. Nowadays, no clinical practice guideline recommends any trauma-focused therapy with the aim of preventing PTSD diagnosis because of the lack of high-quality evidence.

**Jenny Rydberg:** Can you share any innovative approaches or developments that you feel are exciting for EMDR, the future, and the next generation?

**Nacho Jarero:** What I can share for the present and future generations is my paper titled "Practical research tools to improve the quality of EMDR therapy research" (Jarero, 2024) for them to conduct high-quality research studies that could be included in the AHRQ systematic review and positively impact EMDR therapy in the international clinical practice guidelines. It is available online at <https://tinyurl.com/2ex2cj4n>.

**Jenny Rydberg:** What improvements or changes are needed in the training and education of future EMDR clinicians/practitioners in the parts of the world you are familiar with?

**Nacho Jarero:** I'm familiar with the Latin American region, where most universities teach psychoanalytic, cognitive behavioral therapy, or other different approaches, but EMDR therapy is practically unknown to the students. Therefore, a major improvement and change that the Latin American and Caribbean EMDR alliance (EMDR

ALAC, our EMDR Regional Association) is conducting, is the implementation of a social media strategy to inform mental health students and professionals about the existence of EMDR therapy and the training opportunities.

**Jenny Rydberg:** What do you hope will be the legacy of your work in the field of EMDR?

**Nacho Jarero:** To keep using our EMDR protocols and procedures worldwide to alleviate the human suffering produced by trauma and publish the corresponding high-quality research studies.

**Jenny Rydberg:** What final message or piece of advice would you like to share with practitioners, researchers, and students of EMDR therapy?

**Nacho Jarero:** For senior researchers, I advise mentoring new generations and teaching them how to be good peer reviewers as their first step. For young researchers, my advice is to always challenge your mentors with intelligent questions. This will keep your mentors sharp. For EMDR therapy students and practitioners, my advice is to always ask your teachers or trainers for evidence of what they are saying. This will keep them updated.

And for you all, to always keep a beginner's mind. Butterfly hugs for you all.

**Jenny Rydberg:** Thank you, Nacho.

## References

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