

Joint Statement on the Clinical Characteristics of EMDR Group Protocols

Ignacio (Nacho) Jarero & Elan Shapiro

This statement is intended to clarify key clinical characteristics of two established EMDR group protocols: the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) and the EMDR Group Traumatic Episode Protocol (G-TEP). Both evidence-based approaches are grounded in the Adaptive Information Processing (AIP) model and aim to expand access to trauma-focused care through group-based formats while maintaining individual processing.

The following points outline areas of distinction to support informed clinical understanding and appropriate application across contexts.

Scope and Clinical Framework

Both protocols are designed to address more than single-incident trauma. EMDR-IGTP is highly adaptable across diverse populations and settings and can address recent, current, or past adverse experiences, as well as anticipated trauma (flash-forwards). G-TEP is structured around the concept of a “trauma episode,” encompassing past, present, and anticipated future elements, including ongoing disturbance.

Scalability and Group Size

EMDR-IGTP can be used with large groups (2–100+ participants), particularly in large-scale or humanitarian settings. G-TEP is typically implemented in smaller or moderate-sized groups, reflecting its structured, guided self-help format, although it can be adapted according to context.

Processing Strategy

EMDR-IGTP allows regulation and processing to unfold in a natural and organic “bottom-up” manner. G-TEP uses a more focused approach to associative processing as part of a deliberate micro-processing Trauma Episode Focus strategy, designed to keep processing contained to the identified Points of Disturbance (PoDs) within the trauma episode and to reduce the risk of overwhelm by limiting activation of unrelated clinical material, before integrating the Trauma Episode.

Bilateral Stimulation

EMDR-IGTP uses the Butterfly Hug as a form of self-administered bilateral stimulation. G-TEP employs structured self-administered bilateral stimulation, including tapping on the worksheet combined with eye movements for desensitization processing, and uses the Butterfly Hug for the installation and strengthening of resources.

Use of Materials

EMDR-IGTP integrates art-making (e.g., drawings and symbols) as a natural part of the process, which may support expression for participants who prefer non-verbal or experiential modalities. G-TEP incorporates both non-verbal and verbal expression through drawing and/or writing on the structured worksheet. The worksheet is spatially organized to support temporal orientation (past–present–future) and includes built-in containment and guided self-monitoring as core safety features.

Disclosure and Group Sharing

EMDR-IGTP avoids disclosure of trauma content to prevent secondary traumatic stress or vicarious trauma. G-TEP is designed as a guided self-help approach that similarly avoids disclosure of trauma content within the group but invites sharing of the structured resources on the worksheet. Both protocols allow voluntary sharing of resource-oriented elements, which may support group cohesion.

Conclusion

EMDR-IGTP and G-TEP represent complementary EMDR group interventions, each with distinct structural and procedural characteristics. They are not hierarchical in terms of depth or completeness, but are designed for different clinical contexts, populations, and phases of intervention.

The selection of a protocol should be guided by clinical considerations, including the needs of the population, the context of delivery, and the goals of the intervention.
