

## COMPARISON CHART BETWEEN

### EMDR INTEGRATIVE GROUP TREATMENT PROTOCOL FOR ONGOING TRAUMATIC STRESS (EMDR IGTP OTS)      GROUP TRAUMATIC EPISODE PROTOCOL (G-TEP)

<b>Session Number</b>	Two to Six session depending on the prolonged adverse experiences lived by the patients.	Two sessions	
<b>Duration of Sessions (aprx)</b>	50 to 60 minutes	90 minutes	
<b>Targeted Age Group</b>	<b>Older Children, Adolescents and Adults</b>	<b>Only Adults</b>	
<b>Group Size</b>	<b>3 to 150</b>	<b>8 to 12</b>	
<b>Facilitator</b>	One EMDR clinician for each ten adults, and 2 for each 10 kids.	2 EMDR therapists	
<b>Aim</b>	To treat population living with recent, present, or past prolonged adverse experiences (e.g., ongoing, prolonged, or life-long traumatic stress)	To treat recent traumatic events with ongoing consequences	
<b>Equipment</b>	<b>A4 sheet or any other sheet of paper available and crayons</b>	<b>G-TEP Worksheet</b>	
<b>Group Sharing of experiences</b>	<b>No, because individual EMDR treatment is provided in the group setting. Complete confidentiality.</b>	<b>Advised but not necessary</b>	
<b>Using Positive Cognition</b>	<b>No</b> , because the installation of a Positive Cognition cannot be conducted in groups for the following reasons: each participant may have a different SUD score, blocking beliefs, or have different timing for processing and reach an ecological level of disturbance	<b>Yes</b>	
<b>Using Negative Cognition</b>	No	No	
<b>Body Scan</b>	<b>Yes</b>	<b>No</b>	
<b>History Taking</b>	Individually	Individually or in a group setting	
<b>Recommended BLS</b>	Butterfly Hug (BH)	Butterfly Hug, Eye Movements, Tapping	
<b>Interventions Details</b>	<b>Phase 1</b>	<b>Client History</b> An individual session with each client to take the client's history. In large events (e.g., disasters) look for "Red Flags" (e.g., ongoing suicidal ideation, self-harm, substance abuse).	<b>Present Resource</b> Therapists and Participants introduce themselves Rating Subjective Units of Disturbance (SUD) Stabilisation using 4 elements exercises A safe place installation via BLS
	<b>Phase 2</b>	<b>Preparation</b> Therapists introduce themselves Psychoeducation on AIP model and trauma Self-soothing Exercises Teach the Butterfly Hug (BH) Teach Rating Subjective Units of Disturbance (SUD) Participants split their page into four squares, and label A, B, C, and D.	<b>Onset of Trauma Episode</b> Participants are invited to identify the traumatic event they would like to work with Draw or write it Rating Subjective Units of Disturbance (SUD)
	<b>Phase 3</b>	<b>Assessment</b> To encompass the whole traumatic stress spectrum participants are asked to run a mental movie of the whole event/experience, from right before the beginning until today, or even looking into the future and choose the hardest, most painful, or distressing moment. Then, in Square A, participants draw that moment. SUD for the drawing.	<b>Past Resource</b> Participants are invited to recall a good memory Draw or write it BLS
	<b>Phase 4</b>	<b>Desensitization</b> BH until participants feel in their body that it has been enough (average of 1 to 3 minutes). <b>Long chains of association are allowed for full reprocessing.</b> Square B: Participants draw how are they feeling at that moment. SUD for that drawing and BH. Square B instructions are repeated for C and D	<b>Future Resource</b> Participants decide how would they like to feel about themselves in the future. Draw or write it
	<b>Back to Target SUD</b>	Participants are asked to look all the drawings and choose the one that disturbed the most. Then, to turn the paper to the other side and write the SUD they are feeling now.	<b>NO back to target SUD</b>
	<b>Phase 5</b>	<b>Future Vision</b> Participants draw how they see themselves in the future and the Title of the Drawing. A positive outcome is not force in order to identify non-adaptive drawings and cognitions that are helpful in the evaluation of the participant at the end of the group protocol (Phase 8). BLS	<b>Points of Disturbance (PoD) Processing</b> Participants identified the disturbing parts (PoD) of the traumatic event with no order while tapping from one side of the worksheet to the other side. Once PoD is identified, participants draw or write something to represent it. <b>Only short chains of associations are allowed.</b> Rate their SUD level Nine sets of BLS
	<b>Phase 6</b>	<b>Body Scan</b> <b>Body scan and BH for full reprocessing.</b>	<b>Episode Level Processing</b> Rate their SUD level. <b>No Body Scan Procedure.</b> Installation of Positive Cognition
	<b>Phase 7</b>	<b>Closure</b> Self-soothing Exercises	<b>Closure</b> Stabilisation using 4 elements exercises
<b>Phase 8</b>	<b>Reevaluation and Follow-up</b> Note: This table does not contain the full steps for any of the protocols, but simply lists those elements that are similar and dissimilar. At the end of the group intervention, team members will identify participants needing additional time to complete the reprocessing of any residual material remaining from the previous group sessions. This assessment will be determined by taking into consideration: the client history, the reports made by the participant's relatives or friends; the results obtained in the scales; the entire sequence of drawings with their SUD scale ratings (especially the Back to Target SUD); the Future Vision drawing and title; the body scan; and the team members report.	<b>Follow-up Screening</b> Check SUD and positive cognition	