

Interventions Details

COMPARISON CHART BETWEEN		
EMDR INTEGRATIVE GROUP TREATMENT PROTOCOL FOR ONGOING TRAUMATIC STRESS (EMDR IGTp OTs)		GROUP TRAUMATIC EPISODE PROTOCOL (G-TEP)
Session Number	Two to Six session depending on the prolonged adverse experiences lived by the patients.	Two sessions
Duration of Sessions (aprx)	50 to 60 minutes	90 minutes
Targeted Age Group	Older Children, Adolescents and Adults	Only Adults
Group Size	3 to 150	8 to12
Facilitator	One EMDR clinician for each ten adults, and 2 for each 10 kids.	2 EMDR therapists
Aim	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
Equipment	A4 sheet or any other sheet of paper available and crayons	G-TEP Worksheet
Group Sharing of experiences	No, because individual EMDR treatment is provided in the group setting. Complete confidentiality.	Advised but not necessary
Using Positive Cognition	No, 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	Yes
Using Negative Cognition	No	No
Body Scan	Yes	No
History Taking	Individually	Individually or in a group setting
Recommended BLS	Butterfly Hug (BH)	Butterfly Hug, Eye Movements, Tapping
Phase 1	Client History 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).	Present Resource Therapists and Participants introduce themselves Rating Subjective Units of Disturbance (SUD) Stabilisation using 4 elements exercises A safe place installation via BLS
Phase 2	Preparation 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.	Onset of Trauma Episode Participants are invited to identify the traumatic event they would like to work with. Draw or write it Rating Subjective Units of Disturbance (SUD)
Phase 3	Assessment To encompass the whole traumatic stress spectrum and obtain the Index Event for full reprocessing and research purposes , participants are asked to run a mental movie of the event/experience, from right before the beginning until today, or even into the future, and choose the hardest, most painful, or distressing moment (The Index Event). Then, in Square A, participants draw that moment. SUD for the drawing.	Past Resource Participants are invited to recall a good memory Draw or write it BLS
Phase 4	Desensitization BH until participants feel in their body that it has been enough (average of 1 to 3 minutes). Long chains of association are allowed for full reprocessing.. 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	Future Resource Participants decide how would they like to feel about themselves in the future. Draw or write it
Back to Target SUD	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.	NO back to target SUD
Phase 5	Future Vision 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	Points of Disturbance (PoD) Processing 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. Only short chains of associations are allowed. Rate their SUD level Nine sets of BLS
Phase 6	Body Scan Body scan and BH for full reprocessing. Dr. Francine Shapiro stated: "The importance of the body scan in the complete reprocessing of the targeted event and associated material cannot be overemphasized". (p. 154) *	Episode Level Processing Rate their SUD level. No Body Scan Procedure. Installation of Positive Cognition
Phase 7	Closure Stabilization using Self-soothing Exercises	Closure Stabilization using 4-element exercises
Phase 8	Reevaluation and Follow-up 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.	Follow-up Screening Check SUD and positive cognition

Note: This table does not contain the full steps for any of the protocols, but simply lists those elements that are similar and dissimilar.

*Shapiro (2018). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures. Third Edition. Guilford Press. New York. London.