ASSYST HEART PROJECT for Mental Health in Humanitarian Emergencies

Ignacio (Nacho) Jarero & Nicolle Mainthow

OCTOBER 2026

"We are all responsible for the world we live in. Worldwide, clinicians are forging bonds that transcend countries and ideologies. Bonds that can help heal the trauma and pain that lead to ongoing violence and suffering. To make a difference that affects generations to come—don't leave it to anyone else. We all have to take a part in it." —

Dr. Francine Shapiro.

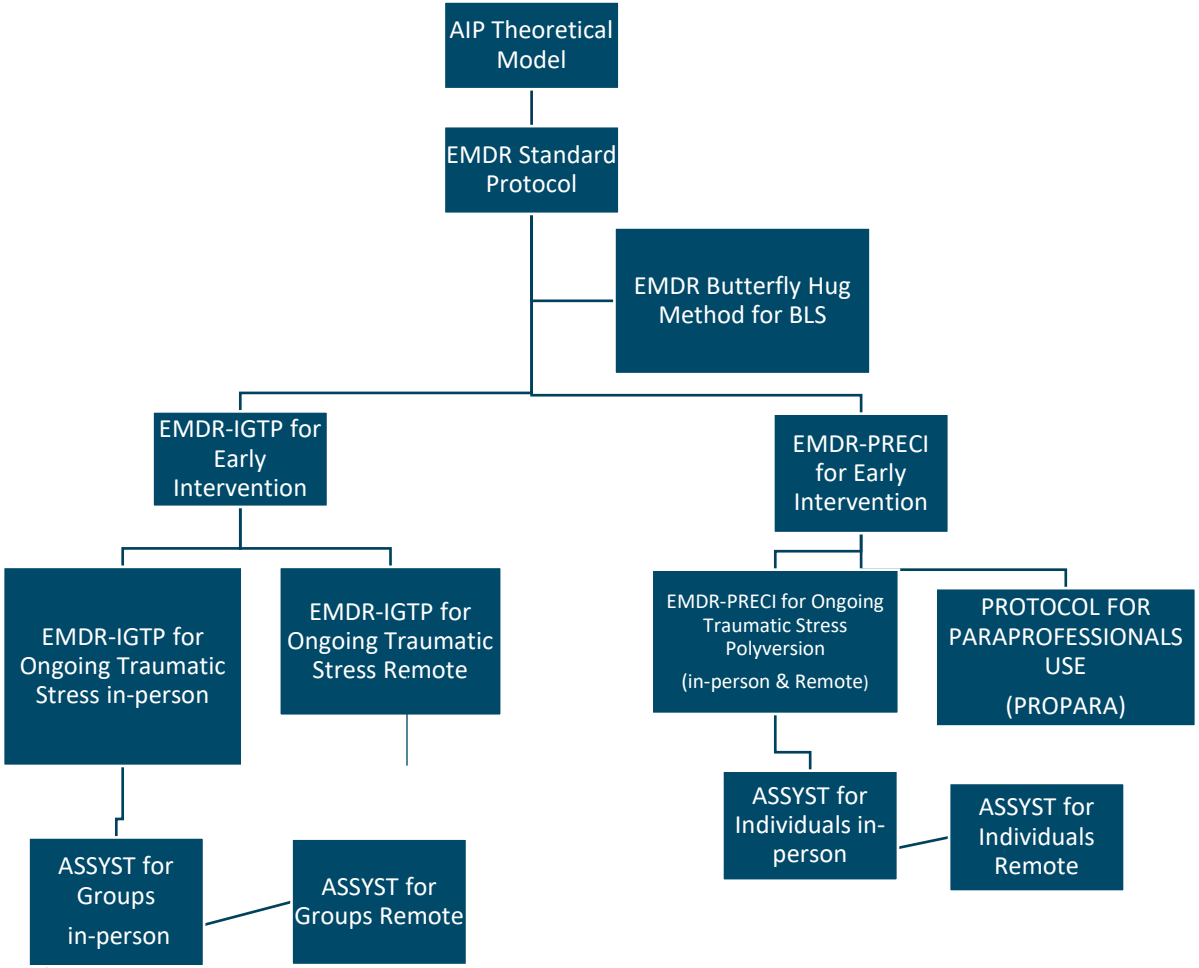
"We do not stand by in the presence of trauma and suffering" —

Dr. Ignacio (Nacho) Jarero.

WHAT IS THE ASSYST TREATMENT INTERVENTIONS FAMILY TREE?

OUR PROTOCOLS AND TREATMENT INTERVENTIONS FAMILY TREE

ALL OUR PROTOCOLS WERE BORN DURING HUMANITARIAN FIELDWORK AFTER DISASTERS



Who are the developers of these treatment interventions and protocols?

Dr. Ignacio (Nacho) Jarero and Professor Lucina (Lucy) Artigas (the Butterfly Hug originator) are the developers, and also, the world pioneers in the provision of EMDR Therapy in a group format.

What is the research evidence behind these treatment interventions and protocols?

AS OF OCTOBER 2026,

Our ASSYST Treatment Interventions, Butterfly Hug method, and EMDR Therapy protocols have

OVER 110 PEER-REVIEWED PUBLICATIONS IN ACADEMIC INTERNATIONAL JOURNALS

SPANNING ON NEARLY 60 CLINICAL POPULATIONS

No Posters, Conference Presentations, in-press, or Newsletter publications are included on this list.

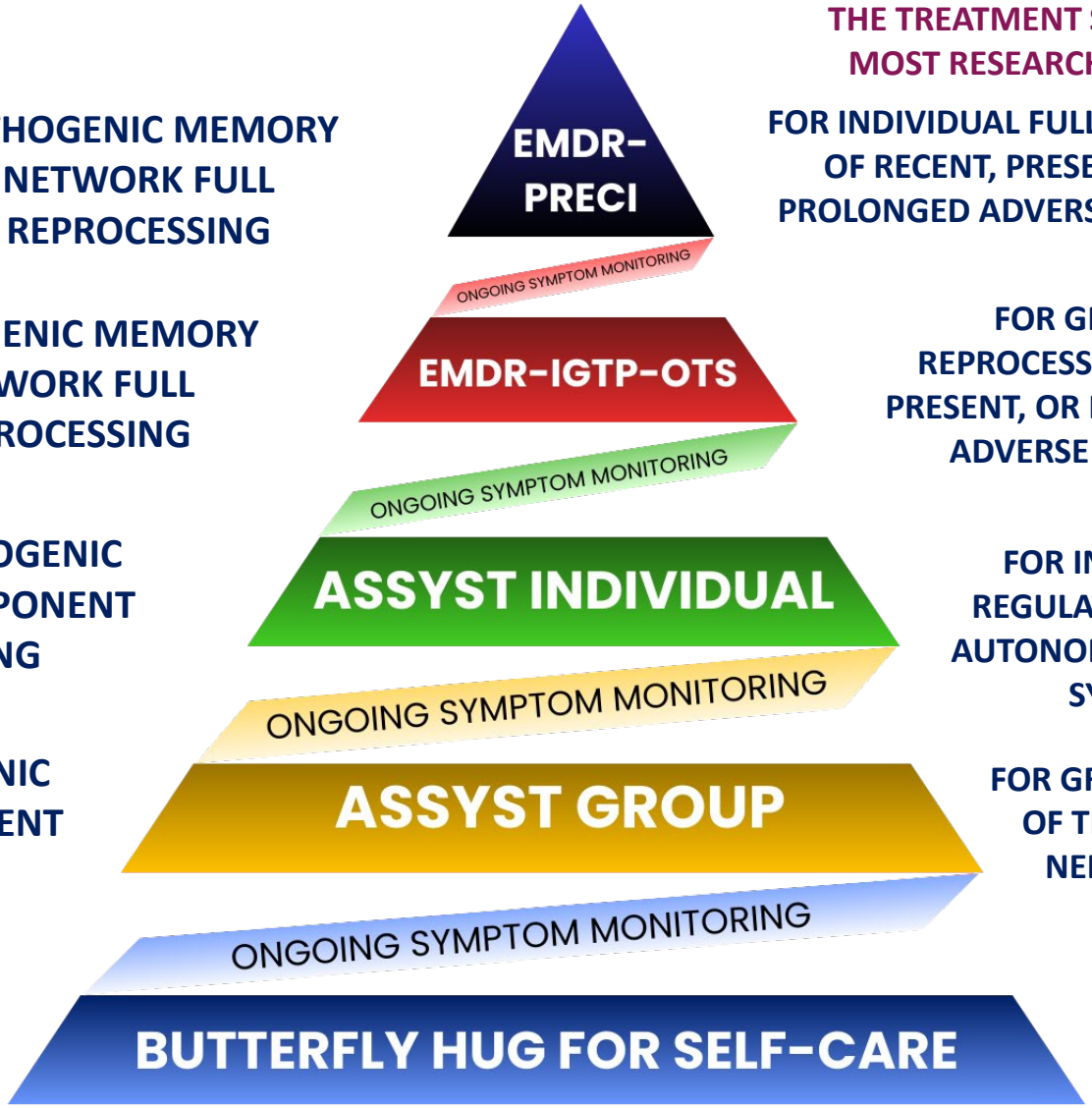
This consolidates their position as the undisputed world leaders in the EMDR Early Intervention and Ongoing or Prolonged Traumatic Stress field.

Follow the link to the Bibliography.

https://tinyl.co/4edi

OUR SYMPTOM-TRAJECTORY BASED STEPPED CARE APPROACH TO ADVERSE EXPERIENCES WITH OUR SUITE OF TREATMENT INTERVENTIONS AND PROTOCOLS

OUR SYMPTOM-TRAJECTORY BASED STEPPED CARE APPROACH TO ADVERSE EXPERIENCES WITH OUR HIGHLY EFFECTIVE AND SAFE SUITE OF TREATMENT INTERVENTIONS



THE TREATMENT SUITE WITH THE MOST RESEARCH IN THE FIELD

PATHOGENIC MEMORY NETWORK FULL REPROCESSING — **FOR INDIVIDUAL FULL REPROCESSING OF RECENT, PRESENT, OR PAST PROLONGED ADVERSE EXPERIENCES**

PATHOGENIC MEMORY NETWORK FULL REPROCESSING — **FOR GROUP FULL REPROCESSING OF RECENT, PRESENT, OR PAST PROLONGED ADVERSE EXPERIENCES**

SPECIFIC PATHOGENIC MEMORY COMPONENT PROCESSING — **FOR INDIVIDUAL REGULATION OF THE AUTONOMIC NERVOUS SYSTEM**

SPECIFIC PATHOGENIC MEMORY COMPONENT PROCESSING — **FOR GROUP REGULATION OF THE AUTONOMIC NERVOUS SYSTEM**

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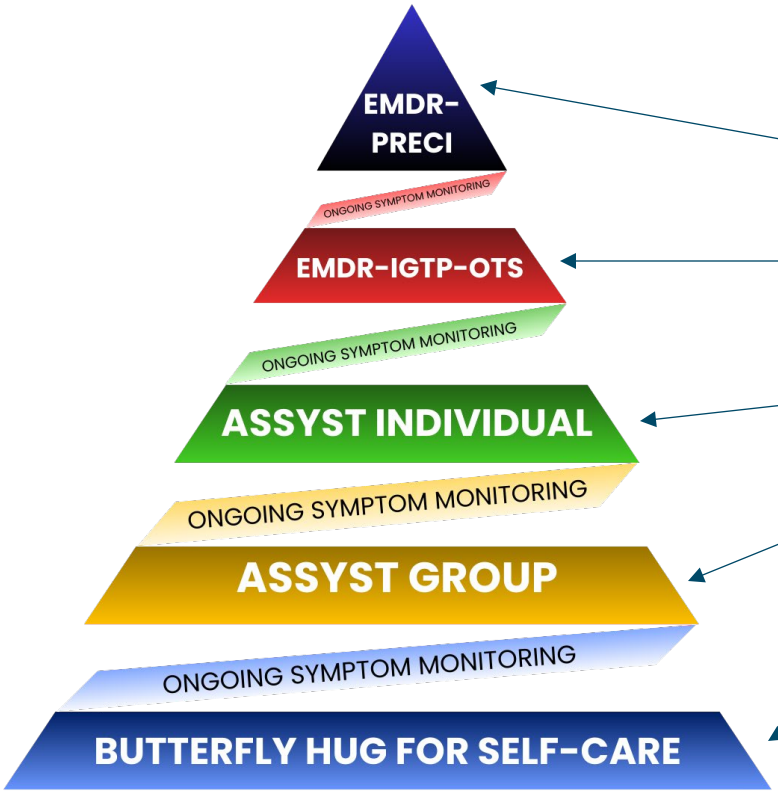
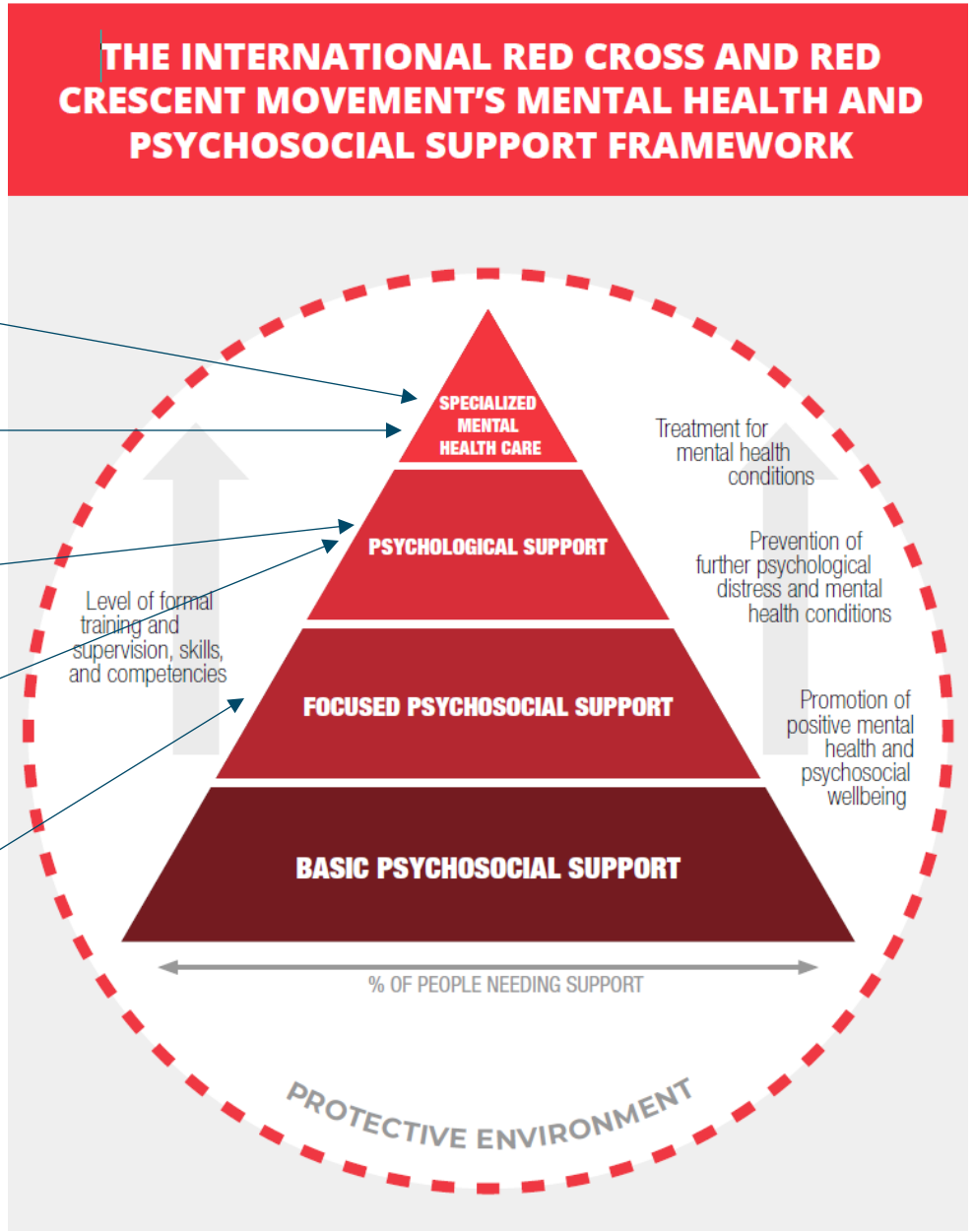
OUR APPROACH IS ALIGNED WITH





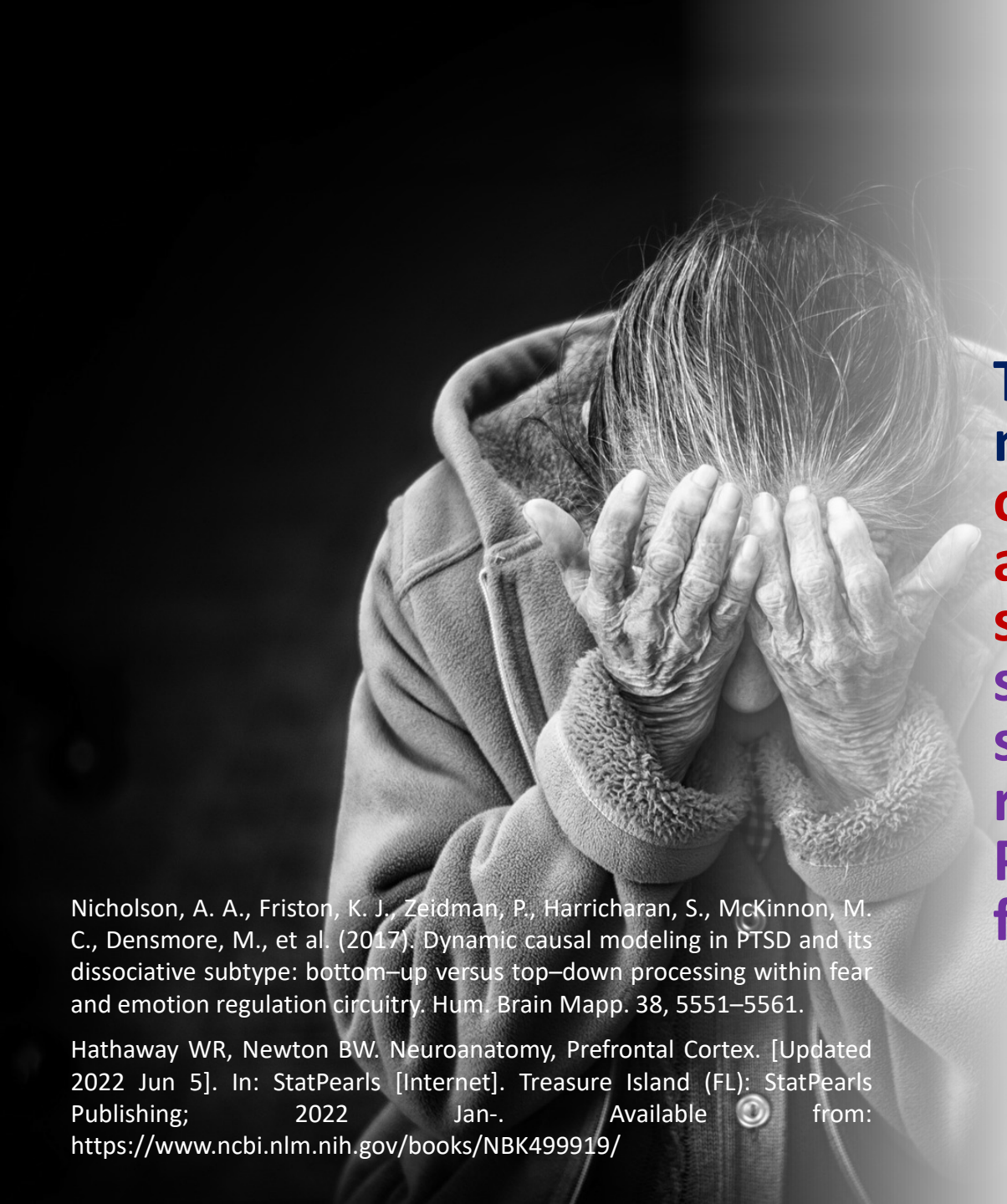
The MHPSS Framework
https://tinyurl.com/ymlk2rcy

OUR AIP & SYMPTOM TRAJECTORY-BASED STEPPED CARE APPROACH MAIN OBJECTIVES

- Strategize treatment.
- Provide the treatment interventions according to the progression of the pathophysiology.
- Improve symptom relief and clinical outcomes.

WHY IS OUR FIRST STEP TO FOCUS ON THE CLIENT´S AUTONOMIC NERVOUS SYSTEM REGULATION?

Because we need to strategize treatment



This means we first need to regulate our patient's autonomic nervous system to stop the stress hormones secretion and reestablish the Prefrontal Cortex functions.

Nicholson, A. A., Friston, K. J., Zeidman, P., Harricharan, S., McKinnon, M. C., Densmore, M., et al. (2017). Dynamic causal modeling in PTSD and its dissociative subtype: bottom–up versus top–down processing within fear and emotion regulation circuitry. Hum. Brain Mapp. 38, 5551–5561.

Hathaway WR, Newton BW. Neuroanatomy, Prefrontal Cortex. [Updated 2022 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK499919/

WHICH OF OUR AIP-INFORMED PROCEDURES DO WE CHOOSE TO DO OUR FIRST STEP?

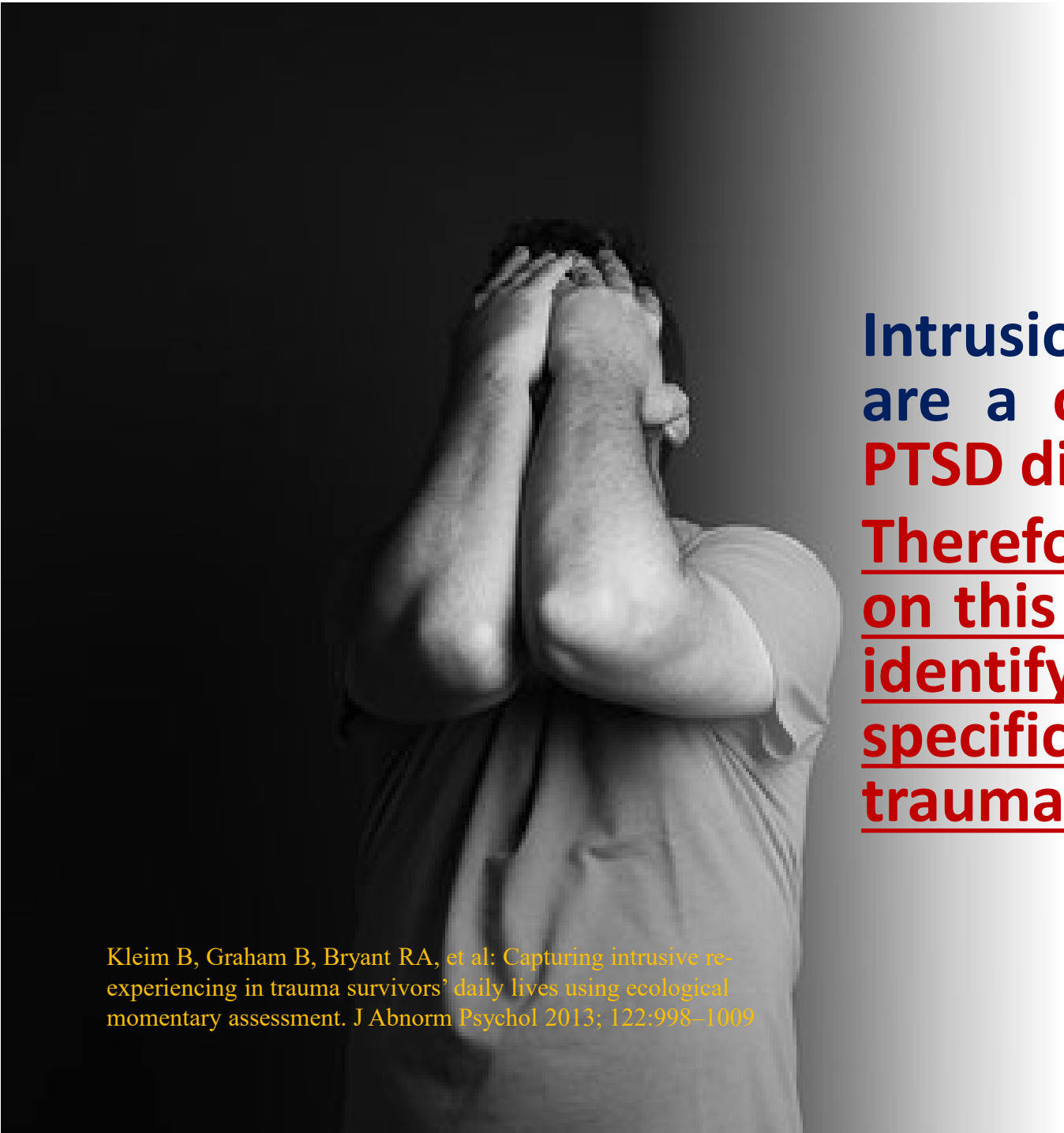
We choose the

Acute Stress Syndrome Stabilization (ASSYST)© treatment interventions.

The ASSYST© treatment interventions were born during humanitarian fieldwork and are AIP-informed, carefully field-tested, evidence-based, and user-friendly psychophysiological algorithmic symptom-focused trauma-sensitive approaches…

These treatment interventions are *specifically designed* to provide in-person or online support to patients who present ASD or PTSD intense psychological distress and/or physiological reactivity caused by the disorder's *intrusion symptoms* associated with the traumatic event(s) or adverse experience(s) memories.

American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders (5th Edtn.) Arlington, VA, United States.



Intrusion symptoms are a core ASD and PTSD dimension.

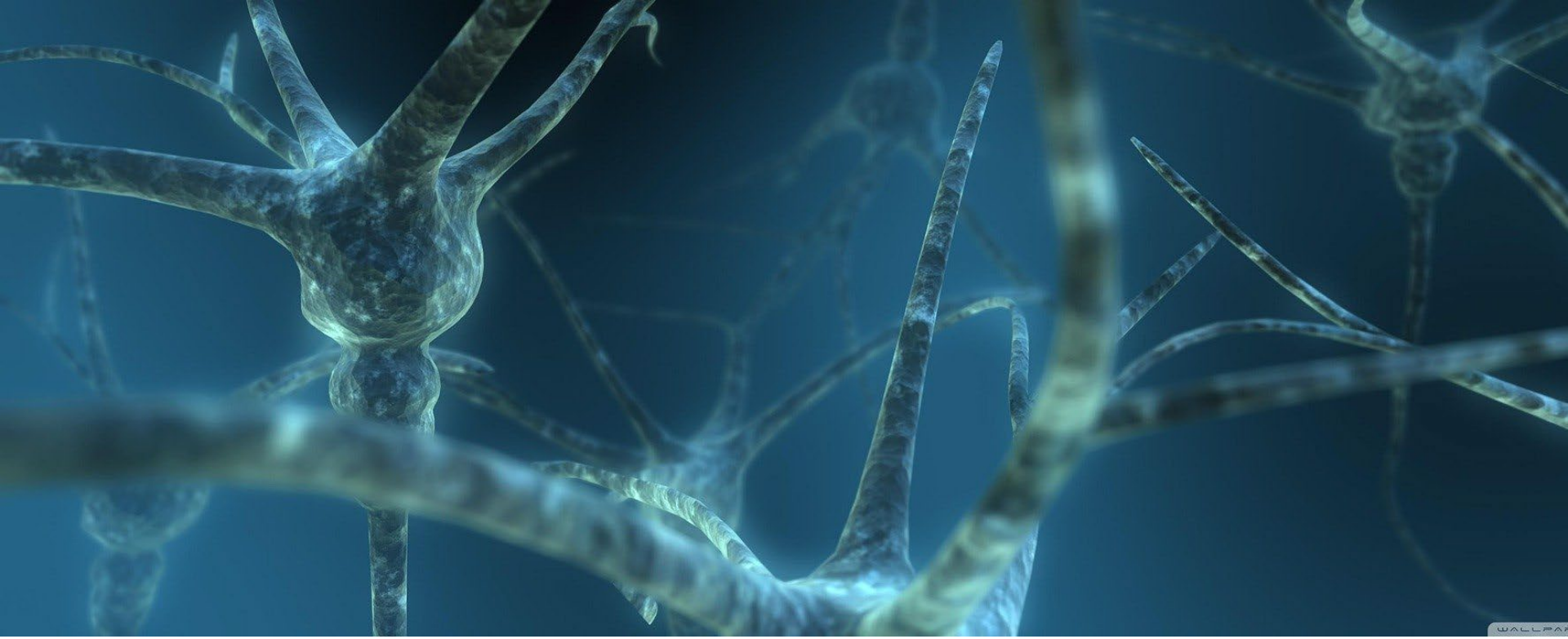
Therefore, focusing on this domain could identify targets specifically related to trauma .

Kleim B, Graham B, Bryant RA, et al: Capturing intrusive re-experiencing in trauma survivors' daily lives using ecological momentary assessment. J Abnorm Psychol 2013; 122:998–1009

Reducing intrusion symptoms may have a generalizing effects on other PTSD symptoms, as they can impact other PTSD symptom clusters.

Astill Wright, L., Horstmann, L., Holmes, E.A. *et al.* Consolidation/reconsolidation therapies for the prevention and treatment of PTSD and re-experiencing: a systematic review and meta-analysis. *Transl Psychiatry* **11,** 453 (2021).

ASSYST TREATMENT INTERVENTIONS OBJECTIVE

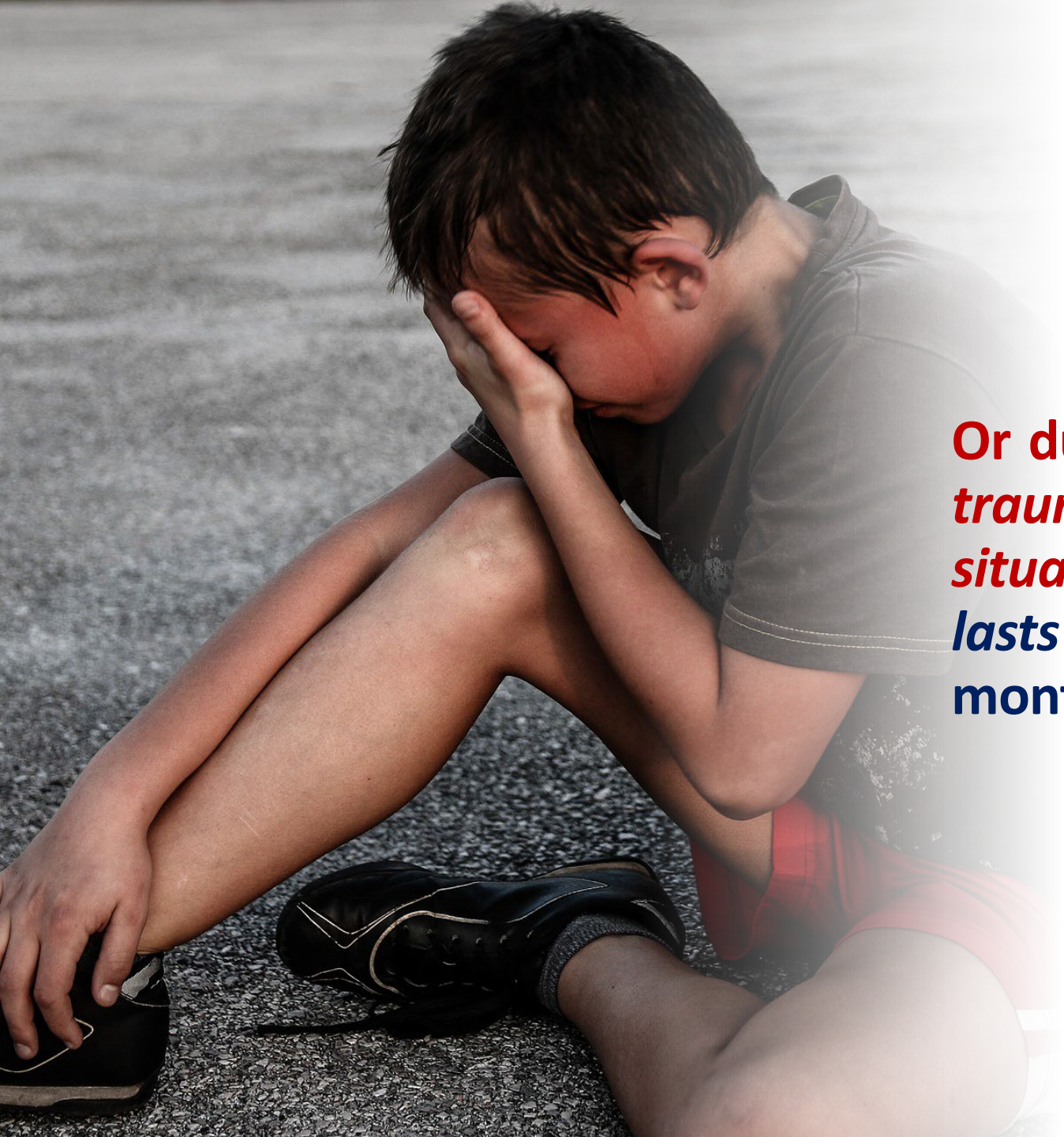


The objective of these treatment interventions is focused on the client's Autonomic Nervous System regulation through the reduction or removal of the activation produced by the components of the pathogenic memories of the adverse experience(s)…

…to achieve optimal levels of the Autonomic Nervous System activation, stop the stress hormones secretion, and reestablish the Prefrontal Cortex functions; thus, facilitating the AIP-system, the subsequent adaptive processing of the information.

THE ASSYST TREATMENT INTERVENTIONS IN CLINICAL PRACTICE

The ASSYST© treatment interventions can be administered within the first hours (Critical Care), days (Rapid Response), first three months (Early Individual or Psychosocial Interventions) after and adverse experience…



Or during *ongoing traumatic stress situations that lasts* more than 3 months.

These structured and time-limited treatment interventions must be administered within a symptom- trajectory based stepped-care approach after trauma exposure.

WHAT IS THE ASSYST HEART (HUMANITARIAN) PROJECT?

In March 2022, at the start of the Ukrainian war, the Humanitarian Emergency ASSYST Response Training Project was born to give specialized mental health providers (SMHPs) from countries needing support the knowledge to conduct sustainable Humanitarian & Research Psychosocial Projects.

WHAT IS THE ASSYST HUMANITARIAN HOME?

www.emdrmexico.org/assyst-heart

From March 2022 to October 2026, the ASSYST treatment interventions have been translated to 24 languages and over 12,000 SMHPs from 63 countries have been trained pro-bono and have provided support to thousands of children, adolescents, and adults in the following scenarios.

- Earthquakes.
- Climate-related disasters.
- Wildfires.
- Wars.
- Mass shootings.
- School shootings.
- University suicide.
- Hurricanes and Tornados.
- Landslides.
- Floods.
- Gas explosion.
- General population during the Covid-19 Pandemic.
- Public sector workers and mental health professionals during the Covid-19 Pandemic.
- Mental Health professionals who provided services after a bomb exploded in Kabul.
- Adult population with non-recent pathogenic memories.
- Female Children polytraumatized by adverse childhood experiences, neglect, and maltreatment.
- Female adults with adverse childhood experiences.
- Female adults with breast or cervical cancer-related PTSD.
- Refugees and asylum seekers.

In July 2024, Dr. Zuzana Cepelíková received the highest award from the Czech Republic Ministry of Defense for the psychosocial support she organized after the Prague University mass shooting in December 2023.

She and her 87 EMDR therapist team provided support with the ASSYST treatment interventions to over 4,000 persons, many in group format and over 1,000 individual sessions.

POPULATIONS TREATED IN THE ASSYST PUBLISHED RESEARCH STUDIES

General Population Living in Lockdown and with Ongoing Traumatic Stress During the Covid-19 Pandemic

Mental Health Professionals Working During the Covid-19 Pandemic with Patients Suffering From Trauma-Related Disorders and Stressors

General Adult Population with Non-Recent Pathogenic Memories

TeleMental Health Counseling After Adverse Experiences

Syrian Refugees Living in Lebanon

Female adults with breast or cervical cancer-related PTSD

Patients with Obsessive Compulsive Disorder

FLOOD SURVIVORS

Public Sector Workers During the COVID-19 Pandemic

Female adults with adverse Childhood experiences

Female Children Polytraumatized by Adverse Childhood Experiences, Neglect and Maltreatment

Refugees, Asylum-Seekers, and Forcibly Displaced People in Transit through Mexico to the US Border

Climate-related disaster.

Although the ASSYST treatment interventions were initially developed for early intervention, the research studies have provided evidence of their effectiveness, efficacy, and safety in reducing posttraumatic stress disorder, anxiety, and depression symptoms from longer-lasting adverse experiences in over 1000 treated participants.

WHAT ABOUT SAFETY AND SYMPTOMS WORSENING DURING AND AFTER THE ASSYST RESEARCH STUDIES?

All of the ASSYST studies have showed NO adverse effects (e.g., symptoms of dissociation, fear, panic, freeze, shut down, collapse, fainting).

Or events (e.g., suicide, suicide attempts, self-harm, homicidal ideation) reported by the participants during treatment or at post-treatment follow-up.

Also, none of the participants have showed worsening/ exacerbation of symptoms during the studies' time frame.

END