

The EMDR Integrative Group Treatment Protocol (IGTP) for Early Intervention with Children ©

By Lucina Artigas, Ignacio Jarero, Nicté Alcalá and Teresa López Cano.

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The EMDR Integrative Group Treatment Protocol (EMDR-IGTP) for early intervention with children was developed by members of The Mexican Association for Mental Health Support in Crisis (AMAMECRISIS) to deal with the extensive need for mental health services after Hurricane Pauline ravaged the coasts of the states of Oaxaca and Guerrero in the year 1997 (Jarero & Artigas, 2009). This protocol combines the eight standard EMDR treatment phases (Shapiro, 2001) with a group therapy model and an art therapy format and uses the Butterfly Hug (Artigas & Jarero, 2014) as a form of a self-administered bilateral stimulation.

The justification for modifying the individual EMDR protocol was to provide mental health services in a disaster aftermath circumstances and fulfill the mental health population's needs. The protocol was originally designed for working with children (Artigas, Jarero, Alcalá & López Cano, 2014) and was later modified for use with adults (Jarero & Artigas, 2014). This protocol compares favorably with group treatment of other models in terms of time, resources, and results (Adúriz et al., 2009).

The protocol is also variously known as the Group Butterfly Hug Protocol, the EMDR Group Protocol and The Children's EMDR Group Protocol.

This protocol has been used in its original format or with adaptations to suit the cultural circumstances, in numerous places around the world (Gelbach & Davis, 2007; Maxfield, 2008) for thousands of survivors of natural or man-made disasters (Jarero & Artigas, 2012).

Anecdotal reports (Gelbach & Davis, 2007; Luber & Shapiro, 2009), nine pilot field studies with both, children and adults, after natural mass disasters in Mexico, Nicaragua, El Salvador, Colombia and Venezuela (Artigas et al., 2000; Jarero et al., 1999; Jarero, Artigas, & Hartung, 2006); case reports and field studies have documented its effectiveness with children and adults after natural or man-made disasters, during ongoing war trauma, ongoing geopolitical crisis, war refugee children, work accidents that produce Acute Stress Disorder, children and adolescents victims of severe interpersonal violence and cancer patients (Adúriz, Knopfler, & Blüthgen, 2009; Aránguiz & Cattoni, 2013; Adúriz & Salas, 2014; Birnbaum, 2007; Chung et al., (2014); Errebo, Knipe, Forte, Karlin, & Altayli, 2008; Fernandez, Gallinari, & Lorenzetti, 2005; Jarero & Artigas, 2010; Jarero, Artigas, & Hartung, 2006; Jarero, Artigas, & Montero, 2008; Jarero, Roque-López, & Gomez, 2013; Jarero, Roque-López, Gómez, & Givaudán, 2014a; Jarero, Roque-López, Gómez, & Givaudán, 2014b; Jarero, Artigas, Uribe, García, Cavazos & Givaudán, 2014; Korkmazlar-Oral and Pamuk, 2002; Mehrotra et al., 2013; Mehrotra, 2014; Monteiro, 2014; Salas, 2014; Wilson, Tinker, Hoffmann, Becker, & Marshall, 2000; Zaghrou- Hodali, Alissa, & Dodgson, 2008).

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The protocol was designed to accomplish the following main objectives:

- Be part of a comprehensive program (continuum of care) for trauma treatment.
- Identify those who need further assistance.
- Reduce posttraumatic symptoms.
- Confront traumatic material.
- Bring to conscious awareness those aspects of the trauma that were dissociated.
- Facilitate the expression of painful emotions or shameful behaviors.
- Offer the patient support and empathy.
- Condense the different aspects of trauma into representative and more manageable images.
- Increase patient's perception of mastery over the distressing elements of the traumatic experience.
- Reprocess traumatic memories.
- Treat more clients for the same experience.
- Normalize the reactions: The clients can see that their reactions are normal since other patients are working on their memories in the same manner.

Advantages of this protocol are:

- Group treatment can be used in non-private settings such as under a mango tree, in shelters, open-air clinic, and so forth.
- Clients in the group do not have to verbalize information about the trauma.
- Therapy can be done on subsequent days and there is no need for homework between sessions.
- Protocol is easily taught to both new and experienced EMDR practitioners.
- Equally effective cross-culturally.
- People are treated more quickly, involving larger segments of the affected community.
- When single clinicians are able to be assisted by paraprofessionals, teachers, or family members, it allows for a wider application of this protocol in societies with few mental health professionals.

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Phase 1: Client History

First, team members educate teachers, parents, and relatives about the course of trauma and enlist these individuals to identify affected children. Team members have to be aware of the needs of the clients within their extended family, community, and culture.

If the participant(s) or their parents reported prior unresolved, emotional wounding experiences, or “red flags” (e.g. signs of dissociative disorders, suicide attempts, self-mutilation, substance abuse) that may complicate treatment of the distressing event(s) that will be addressed during the group protocol, these participant(s) will not participate in the group protocol and must receive individual therapy as soon as possible.

The history taken phase for each participant must be obtained following Dr. Francine Shapiro (2001) recommendations: *“Effective treatment with EMDR demands knowledge both of how and when to use it. The first phase of EMDR treatment therefore includes an evaluation of the client safety factors that will determine client selection. A major criterion for the suitability of clients for EMDR is their ability to deal with the high levels of disturbance potentially precipitated by the processing of dysfunctional information. Evaluation therefore involves an assessment of personal stability and current life constraints”* (p.70), and EMDR Basic training procedures and protocols.

Family members can be involved in a continuum of passive-to-active roles. The family member can be asked simply to be present and to witness or to perform a function as part of the Emotional Protection Team (EPT).

Say, *“I would like to ask the team members if they could please help the children that need assistance in writing or in understanding anything that we will be doing today.”*

Phase 2: Preparation—First Part.

The professionals who work with survivors of a traumatic event, especially in the immediate aftermath of trauma, should listen actively and supportively, but not probe for details and emotional responses or push for more information than survivors are comfortable providing. Professionals must tread lightly in the wake of disaster so as not to disrupt natural social networks of healing and support. During this protocol the rest of the team forms an Emotional Protection Team (EPT) around the children in order to be aware of their emotional reactions and help them when necessary. We recommend a ratio of one team member for eight children. If you do not have enough clinicians in the team, the children's teachers and family members can help.

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This phase begins with an integration exercise. At first, obtain the children's attention and establish rapport. We use a little Mexican doll called Lupita, a little drum, and a dolphin puppet, but any other materials may be used. It is helpful for the mental health professionals to use whatever techniques they prefer to capture the child's attention and establish rapport.

The aims are: (a) To familiarize the children with the space where they are going to work or play; (b) To encourage the children to approach the therapist in order to establish rapport and trust; (c) To facilitate group formation.

Lupita, the doll, introduces the drum and the dolphin to her friends. The therapist plays soft sounds on the drum and asks the children to approach as giants; when she plays loud sounds, they have to retreat as little people. The therapist may say something like the following:

Say, *“Hi, my name is Lupita (therapist holds the doll and shows the drum and the dolphin). This is my drum and this is my dolphin and I want you to get to know them. As you listen to the sound of the drum, please become the largest giants you can be and come forward (play soft sounds). Wonderful. Now, (play loud sounds) become little people and move away as fast as you can.”*

During this time, the team leader says whatever she needs to say according to the circumstances. As this is creative work, the leader must have knowledge of children and how to work with them empathically in a group setting.

The therapist uses the dolphin to show the children different expressions of feeling. The therapist makes the dolphin form big and small mouths, mouths that look happy, sad, bored, afraid, surprised, angry, and so forth, and the children follow the leader by imitating the expressions of the dolphin.

Say, *“Here is the dolphin and see how he makes his mouth soooo big and then soooo small. What does he look like now (make a happy face)?”*

Say, *“Can you make your face look like the dolphin's happy face? Go ahead. That is great!”*

Say, *“What does he look like now (make a sad face)?”*

Say, *“Can you make your face look like the dolphin's sad face? Go ahead. That is great!”*

Say, *“What does he look like now (make a scary face)?”*

Say, *“Can you make your face look like the dolphin's scary face? Go ahead. That is great!”*

Say, *“What does he look like now (make a surprised face)?”*

Say, *“Can you make your face look like the dolphin's surprised face? Go ahead. That is great!”*

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Say, *“What does he look like now (make an angry face)?”*

Say, *“Can you make your face look like the dolphin's angry face? Go ahead. That is great!”*

Again, the team leader works with the group in the way that is particular to the group. The dolphin helps the children make contact with their emotions, expressing them through their bodies. Using the doll, the team leader teaches the children the abdominal breathing technique.

Say, “Close your eyes, put one hand on your stomach and imagine that you have a balloon inside your stomach. Now, inhale and see how the balloon grows and moves your hand up. Now you can exhale and see how the balloon deflates and your hand goes down. Just observe.”

The Butterfly Hug

The team leader teaches the children the Butterfly Hug (BH)

Say, “Cross your arms over your chest, so that the tip of the middle finger from each hand is placed below the clavicle or the collarbone and the other fingers and hands cover the area that is located under the connection between the collarbone and the shoulder and the collarbone and sternum or breastbone. Hands and fingers must be as vertical as possible so that (the fingers must point toward the neck and not toward the arms). Now interlock your thumbs (to form the butterfly's body and antennas) and the extension of your other fingers outward will form the butterfly's wings.

Close your eyes or keep them partially opened, focusing on a spot ahead. Next, alternate the movement of your hands, like the flapping wings of a butterfly.

Breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body (thoughts, images, sounds, odors, feelings, and physical sensation), without changing, judging or pushing your thoughts away. You can pretend what you are observing is like clouds passing by.”

It is important to observe the children to make sure that they are able to follow along with you. If not, members of the EPT can be alert and quietly go up to a child to help as needed and then return to teaching the Butterfly Hug.

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To install the safe or calm place:

Say, *“Now, please close your eyes and use your imagination to go to a place where you feel safe or calm. What images, colors, sounds, for example, do you see in your safe place.”*

After the answer, say, *“Please do the Butterfly Hug 6-8 times while you concentrate on your safe or calm place.”*

The EPT members are spaced around the group so that they are able to hear the children’s answers. Sometimes, children will say their answers out loud, giving the members of the team the possibility of responding to each individual child as needed. It is important to observe the children to make sure that they are able to follow and find a Safe/Calm place that they have imagined. Members of the EPT can be alert and quietly go up to a child to help as needed. The goal here is to make sure that the children have found a Safe/Calm Place in their imagination.

Optional

Say, *“Now, please take out your paper and draw the Safe/Calm Place that you imagined. When you are finished, please do the Butterfly Hug 6 to 8 times while looking at your drawing.”*

The children can take the picture home to use it with the Butterfly Hug whenever they need to feel better.

Say, *“You are welcome to take your picture home and you can use it with the Butterfly Hug whenever you need to feel better.”*

The Butterfly Hug is used to anchor positive affect, cognitions, and physical sensations associated with images produced by the technique of “guided imagination.”

Make sure to notice the children's responses as there is no talking during the process so that the children are not taken out of their process. If a child is experiencing any difficulty, one of the EPT members can assist the child.

Trauma Work.

Say, *“Please raise your hand if you have been having trouble sleeping, are scared, if you feel sad, if you still have nightmares, if you feel angry, or if you often think about and remember the natural or human-provoked disaster that you have suffered.”*

The therapist goes on to say, *“It is normal for you to feel this way; you are normal boys and girls who have suffered an abnormal experience, and that is why it is normal for you to have these feelings. It is also normal to have different feelings than your friends and other children, since each person experiences and feels things differently. This is really normal.”*

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The aim is to validate the signs and symptoms of posttraumatic stress.

The therapist goes on and says, *“When you return home after this exercise, you can talk to the people you trust about your thoughts and feelings, as much as you want and when you feel most comfortable doing so.”*

The aim is to verbalize the traumatic memories and to respond to the acute need that arises in many survivors to share their experience, while at the same time respecting their natural inclination with regard to how much, when, and to whom they talk.

Scale Administration.

The team administers the Scale they selected for research purposes.

Say, *“Here is a scale for you to look at. Please answer the questions on it. If you have any questions, please ask one of the Emotional Protection Team Members to help you out.”*

Standardized psychological assessment is used cautiously. It is helpful for team members to be concerned about the rapport with the family members and children. They need to demonstrate by their behavior that they are truly interested in the children as human beings and not as objects of scientific curiosity. This custom weakens the scientific value of data gathered, while it respects the wishes of our Latin American clients not to be stigmatized by formal testing procedures. In our experience, clients also tend to reject assistance from those they judge to be opportunists, in this case anyone who seems interested in the victim as an object of study.

Phase 2: Preparation—Second Part.

Show the children the faces that measure SUDS from 0 to 10, with 0 being no disturbance, and 10 being maximum disturbance. If you do not have the original faces you can draw them on the blackboard.

Say, *“Here are faces that measure our feelings on a 0 to 10 scale, where 0 does not bother you at all and 10 bothers you the most possible.”*

Note: Clinicians are welcome to use the best words and pictures possible for their population.
Familiarize the children with the scale.

Say, *“How do you feel when you get good grades? Please point to the face that describes how you feel.”*

Now say, *“How do you feel when you are sick? Please point to the face that tells us how you feel.”*

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We have observed that the children who are not yet familiar with the numbers will sometimes say a number and point to a face that does not correspond. Thus, it is better to pick the face they point to over the number they say (one of the members of the EPT can write the correct number). The members of the EPT hand out white pieces of paper and crayons to each of the children (have extra crayons in case the children ask for more).

Say, *“Please write your name and age on the top left side of the paper (show how to do it).”*

EPT members can aid those who cannot do it.

Say, *“Now, please divide the other side of the paper in four equal parts like this. Draw a cross at the center like this and write a small letter at the top left corner of each section like this.”*

The therapist shows them how to do it on the blackboard and the EPT helps.

Note: In this protocol we had to divide the sheet of paper in four, given the scarcity of the materials in the shelters, but it is acceptable to use four sheets of paper, making sure that each has the name and the age of the child and the corresponding letter, so that the sequence can be identified.

Phase 3: Assessment

The therapist says, *“Whoever remembers what happened during the event _____ (mention the event—hurricane, flooding, explosion, etc.), please raise your hands.”*

The children raise their hands.

Say, *“Now, close your eyes and observe what makes you the most frightened, sad, or angry about that event _____ (mention the event) NOW.”*

The therapist continues, *“Take whatever emerges from your head to your neck, to your arms, to your hands and fingers, to the crayon, and now open your eyes and draw it in square A.”*

When all the children are finished, show them the faces again.

Say, *“Here are the faces again. In square A, please write the number of the face that corresponds to the feeling you get when looking at your drawing (SUDS).”*

Note: The clients may write spontaneously what they are feeling: “I am afraid,” “I am in danger,” “I can die” = Negative Cognition. It is not necessary to ask the children for it. Just accept what they do in their drawing. The emotional impact doesn't always appear in the first drawing; sometimes it will appear in the second or third one.

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Phase 4: Desensitization

Once all of the children have done this, say the following:

Say, *“Please put your crayons aside and do the Butterfly Hug while you are looking at your drawing.”*

This lasts for approximately 1 minute. Some children may need more time (2-3 minutes approximately). Do not interrupt their reprocessing.

Next, the therapist says, *“Now, observe how you feel and draw whatever you want in square B related to the event.”*

When they finish drawing in B, the children are shown the faces again.

Say, *“Please look at the faces again and write down the number of the face that corresponds to how you feel when you look at your drawing in square B.”*

After writing down the number, say the following:

Say, *“Please put your crayons down and look at your drawing. While you are looking at your drawing, please do the Butterfly Hug.”*

Next, the therapist says, *“Now, observe how you feel and draw whatever you want in square C related to the event.”*

When they finish drawing C, the children are shown the faces again.

Say, *“Please look at the faces again and write down the number of the face that corresponds to how you feel when you look at your drawing in square C.”*

After writing down the number, say the following:

Say, *“Please put your crayons down and look at your drawing. While you are looking at your drawing, please do the Butterfly Hug.”*

Next, the therapist says, *“Now, observe how you feel and draw whatever you want in square D related to the event.”*

When they finish drawing in D, the children are shown the faces again.

Say, *“Please look at the faces again and write down the number of the face that corresponds to how you feel when you look at your drawing in square D.”*

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After writing down the number, say the following:

Say, *“Please put your crayons down and look at your drawing. While you are looking at your drawing, please do the Butterfly Hug.”*

Next, the therapist says, *“Look carefully at the drawing that disturbs you the most. On the back of your paper, where you wrote your name and age, write the number that goes with the face (SUDS) that best describes how you feel about your drawing NOW. Write that number on the upper right hand corner of the paper.”*

Phase 5: Future Vision (Instead of Installation)

Say, *“Now draw how you see yourself in the future.”*

Then say, *“Write a word, phrase, or a sentence that explains what you drew.”*

Then say, *“Look at your drawing and what you wrote about it and do the Butterfly Hug.”*

We believe that if children have an adaptive cognition, the Butterfly Hug will help in their installation and if children do not have an adaptive cognition, the BH will help in the processing to an adaptive state. The EPT monitors this and then gathers all the drawings.

Note: Phase 5 (Installation) of the Standard EMDR Protocol cannot be conducted in large groups for the following reasons: each participant may have a different SUD level because some children can't go any further; blocking beliefs; previous problems and trauma; or have different timing for processing (for some it is not enough time to follow the four designs format) and reach an ecological level of disturbance.

We can do the Installation Phase during the individual follow-up intervention (see Phase 8). At this stage of the protocol, we work on a Future Vision to identify adaptive or non-adaptive drawings and cognitions that are helpful in the evaluation of the child at the end of the protocol. An example of a non-adaptive Future Vision: An 8-year-old boy had reported a SUD of 0 when he returned to the target drew himself in the sky with his dad, God, and angels and he wrote: “I want to die soon to be in the sky with my dad.” His mom had told the 8-year-old boy that his dad (who had died in a flood) was very happy in the sky with God and the angels.

Phase 6: Body Scan.

The team leader teaches the children the Body Scan Technique. The therapist says something like the following:

Say, *“Remember the event...now close your eyes and scan your body from your head to your feet. If you feel any disturbing or pleasant body sensations do the Butterfly Hug and report it to the person who is helping you (EPT).”*

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EPT members must identify the children with disturbing body sensations and use that information during Phase 8.

At the end of this exercise the leader says, “*Now move your body like this* (the therapist moves all her body like a dog shaking water off after a bath, making the children laugh).”

This is a fun, play exercise to end on a positive, playful note.

Phase 7: Closure.

The therapist then says, “*Go to your Safe Place using the Butterfly Hug.*”

Do this for about 60 seconds.

Then say, “*Breathe deeply three times and open your eyes.*”

Phase 8: Reevaluation and Follow-Up

At the end of the group intervention, the EPT identifies children needing further assistance. These children will need to be thoroughly evaluated to identify the nature and extent of their symptoms, and any co- or preexisting mental health problems. Such a determination is made by taking into consideration reports made by the child's teacher and relatives, the CRTES results, the entire sequence of pictures and SUD Scale ratings, Body Scan, the Future Vision drawing and cognition, and the Emotional Protection Team Report.

The team can treat those who require individual follow-up attention, using the EMDR-IGTP in smaller groups than they were in or on an individual basis, keeping in mind the Targeting Sequence Plan and the 3-Pronged Protocol.

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