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The EMDR Protocol for Recent Critical Incidents (EMDR-PRECI)

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The EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) is based on Dr. Shapiro's (2001) Recent Traumatic Events Protocol and the observations of Ignacio Jarero and Lucina Artigas during their many years of experience working in the field with natural or human provoked disasters survivors in Latin America and the Caribbean.

In order to facilitate EMDR clinicians' use of this protocol, Drs. Marilyn Luber and Ignacio Jarero created this scripted version below.

1 Jarero, I., & Artigas, L. (In press). The EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) In M. Luber (Ed.), *Implementing EMDR Early Mental Health Interventions for Man-made and Natural Disasters: Models, Scripted Protocols and Summary Sheets*. New York: Springer Publishing Company

EMDR-PRECI was developed in the field originally to treat clients after critical incidents (e.g., earthquake, flooding, landslides) where related stressful events continue for an extended period of time (often more than six months). Although it is a modification of Francine Shapiro's Recent Traumatic Events Protocol (see Chapter 14), it is also different in several important ways in order to accommodate the extended time frame with its continuum of stressful events, often along the themes of safety, responsibility, and choice. For Jarero & Uribe (2011; 2012) acute trauma situations are not only related to a time frame (e.g., days or months) but also to a post-trauma safety period.

Often, as a result of this ongoing lack of safety, the consolidation in memory of the original critical incident is prevented. The continuum of stressful events with similar emotions, somatic, sensory and cognitive information does not give the state dependent traumatic memory sufficient time to consolidate into an integrated whole. Thus, the memory network remains in a permanent excitatory state, expanding with each subsequent stressful event in this continuum, like the ripple effect of a pebble thrown into a pond with the risk of PTSD and Co-morbid Disorders growing with the number of exposures.

There is preliminary evidence supporting the efficacy of EMDR-PRECI in reducing symptoms of posttraumatic stress in adults and maintaining those effects despite ongoing threat and danger after a 7.2 earthquake in North Baja California, Mexico in 2010. This was part of a Disaster Mental Health Continuum of Care response (Jarero, Artigas, & Luber, 2011). The EMDR-PRECI was used in a human massacre situation with traumatized First Responders who were continuing to work under this extreme

stress. They reported a reduction in self-report measures of posttraumatic stress and PTSD symptoms, resulting in the prevention of the further development of chronic PTSD, and, included the increase in mechanisms of psychological and emotional resilience (Jarero & Uribe, 2011; Jarero & Uribe, 2012).

Clinical observations of the EMDR-PRECI during the reprocessing phases using the Standard EMDR Protocol's free associative processing showed that adjusting the EM length of sets and speed to the client's necessities or using the Butterfly Hug as an alternative Bilateral Stimulation (BLS) resulted in a rapid progression of traumatic information processing in the perceptual, experiential and meaning levels (Jarero & Uribe, 2011).

The EMDR Protocol for Recent Critical Incidents Script Notes

Some of the EMDR-PRECI benefits include the following:

- Transportability.
- Ease of use for both new and experienced EMDR practitioners.
- Time effectiveness –only one session was needed to achieve resolution of posttraumatic symptoms (Jarero & Uribe, 2011).
- No homework, thus facilitating a short duration of work in the field.
- Cross-cultural effectiveness for on-going recent trauma, similar to the Standard EMDR Protocol's effectiveness for PTSD (Maxfield, 2008, 2009).

Core Concepts of EMDR-PRECI:

Phase 1: Client History

- Narrative of the critical incident from right before the event occurred until the present moment instead of just the narrative of the incident unless the client is in great distress.
- Asking for the whole narrative instead of probing for the most disturbing aspect of the episode or early Client History.
- No bilateral stimulation (BLS) during the narrative to prevent processing.
- Administration of a scale before reprocessing to have a baseline measure and post-treatment measure to assess effectiveness.

Phase 2: Preparation

- Empowering the client through the use of self-administered BLS as in the Butterfly Hug.
- Self-soothing techniques such as Abdominal Breathing, the Concentration Exercise and/or Pleasant Memory Technique that are easy to learn and promote self-efficacy.

Phase 3: Assessment

- Asking the client to “*Mentally run the movie of the whole episode from right before the beginning until today and at the end please let me know the worst part.*” This instruction allows the identification of the worst part of the critical incident that then becomes the first target for reprocessing, once the client has containment and safety measures in place.

- If the client cannot think of a Negative Cognition (NC), the clinician can offer, “I am in danger”
- A Positive Cognition (PC) and Validity of Cognition (VoC) are not elicited here for a fragment –due to the continuum of stressful events- it makes it difficult for clients to find a PC for each fragment and may increase a sense of failure.

Phase 4: Desensitization

- During this phase, desensitize each separate aspect of the event and do not include the Installation Phase.
- Ask the client to visualize the entire sequence of the event again with eyes closed and reprocess *only fragments with disturbance*. Suggesting chronological order is simply a way to ensure that everything is processed. Depending on the circumstances (such as if there are many fragments for each client and few clinicians), the clinician can ask the client to visualize the entire sequence of the event with eyes closed and reprocess only fragments with disturbance.
- Do minimal intervention during the reprocessing phases to allow for the brain’s natural processing.
- To maintain the clients in their window of tolerance, adjust the EM length of sets and speed to reflect the need of the client.
- Use the Butterfly Hug as an alternative BLS.

Phase 5: Global Installation Phase

- Ask for a representative PC of the extended event

- Check with the VoC
- Link the PC and the entire event and add BLS
- Keep doing BLS while information (disturbing or positive) is moving.
- When information stop moving, check VoC until the PC is fully installed (VOC=7).

Supplement Step.

- Close eyes, think of the PC and review the whole sequence while continuing to hold the PC without BLS. If there are fragments that the PC feels less true, target that, using BLS.

Phase 6: Body Scan

- According to the EMDR Standard Protocol

Phase 7:

- According to the EMDR Standard Protocol

Three-Pronged Approach

- According to the EMDR Standard Protocol

Post-Traumatic Growth

Administration of Instruments

The EMDR Protocol for Recent Critical Incidents Script

Phase 1: Client History.

The clinician asks the client to describe the event in a narrative form from right before the event occurred until the present moment. If the client is in great distress (e.g. crying and not able to speak) or has physical complaints (e.g. headache, dizziness, nausea, etc.) do not push for the narrative.

Say, *“Just give me a brief description of what happened.”*

Identify a series of separated aspects of the event (fragments).

Say, *“Without details, please tell me about the different aspects of what happened to you that are standing out for you.”*

1. _____
2. _____
3. _____
4. _____
5. _____

Note: Do not ask or probe for early client history, the most disturbing aspects of the event or do BLS during this phase.

At this point administer a scale/s (e.g. IES, IES-R, etc.) pre-reprocessing to have a baseline measure.

Phase 2: Preparation.

Screen the client to make sure he is an appropriate candidate for the EMDR-PRECI.

Does the client exhibit:

Life-threatening substance abuse _____ Yes _____ No
Serious suicide attempts: _____ Yes _____ No
Self-mutilation: _____ Yes _____ No
Serious assaultive behavior: _____ Yes _____ No
Signs of Dissociative Disorders: _____ Yes _____ No *

* Note: Peritraumatic dissociation or post-incident dissociative symptoms would be expected after critical incidents and are not considered a dissociative disorder.

Educate the client about EMDR-AIP.

Say, *“When a disturbing event occurs, it can get locked in the brain with the original picture, sounds, thoughts, feelings and body sensations. EMDR seems to stimulate the information and allows the brain to reprocess the experience. It is your own brain that will be doing the healing and you are the one in control. Do you accept treatment?”*

Instruct the client in the mechanics of EMDR such as the sitting position, distance, eye movement (EM) and the Butterfly Hug (BH). Eye movements are the first option for BLS. Use the Butterfly Hug (BH) as an alternative BLS. It is thought that the self-control obtained by clients using the BH may be an empowering factor that aids in their sense of safety while processing traumatic memories (Artigas & Jarero, 2009).

Say, *“Now, remember, it is your own brain that is doing the healing and you are the one in control. I will ask you to mentally focus on the target and to follow my fingers (or any other BLS you are using).”*

Instruct the client in the metaphor (train) and stop signal/keep going signal.

Say, *“In order to help you ‘just notice’ the experience, imagine riding on a train and the feelings, thoughts, etc., are just the scenery going by. Just let whatever happens, happen, and we will talk at the end of the set. Just tell me what comes up, and don’t discard anything as unimportant. Any new information that comes to mind is connected in some way. If you want to stop, just raise your hand.”*

Butterfly Hug and Self-Soothing Exercises

Butterfly Hug

Say, *“Please watch me and do what I am doing. 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 point toward the neck and not toward the arms.”*

Now interlock your thumbs to form the butterfly’s body and the extension of your other fingers outward will form the butterfly’s wings.

Your eyes can be closed, or partially closed, looking toward the tip of your nose. Next, you alternate the movement of your hands, like the flapping wings of a butterfly. Let your hands move freely. You can breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body such as thoughts, images, sounds, odors, feelings, and physical sensation without changing, pushing your thoughts away, or judging. You can pretend as though what you are observing is like clouds passing by.”

Instruct the client in the metaphor (train) and stop signal/keep going signal.

Say, “In order to help you ‘just notice’ the experience, imagine riding on a train and the feelings, thoughts, etc. are just the scenery going by. If you need to stop during processing, you can hold up your hand as a signal, or turn your head.”

Teach the client self-soothing strategies such as Abdominal Breathing, Concentration Exercise and the Pleasant Memory Technique.

Abdominal Breathing

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. Put all your attention in that. If anything distracts you gently return to the exercise.” Do this exercise for 5 minutes.

Concentration Exercise (5 minutes)

Say, *“I would like you to take a little time to think about your breathing. Notice when you are inhaling and say to yourself, ‘I am inhaling,’ and then notice when you are exhaling and say to yourself, ‘I am exhaling.’ Continue to allow your attention to focus on your breath, for a while longer, gently bringing yourself back –if you are distracted- to the inhaling and exhaling of your breath.”*

Do this exercise for 5 minutes.

Pleasant Memory

Say, *“Remember a time when you were calm or happy. (Pause). Now, put your hand on your chest and let those good feelings and positive physical sensations expand throughout your body. Good. Continue to allow your attention to focus on these good feelings and sensations for a while longer, gently bringing yourself back –if you are distracted- to the happy and calm feelings you are feeling.”*

At the end, say, *“As you open your eyes, remember that in the future all you have to do to bring back the memory is to place your hand over the center of your chest.”*

Do this exercise for 5 minutes.

Phase 3: Assessment.

Run the movie to establish the first target.

Say, *“Mentally run the movie of the whole event from right before the beginning until today and at the end please let me know the worst part, the worst fragment.”*

Note: Access the fragment Image, Negative Cognition, Emotion, SUDs, and Location of Physical sensation. DO NOT ASK FOR THE PC OR VoC.

Picture.

Say, *“What picture represents the most disturbing aspect or moment of that part or fragment?”*

If there are many choices or if the client becomes confused, the clinician assists by asking the following:

Say, *“What picture represents the most traumatic moment of the event?”*

When a picture is unavailable, the clinician merely invites the client to do the following:

Say, *“Think of the most disturbing aspect or moment of that part or fragment.”*

Negative Cognition (NC).

Say, *“What words best go with the picture that express your negative belief about yourself now?”*

Note: The clinician only offers an NC such as, “I’m in danger,” if clients are unable to come up with their own NC.

(Ed.), *Implementing EMDR Early Mental Health Interventions for Man-made and Natural Disasters: Models, Scripted Protocols and Summary Sheets*. New York: Springer Publishing Company

Run the Movie

Have the client visualize and fully experience the entire sequence with eyes closed from right before the beginning until today and then ask for any other part that is disturbing. Client should have full association with the material while running the movie. If there is disturbance, the client should inform the clinician at the end of the movie.

Say, *“Close your eye, and mentally run the movie of the whole event from right before the beginning until today making sure to really allow yourself to feel every part of the experience, and at the end please let me know any other part that disturbs you now.”*

Reprocess only fragments/parts with disturbance following Phases 3 and 4. At this point it is not necessary to reprocess each fragment with the full Standard EMDR Protocol (meaning Phases 5 and 6) because we are not working with a consolidated memory network.

This procedure is repeated until the entire event can be visualized from start to finish without emotional, cognitive, or somatic distress.

Note: Access the fragment Image, Negative Cognition, Emotion, SUDs, and Location of Physical sensation. DO NOT ASK FOR THE PC OR VoC.

Picture.

Say, *“What picture represents the most disturbing aspect or moment of that part or fragment?”*

If there are many choices or if the client becomes confused, the clinician assists by asking the following:

Say, *“What picture represents the most traumatic moment of the event?”*

When a picture is unavailable, the clinician merely invites the client to do the following:

Say, *“Think of the most disturbing aspect or moment of that part or fragment.”*

Negative Cognition (NC).

Say, *“What words best go with the picture that express your negative belief about yourself now?”*

Note: The clinician only offers an NC such as, “I’m in danger,” if clients are unable to come up with their own NC.

Emotions

Say, *“When you bring up the picture (or disturbing aspect/moment) and those words _____ (clinician states the negative cognition), what emotion do you feel now?”*

Subjective Units of Disturbance (SUD.)

Say, *“On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?”*

0 1 2 3 4 5 6 7 8 9 10

(no disturbance)

(highest disturbance)

Location of Body Sensation.

Say, “*Where do you feel it (the disturbance) in your body?*”

Continue with Phase 4/Desensitization Phase.

Phase 5: Global Installation Phase.

When the entire event can be visualized from start to finish without emotional, cognitive, or somatic distress, elicit the representative Positive Cognition for the *entire* event.

Say, “*When you bring up the entire incident, what would you like to believe about yourself now?*”

Check the VoC.

Say, “*Think about the whole incident, how true do those words _____ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?*”

1 2 3 4 5 6 7

(completely false)

(completely true)

Link the PC and the entire event and add BLS.

Say, “*Think of the entire event (or incident) and hold it together with the words _____ (repeat the selected positive cognition), now let whatever happens, happen.*”

If necessary, tell the client that the PC and the event are linked together, only at the beginning, but not during BLS.

Do sets of BLS (same speed and approximate duration as in the Desensitization Phase) to fully install the PC (VOC=7).

At the end of the set say, *“Take a breath...what do you notice now?”*

If disturbing material arises say, *“Go with that”* or *“Notice that.”*

Keep doing BLS while information (disturbing or positive) is moving.

When information stops moving, check the VoC until the PC is fully installed (VOC=7).

Say, *“When you think of the entire event, how true do those words _____ (clinician repeats the positive cognition) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?”*

1	2	3	4	5	6	7
(completely false)				(completely true)		

If VoC < 7, check for a Blocking Belief.

Say, *“What prevents this from being a 7?”*

Reprocess with BLS whatever the client reports until the VoC=7.

Supplemental Step (F. Shapiro, 2010, personal communication)

Say, *“Close your eyes, think of the positive cognition, and review the whole sequence in your mind as you are holding the PC.”*

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On completion, say, *“Does the positive cognition feel less than true on any part/fragment of the sequence?”*

If so, target that part with BLS.

If there is disturbance, say, *“Continue reprocessing until the disturbance clears. Let me know when that occurs.”*

This procedure is repeated until the entire event can be visualized from start to finish with the PC, without emotional, cognitive, or somatic distress.

Phase 6: Body Scan.

Run a Body Scan following the Standard EMDR Procedure. Reprocess any disturbance or enhance positive affect or body sensations with BLS (with 25-30 sets of BLS).

Say, *“Close your eyes and keep in mind the entire event and the _____ (repeat the positive cognition). Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you find tension, tightness, or unusual sensation, tell me.”*

If there is disturbance, say, *“Continue reprocessing until the disturbance clears. Let me know when that occurs.”*

This procedure is repeated until the Body Scan is clear.

Phase 7: Closure.

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Use the Standard EMDR Protocol to close the session.

Say, *"We are almost out of time and we will need to stop soon. You have done some very good work and I appreciate the effort you have made. How are you feeling?"*

Processing may continue after our session. You may or may not notice new insights, thoughts, memories, physical sensations or dreams. Please make a note of whatever you notice. We will talk about that at our next session. Remember to use one of the self-soothing strategies as needed or use the Butterfly Hug to desensitize any highly disturbing affect that arise if self-soothing techniques were not effective quickly enough."

Three- Pronged Approach.

1. Past memories: the traumatic incident memories already reprocessed.
2. Present Triggers: Reprocess present triggers with the client. Each trigger may be connected to different situations that need different skills sets or information to optimize future functioning
3. Future Template

Present Triggers

Reprocess *present stimuli* that may cause a startle response, nightmares, and other reminders of the event that the client still finds disturbing, if necessary.

Say, “*Are you having any other triggers to situations, events, or stimuli that are related to this event?*”

List for Situations and Events that Trigger the Critical Incident

Picture

Say, “*What picture represents the disturbing aspect or moment of the event?*”

If there are many choices or if the client becomes confused, the clinician assists by asking the following:

Say, “*What picture represents the most traumatic moment of the event?*”

When a picture is unavailable, the clinician merely invites the client to do the following:

Say, “*Think of the disturbing aspect or moment of the event.*”



positive belief_____ (state positive belief) and your new sense of_____ (strength, clarity, confidence, calm), imagine stepping into the future. Imagine yourself coping with ANY challenges that come your way. Make sure that this movie has a beginning, middle, and end. Notice what you are seeing, thinking, feeling, and experiencing in your body. Let me know if you hit any blocks. If you do, just open your eyes and let me know. If you don't hit any blocks, let me know when you have viewed the whole movie."

If the client hits blocks, address as above with BLS until the disturbance dissipates.

Say, *"Go with that."*

Post-Traumatic Growth

Posttraumatic growth is positive change experienced as the result of the struggle with a major life crisis or a traumatic event. At the end, ask the participant for the positive learning they have gained from the experience.

Say, *"Is there any new positive learning or change you have had as a result of this experience?"*

Administration of Instruments

Use the instruments that are relevant to the work that you are doing in your country. In Mexico, the instruments are the following: Short PTSD Rating Interview (SPRINT) (Connor & Davidson, 2001) and Impact of Event Scale-Revised (IES-R) (Weiss & Marmar, 1995).

Say, “*Please fill in these questionnaires.*”

Jarero & Artigas suggest that the EMDR-PRECI must be part of a community based trauma response program that provides a continuum of care for the treatment and management of individual and group reactions to shared traumatic events. This continuum of care must be accessible to the community members and sensitive to each participant’s gender, developmental stage, ethno-cultural background, and magnitude of trauma exposure (Macy et al., 2004).

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Chapter 13a The EMDR Protocol for Recent Critical Incidents (EMDR-PRECI) Summary Sheet (L. Artigas, & I. Jarero; Summary Sheet by M. Luber)

NAME: _____ DIAGNOSIS: _____

Check when task is completed, response has changed or to indicate symptoms.

Phase 1: Client History

Event Date: _____

Event Narrative From Before the Event to the Present Moment: _____

Different Aspects that Stand Out:

1. _____
2. _____
3. _____
4. _____
5. _____

Phase 2: Preparation

Screening:

Life-threatening substance abuse	_____	Yes	_____	No
Serious suicide attempts:	_____	Yes	_____	No
Self-mutilation:	_____	Yes	_____	No
Serious assaultive behavior:	_____	Yes	_____	No
Signs of Dissociative Disorders	_____	Yes	_____	No

Educate about EMDR:

× Completed

BLS: EMS _____ Sound _____ Tapping _____ Butterfly Hug _____

For Adults Add: Abdominal Breathing _____ Concentration Exercise _____ Pleasant Memory _____

Instruments Administered Pre EMDR-PRECI:

× Completed

Phase 3: Assessment

Run the Movie of the Whole Episode From Beginning Until Today– Worst Part: _____

Picture: _____

NC: _____

Emotions: _____

SUDs: ____/10

Location: _____

Elicit other Fragments:

1. _____

2. _____

3. _____

4. _____

5. _____

Picture: _____

NC: _____

Emotions: _____

SUDs: ____/10

Location: _____

Run the Movie – eyes closed. Disturbances:

1. _____

2. _____

3. _____

4. _____

5. _____

Phase 5: Extended Installation Phase

PC for Entire Incident: _____

VoC: /7

Link PC + Target + BLS

Check VoC until VoC = 7/7

VoC: /7

4. Supplemental Step

Close eyes + PC + Review the Whole Sequence

PC: True Less True

If less true, target part less true.

Phase 6: Body Scan

Any issues? _____

If so, target until decreased.

Phase 7: Closure – Standard

Three-Pronged Approach

- 1. Past memories already processed**
- 2. Present trigger**

Situations and Events Triggering the Incident

- 1.** _____
- 2.** _____
- 3.** _____
- 4.** _____
- 5.** _____

Picture: _____

NC: _____

PC: _____

VoC: ____/7

Emotions: _____

SUDs: ____/10

Location: _____

Future Template:

Run the Movie

Where: _____

PC: _____

Positive Attribute: _____

Blocks:

1. _____

2. _____

3. _____

4. _____

5. _____

Post-Traumatic Growth: _____

Instruments Administered Post EMDR-PRECI:
